


Red Flags

- Patient is trying to create a "crisis"
- There's a new crisis every visit
- Patient avoids eye contact or seems nervous
- Over dramatizing of pain or anxiety symptoms
- Over explaining a situation
- Constant challenging of boundaries
- History of substance abuse disorder
- Patient is being overly nice
- Frothy emotional appeal
- Poor adherence to non-controlled drug regimens
- Unexplained allergies




Case 1: the rest of the story...

The man that came to the counter was frequently in the pharmacy asking for early fills for his wife. He collapsed onto the counter and said that his wife had just been hit by an 18-wheeler on I-55 and he needed to get her alprazolam filled right now so that she would not have a seizure in the hospital. When challenged that the hospital would likely provide her with any medications that she needed, he responded that the pharmacy staff did not care about her and that she would surely have a seizure and die.

Case 2: The rest of the story...



The young man showed no signs of deception. He was calm, relaxed and matter of fact about what happened. When the pharmacist called the Emergency Room, they explained that some prescriptions had been printed on the wrong paper in the middle of the night. They verified that the patient had been seen and that the prescription was legitimate.



DRUG DIVERSION

Drug diversion refers to the methods of unauthorized redirection of prescription medications from legitimate medical purposes to illicit or inappropriate use.

This can involve several actions, including stealing medications, forging prescriptions, illegally selling or distributing medications, or misusing medications intended for patients.





Case 1:

The Pharmacist in charge notices an increase in the Pharmacy's ordering of promethazine with codeine syrup. He decides to do a spot inventory count and discovers that the pharmacy should have 3 more bottles on the shelf than it does.

Case 2:

A woman drops off a prescription from a dentist for Hydrocodone 10/ 325mg #120 with the directions to Take 1 tablet every 4 hours as needed for pain. She is audibly moaning in pain in the waiting area and already told the technician that she was in a great deal of pain and needed her prescription as fast as possible.



Internal Prevention Strategies

- Inventory monitoring
- Double counting controlled substances
- Restricting access to "high risk" drugs
- Employee education and training
- Consistent supervision
- Random drug testing



External Diversion Prevention

14

- Use of PMP
- Interdisciplinary collaboration
- Using tamper resistant prescriptions
- Drug testing patients
- Holding patients accountable
- Training staff
- Promote culture of integrity



Case 1: The rest of the story...

After viewing security footage it was discovered that a technician was passing bottles of promethazine with codeine via the drive-thru window to an accomplice. When he was questioned, it was discovered that he had also diverted alprazolam and carisoprodol. He used these drugs to gain social status at parties and bars.



Case 2: The rest of the story...

The pharmacist called the dentist who said that he had only prescribed the patient twelve Hydrocodone. The prescription was altered to increase the quantity. He further explained that he had only given it to the patient prophylactically, as she had undergone a mild procedure. A check of the patient's PMP showed multiple prescriptions from dentists around the area over a short period of time. Authorities were called, and the patient was arrested for prescription forgery.

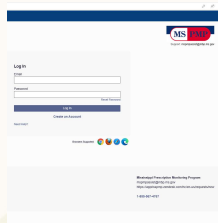


Prescription Monitoring Program

- Can be an effective tool in preventing abuse and diversion.
- Must be used consistently
- Includes Patient name, DOB, drug, quantity, day supply, prescribing physician, filling pharmacy, written, sold and fill date

Limitations:

- Gives raw data and does not interpret
- Can be manipulated
- Information can be delayed
- Is limited to state of origin unless expanded
- Pharmacy errors



Prevention

18

1. Stay calm
2. Set and keep firm boundaries
3. Don't avoid discussion of addiction and treatment
4. Anticipate challenges to boundaries
5. Know your patient's history
6. Utilize PMP
7. Involve the authorities if necessary
8. Utilize pharmacists and their experience
9. Utilize healthcare professionals in the field of treatment and addiction





Any Questions?

**THANK
YOU**

Robert M. Jordan Pharm-D
601-665-2299
Cornerpharmacyandmarket@gmail.com