



National Association of State  
Controlled Substances Authorities



## NASCSA NEWS

March 27, 2015

### Contact Us

NASCSA  
72 Brook Street  
Quincy, MA 02170  
Phone: (617) 472-0520  
Fax: (617)472-0521  
E-mail:  
[kathykeough@nascsa.org](mailto:kathykeough@nascsa.org)  
Website: [www.nascsa.org](http://www.nascsa.org)  
Webmaster: [wward@nascsa.org](mailto:wward@nascsa.org)

### Notice

It has come to the attention of NASCSA that the DEA has been reviewing state laws across the country and have in some circumstances restricted the ordering of controlled substances by mid-level practitioners by making DEA order forms unavailable to this group of practitioners. States should review this restriction to determine if this could negatively affect healthcare in your state. Local field offices are able to determine if a mid-level practitioner restriction has occurred.

Interested in PMP  
Legislation?

Due to our recent  
collaboration with the  
National Alliance for  
Model State Drug  
Laws (NAMSDL), we

## President's Message

Greetings!

I hope everyone has survived the winter. NASCSA's Executive Committee and its committees have been very busy over the past several months on a variety of projects that the program for the conference and development of resolutions. I am sad to report that **Ron Klein**, who was elected as Secretary/Treasurer last fall, resigned his position with the Vermont Board of Pharmacy early this year. Per our bylaws, the Executive Committee appointed **Peg Clifford** from New Hampshire as the interim Secretary/Treasurer. I would like to thank **Ron** for his many years of service to NASCSA and am confident that **Peg**, who served for several years on the board will again serve our organization well. We are looking forward to a great conference this fall at the Hotel Valley Ho in Scottsdale, Arizona **October 20-23, 2015**, with an impressive list of topics and speakers. More information will be made available in the coming months but please put these dates in your calendar now. In addition, I would like to welcome our latest sponsors, [Teva Pharmaceuticals](#) who became a Gold Sponsor and [GW Pharmaceuticals](#), who recently became platinum sponsor. As always, if you have suggestions/comments, please feel free to contact me.

*Ralph Orr, President, NASCSA*

## Save the Date for This Year's Annual Conference

The 31st annual conference will take place at the [Hotel Valley Ho](#) in Scottsdale, Arizona **October 20-23, 2015** in beautiful Scottsdale, Arizona. Registration information as well as information on hotel accommodations is available on our website [here](#). It is not too early to book your hotel and make sure you are not disappointed. If you attended NASCSA's conference several years ago you know that the Hotel Valley Ho is an amazing property. Preliminary topics include a number of sessions on Prescription Monitoring Programs, DEA Updates, Drug Trends

have been provided with an updated compilation of information on state and federal legislation and regulations pertaining to Prescription Monitoring Programs as a courtesy to members. The latest listing is found [here](#) under the PMP section of our website.

### NASCSCA Continues its Partnership with the National Alliance for Model State Drug Laws

NASCSCA is pleased to announce that it has signed a renewed Memorandum of Understanding with the National Alliance for Model State Drug Laws (NAMSDL) to collaborate on a variety of initiatives that will provide invaluable services to members of both organizations. Among these initiatives that falls within the mission of NAMSDL include acting as a liaison to members of Congress and their staffs on key positions of NASCSCA, providing NASCSCA with state legislative charts of particular interest to NASCSCA's members; periodic updates on federal bills of interest to NASCSCA's members, acting as a liaison to other non-profit organizations that have missions similar to NAMSDL and NASCSCA and working on joint projects or endeavors. As such, we have posted a recent compilation of

and Investigations, Medical Marijuana as well as a variety of workshops. Check the website on a regular basis for updates. A preliminary program will be posted in May

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## 2014-2015 Committees Formed

Want to become more involved in supporting the work of NASCSCA? Many state/associate members have already stepped up to the plate, with a record number of volunteers having agreed to serve on NASCSCA committees for the 2014-2015 year. This year the following committees were formed: Program; PMP Committee; Resolutions/Bylaws; Special Projects; Survey/Data; and Membership. For a list of current committees click [here](#).

## NASCSCA Committees Hard At Work

This year NASCSCA has six committees that have been hard at work on a variety of projects. Committee members, comprised of volunteers from members states as well as associate members are the backbone of the organization and we would encourage all members to consider volunteering. For a list of committees members click [here](#). Below is a description of committee highlights.

**Membership** - In addition to developing the criteria for this year's travel scholarship, members of the committee will be reviewing the applicants in order to make recommendations to the Executive Committee. The Committee is also responsible for the development and dissemination of NASCSCA's periodic newsletter and has been considering other organizations to reach out to join as members..

**Program** -Almost as soon as last year's conference concluded, members of the committee began working on this year's program. Many hours have been spent this year reviewing the conference evaluations as the committee continues to develop what promises to be yet another exciting program. Stay tuned!

**Survey/Data** - The committee has been hard at work over the past several months and has conducted one survey of Prescription Monitoring Program (PMP) administrators as we seek to further incorporate PMP issues into NASCSCA. We have tabulated the results

federal legislation of interest to NASCSA members that may be found [here](#). In addition, NASCSA recently wrote a letter of support to key members of Congress encouraging continued funding for NAMSDL information.

## Membership is Strength of NASCSA

Dues notices for the upcoming fiscal year (July 1-June 30th) have been mailed to all members. In order to be eligible to vote at the annual conference, and be eligible for travel scholarships as well as any grants awarded to states for special projects, membership dues must be paid in full.

## State Regulatory Developments

Did you know that NASCSA publishes a monthly compilation of state regulatory actions related to pharmacy and controlled substances. State Regulatory Developments is located on the website [here](#).

## State Pain Policy Advocacy Network Resource

The State Pain Policy Advocacy Network

which are posted [here](#). A special thanks to Bill Ward, NASCSA's webmaster for compiling the results in an easy to follow format. The Survey/Data Committee will be conducting a second survey later this spring.

**Resolutions/Bylaws** - The committee has reviewed the bylaws and will be proposing additional changes to the bylaws this year. In addition, the committee will be reviewing potential resolutions for consideration by members at the annual conference. We would encourage all members to provide their suggestions on possible resolutions. In addition, that all members are permitted to submit proposed resolutions in accordance with our [Bylaws](#), found at Article XI. Draft resolutions will be distributed in early September (45 days prior to the annual meeting). Any proposed bylaw changes will be distributed 60 days in advance of the meeting.

**Prescription Monitoring Program Committee** - As many of you know, this committee was formed last year to make recommendations to NASCSA's Executive Committee as the organizations works to incorporate PMP interests into NASCSA and provide enhanced services. The committee met numerous times earlier this year to develop a set of recommendations has been accepted by the Executive Committee. A copy of the final report is found [here](#). Over the next several months the committee will continue to meet as it works on recommended speakers/topics specific to PMPs at the annual conference and works on many of the recommendations developed within the report, taking into consideration the initial survey that was conducted of PMP administrators referenced above.

**Special Projects Committee** - The Committee is in the final stages of wrapping up the PMP grants awarded several years to states to provide enhancements to their programs, and will be working to identify future projects in the coming year.

(SPAN) offers a great resource to NASCSA members on legislation related to Prescription Drug Monitoring Programs, Pain Clinic regulations, medical marijuana (among other issues of interest). For more information visit their link [here](#).

### NASCSA News Contact Information

If your contact information changes, please login using the original email address you originally had subscribed with and update any information including your new email address and updated contact information.

### From the States

**Alabama** - Long time NASCSA member Charles Thomas, of the Department of Health announced his retirement as of February 1.

**Ohio** - Steven Schierholt has been named the Executive Director of the Ohio Board of Pharmacy, replacing Kyle Parker. Kevin Mitchell has been named as Assistant Executive Director.



NASCSA President Ralph Orr is shown presenting the **2014 President's Award** to Janet Harte for her many years of support for NASCSA. Ms. Harte has served on a number of committees on behalf of NASCSA including her work on the Program Committee. Janet was recognized for her tireless work on behalf of NASCSA over the past several years.

### NASCSA to Participate in Roundtable Discussion on PMPs

NASCSA will be sending a representative to the [2015 National Prescription Drug Abuse Summit](#) in Atlanta, Georgia next month and will also be participating in an invitation-only meeting held by the Bureau of Justice Assistance and The Pew Charitable Trusts for stakeholders entitled, developing a Five-Year Roadmap: A Roundtable on Optimizing State Prescription Drug Monitoring Programs from 2015 to 2020. The goal of the workshop is to gather feedback from the field on how to maximize the impact of PDMPs, increase their utilization, improve BJA's support of PDMP work, and identify additional resources and mechanisms to leverage existing PDMP funding. Pew staff will facilitate the conversation, which will help outline a proactive strategy for improving the operation and utilization of these critical programs. A summary of the proceedings will be issued following the roundtable discussion which we will be sharing with our members.

### Legal Action of Interest Indiana Appeals Court Approves Defendant's Subpoena for Records Relating to own Drug Use from the

**New Hampshire-** The New Hampshire Board of Pharmacy is recruiting for an Executive Secretary/Director. A job description and posting is found [here](#).

## House Energy and Commerce Subcommittee Examines Prescription Drug Abuse

**WASHINGTON, DC** - The House Energy and Commerce Subcommittee on Oversight and Investigations, chaired by Rep. Tim Murphy (R-PA), today held a hearing to discuss the growing problem of prescription drug and heroin abuse from state and local perspectives. Members heard from a number of experts who confront this growing crisis in communities all across the country. The subcommittee last year held a hearing to discuss this issue with witnesses from federal agencies. "Something is desperately wrong with our nation's response to the opioid epidemic, and it is quite literally a matter of life and death that we get honest answers and not remain misguided in our approach to how we solve this crisis," Murphy said. "The state and local perspective of this growing threat is essential as we evaluate what steps we can take at the federal level to

## INSPECT database

Indiana's prescription drug monitoring program, identified by the acronym INSPECT, does not provide for the release of records concerning information about an individual in the database to the individual identified in those records. A patient charged with possession of hydrocodone without a prescription attempted to subpoena her records from the INSPECT database, and the Indiana Board of Pharmacy moved to quash the subpoena, arguing that it could not provide the records unless the requestor could demonstrate that such records were not otherwise "readily retrievable." The trial court ruled that the defendant must make a "threshold showing that she could not get her prescriptions elsewhere before she was entitled to her INSPECT report from the Board," and certified this ruling for interlocutory appeal.

Relying on its earlier rulings, the Appellate Court noted that "certain defendants who are facing charges of possession of a controlled substance are entitled to their INSPECT report from the Board." The Court had found earlier that any objections to release of INSPECT reports based on confidentiality arose from the alleged physician-patient privilege, which "inures to the patient, not the Board (or the physician or the pharmacist, for that matter.)" Thus the patient requesting his or her records implicitly waives any privilege based on confidentiality.

In the instant case, the Board averred that it would release the records based on the requestor's demonstration that "she could not get her record elsewhere." The Court found that, although the defendant knew where "she could 'possibly' obtain her records," that did not equate to the records being "readily available" to aid in her legal defense. The Court rejected the Board's argument that it was necessary to avoid making the INSPECT program a "clearing house for any criminal defendant charged with a possession crime to obtain his or her prescription records," in part because the Board's attorney recognized that a requestor's assertion of "I simply don't recall," would satisfy his client. The trial court's order quashing the subpoena was reversed, and the issue remanded. [Lundy v. State of Indiana, No. 49A02-1405-CR-307, Ind. App., 2015 Ind. App. LEXIS 104, February 20, 2015]

help address this crisis," Energy and Commerce Committee Chairman Fred Upton (R-MI) added.

Witnesses from across the country shared their experiences and discussed efforts to confront the growing cycle of prescription drug and heroin abuse.

HHS Actions to Address Opioid-Drug Related Overdoses and Deaths  
Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States. Prescription drugs, especially opioid analgesics - a class of prescription drugs such as hydrocodone, oxycodone, morphine, and methadone used to treat both acute and chronic pain - have been increasingly implicated in drug overdose deaths over the last decade. From 1999 to 2013, the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled, and deaths related to heroin have also increased sharply since 2010, with a 39 percent increase between 2012 and 2013. In response to these recent increases in opioid-related morbidity and mortality, the U.S. Department of Health and Human Services (HHS) has made addressing the opioid abuse problem a high priority and is focused on implementing evidence-based approaches to reduce:

## Coalition Releases Consensus Document on Challenges Relating to Prescribing and Dispensing of Controlled Substances

A coalition of stakeholder organizations including the National Association of Boards of Pharmacy (NABP) recently released a consensus document representing the medical, pharmacist, and supply chain spectrum highlighting the challenges and "red flag" warning signs related to prescribing and dispensing controlled substance prescriptions. As detailed in the [consensus document](#), the goal is to provide health care practitioners with an understanding of their shared responsibility to ensure that all controlled substances are prescribed and dispensed for a legitimate medical purpose, as well as to provide guidance on which red flag warning signs warrant further scrutiny. Overall, challenges faced by health care practitioners in regard to prescribing and dispensing controlled substances can be overcome through collaboration, communication, and broader efforts to prevent the diversion and misuse of controlled substances while ensuring access to the medications for patients who need them for legitimate reasons.

## DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety

WASHINGTON, DC - The United States Drug Enforcement Administration (DEA) last week issued a nationwide alert about the dangers of fentanyl and fentanyl analogues/compounds. Fentanyl is commonly laced in heroin, causing significant problems across the country, particularly as heroin abuse has increased. This alert was issued through the multi-agency El Paso Intelligence Center (EPIC) to all U.S. law enforcement.

"Drug incidents and overdoses related to fentanyl are occurring at an alarming rate throughout the United States and represent a significant threat to public health and safety," said DEA Administrator Michele M. Leonhart. "Often laced in heroin, fentanyl and fentanyl analogues produced in illicit clandestine labs are up to 100 times more powerful than morphine and 30-50 times more powerful than heroin. Fentanyl is extremely dangerous to law enforcement and anyone else who may come into contact with it. DEA will continue to address this threat by directly attacking the drug trafficking networks producing and

1) opioid overdoses and overdose-related mortality and 2) the prevalence of opioid use disorder.

The initiative focuses on three priority areas, grounded in the best research and clinical science available, to combat opioid abuse:

- Opioid prescribing practices to reduce opioid use disorders and overdose
- The expanded use of naloxone, used to treat opioid overdoses
- Expanded use of Medication-assisted Treatment (MAT) to reduce opioid use disorders and overdose

More detail can be found below:

[ASPE Issue Brief: Opioid Abuse in the U.S. and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths \(PDF-12 Pages\)](#)  
[Executive Summary of ASPE Issue Brief \(PDF-3 Pages\)](#)

importing these deadly drugs. We have lost too many Americans to drug overdoses and we strongly encourage parents, caregivers, teachers, local law enforcement and mentors to firmly and passionately educate others about the dangers of drug abuse, and to seek immediate help and treatment for those addicted to drugs."

In the last two years, DEA has seen a significant resurgence in fentanyl-related seizures. According to the National Forensic Laboratory Information System (NFLIS), state and local labs reported 3,344 fentanyl submissions in 2014, up from 942 in 2013. In addition, DEA has identified 15 other fentanyl-related compounds.

Fentanyl is a Schedule II narcotic used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment - 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin. Fentanyl is potentially lethal, even at very low levels. Ingestion of small doses as small as 0.25 mg can be fatal. Its euphoric effects are indistinguishable from morphine or heroin. DEA has also issued warnings to law enforcement as fentanyl can be absorbed through the skin and accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentanyl on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation.

Fentanyl cases in 2014 have been significant, particularly in the northeast and in California, including one 12 kilogram seizure. The fentanyl from these seizures originated from Mexican drug trafficking organizations.

Globally, fentanyl abuse has increased the past two years in Russia, Ukraine, Sweden and Denmark. Mexican authorities have seizure fentanyl labs there, and intelligence has indicated that the precursor chemicals came from companies in Mexico, Germany, Japan, and China.

Historically, this is not the first time fentanyl has posed such a threat to public health and safety. Between 2005 and 2007, over 1,000 U.S. deaths were attributed to fentanyl - many of which occurred in Chicago, Detroit, and Philadelphia. The source of that fentanyl was traced to a single lab in Mexico. When that lab was identified and dismantled, the surge ended.

The current outbreak involves not just fentanyl, but also fentanyl analogues. The current outbreak is wider geographically and involves a wide array of individuals including new and experienced abusers. Some recent examples of the fentanyl surge across

the United States:

- New Hampshire State Laboratory recently reported four fentanyl overdose deaths within a two-month period.
- New Jersey saw a huge spike in fentanyl deaths in 2014, reporting as many as 80 in the first six months of the fiscal year.
- Rhode Island and Pennsylvania have also seen huge increases since 2013. In a 15-month period, about 200 deaths were reported in Pennsylvania related to fentanyl.
- In the St. Louis area, based on information provided by medical examiners over a 10-year period, fentanyl was the only drug attributed as a primary death factor in 44 percent of overdose cases.
- In June 2014, DEA New York dismantled a heroin and fentanyl network and arrested the two heads of the organization. These individuals were linked to at least three overdose deaths from heroin and fentanyl they sold.

For more information on fentanyl click [here](#).

We hope you enjoyed this latest edition of NASCSA News. We strongly encourage members and others to share information from their respective agencies for consideration for our newsletter. Please email [KathyKeough@nascsa.org](mailto:KathyKeough@nascsa.org) with your articles and ideas.

Sincerely,

*Kathy Keough*  
Executive Director