

Drug Distribution and Control

Reduction of Unused Prescription Drug Products (1702)

Source: *Council on Pharmacy Practice*

To recognize that unused prescription drug products contribute to drug misuse, abuse, and diversion; further,

To advocate for research, education, and best practices to ensure appropriate quantities of prescription drug products are prescribed, including but not limited to partial fills or refills; further,

To advocate that pharmacists take a leadership role in reducing excess quantities of unused prescription drug products.

Controlled Substance Diversion Prevention (1709)

Source: *Council on Pharmacy Management*

To encourage healthcare organizations to develop controlled substances diversion prevention programs and policies that delineate the roles, responsibilities, and oversight of all personnel who have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.

Redistribution of Unused Medications (0611)

Source: *Council on Legal and Public Affairs*

To advocate that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances); further,

To advocate that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements: (1) compliance with practice standards, accreditation standards, and laws related to prescription dispensing; (2) a requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee; (3) protection of the privacy of the patient for whom the prescription was originally dispensed; (4) inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored; (5) the presence of a system for identifying medications for the purpose of a drug recall or market withdrawal; (6) a definition of patient eligibility for participation in the program; and (7) adequate compensation of participating pharmacists for any associated costs.

This policy was reviewed in 2015 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Pharmaceutical Counterfeiting (0401)

Source: *Council on Professional Affairs*

To foster increased pharmacist and public awareness of drug product counterfeiting; further,

To encourage pharmacists to purchase and handle medications in ways that enhance the transparency and integrity of the drug product supply chain; further,

To encourage pharmacists to identify instances of drug product counterfeiting and to respond by assisting the patient in receiving appropriate treatment and monitoring, documenting patient outcomes, and notifying the patient, prescriber, and appropriate state and federal regulatory bodies (e.g., the Food and Drug Administration's MedWatch system); further,

To provide consumers and health professionals with information on how to avoid counterfeit drug products and how to recognize, respond to, and report encounters with suspicious drug products; further,

To foster research and education on the extent, methods, and impact of drug product counterfeiting and on strategies for preventing and responding to drug product counterfeiting.

This policy was reviewed in 2013 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Pharmacy Drug Theft (0303)

Source: *House of Delegates Resolution*

To support the development of policies and guidelines for health-system pharmacists designed to deter drug product theft and thereby enhance both the integrity of the drug distribution chain and the safety of the workplace; further,

To encourage the development of systems that limit the diversion and abuse potential of medications, including high-cost drugs and controlled substances, and thereby reduce the likelihood that these products will be targets of theft.

This policy was reviewed in 2013 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Pharmacist's Role in Drug Procurement, Distribution, Surveillance, and Control (0232)

Source: *Council on Professional Affairs*

To affirm the pharmacist's expertise and responsibility in the procurement, distribution, surveillance, and control of all drugs used within health systems; further,

To encourage accreditation bodies and governmental entities to enhance patient safety by supporting the pharmacist's role in drug procurement, distribution, surveillance, and control.

(Note: For purposes of this policy, drugs include those used by inpatients and outpatients, large- and small-volume injectables, radiopharmaceuticals, diagnostic agents including radiopaque contrast media, anesthetic gases, blood-fraction drugs, dialysis fluids, respiratory therapy drugs, biotechnologically produced drugs, investigational drugs, drug samples, drugs brought to the setting by patients or family, and other

chemicals and biological substances administered to patients to evoke or enhance pharmacologic responses.)

This policy was reviewed in 2016 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Optimizing the Medication-Use Process (9903)

Source: Council on Administrative Affairs

To urge health-system pharmacists to assume leadership, responsibility, and accountability for the quality, effectiveness,

and efficiency of the entire medication-use process (including prescribing, dispensing, administration, monitoring, and education) across the continuum of care; further,

To urge health-system pharmacists to work in collaboration with patients, prescribers, nurses, and other health care providers in improving the medication-use process.

This policy was reviewed in 2013 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

ASHP Policy Positions 2009–2017 (with Rationales): Drug Distribution and Control

1702

Reduction of Unused Prescription Drug Products

Source: Council on Pharmacy Practice

To recognize that unused prescription drug products contribute to drug misuse, abuse, and diversion; further,

To advocate for research, education, and best practices to ensure appropriate quantities of prescription drug products are prescribed, including but not limited to partial fills or refills; further,

To advocate that pharmacists take a leadership role in reducing excess quantities of unused prescription drug products.

Rationale

According to the [Centers for Disease Control and Prevention](#) (CDC), almost 5% of the U.S. population over 12 years old used prescription pain relievers for nonmedical reasons in 2010, resulting in 15,000 overdose deaths. A major source of diversion is unused prescription drug products, such as those left over after a patient has gained relief from temporary pain. Although prescribers and other healthcare providers have long been aware of the dangers of unused prescription drug products, incentives for overprescribing remain. The desire to minimize office visits, concern about undertreatment of pain, and prohibitions against partial fills and refills of controlled substances contribute to overprescribing.

ASHP recognizes the need for research on best practices to ensure appropriate quantities of drug products are prescribed, which will include study of the effectiveness of partial fills or refills of prescription drug products, among other solutions. ASHP has concerns about quantity and duration limits, because rigid restrictions on treatment options may result in adverse patient outcomes.

Appropriate community return and disposal of excess prescription drug products reduce diversion, accidental poisoning risk, and environmental harm. ASHP advocates for pharmacist leadership in reducing excess quantities of unused prescription drug products through appropriate pain management practices and development and implementation of prescription drug product return and disposal programs.

1709

Controlled Substance Diversion Prevention

Source: Council on Pharmacy Management

To encourage healthcare organizations to develop controlled substances diversion prevention programs and policies that delineate the roles, responsibilities, and oversight of all personnel who have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.

Rationale

Abuse of controlled prescription drugs (CPDs) is on the rise in the U.S. According to the [2014 National Drug Threat Assessment Summary](#) from the Drug Enforcement Administration (DEA), deaths involving CPDs outnumber those involving heroin and cocaine combined. Additionally, the economic cost of nonmedical use of prescription opioids alone in the U.S. totals more than \$53 billion annually. All pharmacies and healthcare institutions that handle controlled substances are required to have storage and distribution systems in place to prevent diversion. Due to the numerous medication access points in most hospital distribution systems, diversion is sometimes difficult to detect. Theft of controlled substances by healthcare workers remains a serious problem that can lead to patient harm and jeopardize patient safety. Drug addiction among healthcare workers is well documented. [One survey](#) suggested that nurses who reported a perception of easier availability of controlled substances were almost twice as likely as others to divert and use a controlled substance. In [another survey](#) published in *AJHP*, 19% of pharmacists reported use of a controlled substance without a prescription during the preceding 12 months. Even the most conservative estimates are that 8–12% of physicians will develop a substance abuse problem at some point during their career, although the exact rate of substance abuse among physicians is uncertain.

Pharmacy managers and pharmacists-in-charge have increasing responsibility for ensuring controlled substance management and storage across large healthcare organizations. This expanded responsibility has increased the risk to organizations as acquisitions of physician office practices, clinics, and other nonhospital-based business units continue. To ensure compliance with applicable laws and scopes of practice, ASHP advocates that healthcare organizations develop controlled substances diversion prevention programs and policies to describe the roles, responsibilities, and oversight of all personnel who have access to controlled substances throughout the organization. ASHP supports pre-employment screening and ongoing surveillance, auditing, and monitoring of all healthcare workers to reduce the risk of controlled substances diversion.