

April 2009



# Montana Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

PO Box 200513, 301 S Park Ave, 4<sup>th</sup> Floor  
Helena, MT 59620-0513

## **Canadian Connection Lawsuit Case**

On January 15, 2009, the Montana Board of Pharmacy appeared in State District Court, Helena, to ask the court to find Mr Thomas Kennedy, of Billings, in contempt of court for ignoring a preliminary order of injunction. The Board was represented by Michael Fanning, Board counsel, and Anjeanette Lindle, Board attorney.

Mr Kennedy operated Canadian Connection, a business that put people in touch with a pharmacy in Calgary, Alberta, which then sent drugs directly to patients in Montana and elsewhere in the United States. For his efforts, Mr Kennedy received a 16% commission and in court documents estimated he earned about \$7,000 per year.

On October 4, 2004, the court issued a preliminary injunction that stated in part: "While Kennedy is not a pharmacist and Canadian Connection is not a pharmacy, Kennedy is assisting Canadian mail service pharmacies which are not registered with the Board in providing prescription medication to Montana residents. This is a violation of Section 37-7-301, MCA."

The order of preliminary injunction provided that: "Thomas E. Kennedy, dba Canadian Connection, including his employees and agents, if any, is enjoined from engaging in any activity which causes or facilitates the importation or assists in the importation of prescription drugs from any place outside of the United States. This order shall remain in effect until further order of the court."

Testifying on behalf of the Board of Pharmacy, Rebecca Deschamps, RPh, stated she visited Kennedy's business in 2005, posing as a potential customer, and that Mr Kennedy dispensed pharmaceutical advice she considered potentially dangerous. Among other things, Mr Kennedy told her she could get a better deal on medications by purchasing double strength pills and then splitting them in half. Ms Deschamps told the court such splitting could result in irregular doses that could be harmful.

At the January 15 hearing the court found overwhelming evidence, including Kennedy's own admissions, that he had

disobeyed the Order of Preliminary Injunction, and for over four years continued to engage in the activity that was specifically enjoined by the court.

Mr Kennedy was fined \$4,000, and in order to avoid incarceration and an additional fine, ordered to immediately comply with the Order of Preliminary Injunction issued October 4, 2004.

Following the hearing, Mr Kennedy stated he would close his business.

## **Cancer Drug Repository Program**

*Submitted by Amber Anderson, PharmD Candidate  
February 23, 2009*

Drug repositories specific to cancer medications and devices have been in place throughout the United States since Nebraska created the original program in 2003. During the last few years, multiple states have followed suit including Minnesota, Colorado, Kansas, and Wisconsin. The cancer drug repository programs accept and dispense costly cancer medications and related products to help eliminate waste and connect patients with products that they desperately need. The program is designed to help patients that are uninsured or underinsured with the costly treatment of their disease. If passed, Montana House Bill 409 will create a voluntary cancer drug repository program. The Montana Board of Pharmacy will be responsible for administering the program, including registering participants and ensuring that they are compliant with the specifications of the law.

The legislation will allow any person or entity to donate drugs or devices to a repository participant so that they can be redistributed appropriately. The most likely participants will be pharmacies, physician offices, and health care facilities. In order to ensure safety, drugs or devices can be accepted and dispensed if the product is in the original, unopened, sealed, and tamper-evident unit dose packaging. If a cancer drug is unit dosed it may be accepted and dispensed if the inside packaging

*Continued on page 4*



## **NABP Seeking Pharmacists in All Practice Areas to Take Survey**

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at [www.zoomerang.com/Survey/?p=WEB2297C9ZRC3F](http://www.zoomerang.com/Survey/?p=WEB2297C9ZRC3F), will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure. Questions may be directed to [custserv@nabp.net](mailto:custserv@nabp.net) or 847/391-4406.

## **Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend**

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

### **A Trend with Deadly Consequences**

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

### **Prescription Drugs of Choice for Teens**

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried mari-

juana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

### **Why Teens Choose Prescription Medications**

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

### **Stemming the Growth of Prescription Drug Abuse**

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104<sup>th</sup> Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104<sup>th</sup> Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%.” Similar to past drug prevention programs that



focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

More information and resources are available on the Partnership Web site at [www.drugfree.org](http://www.drugfree.org).

## **Health Care Consumers: Essential Partners in Safe Medication Use**



*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Edition by visiting [www.ismp.org](http://www.ismp.org). ISMP is a Federally Certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at [www.ismp.org](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

A study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time for speaking with patients and lack of appropriate written materials.

Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, [www.ismp.org](http://www.ismp.org), and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at [www.ConsumerMedSafety.org](http://www.ConsumerMedSafety.org). ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

## **FDA Expands Warning to Consumers about Tainted Weight Loss Pills**

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

*Continued from page 1*

remains intact even when the outside packaging has been opened. Additionally, all donated medication must bear an expiration date that is at least six months following the date of donation.

Participants will be required to store donated devices or drugs separately from other prescription drugs or stock according to the manufacturer's recommendations. Priority will be given to qualified patients in the participant's service area. The qualifying patient will be notified that they are eligible to receive a donated product before it is dispensed.

Dispensing of donated drugs and products requires adherence to current dispensing guidelines. Donating records must be maintained with the date the participant received the product, the name, strength, and amount, prescription number, expiration date, manufacturer's name and lot, and the name and address of the donating party. Participants will be responsible for inspecting all donated drugs and devices to determine if they are adulterated or misbranded. Dispensing records must be maintained pursuant to current statute. Participants may charge a small dispensing fee subject to state Board approval.

Further information on current programs and legislation in other states can be accessed at the following Web sites.

**Nebraska:** [www.hhs.state.ne.us/cancerdrugs/](http://www.hhs.state.ne.us/cancerdrugs/)

**Minnesota:** [www.phcybrd.state.mn.us/forms/cdrguide\\_lines.pdf](http://www.phcybrd.state.mn.us/forms/cdrguide_lines.pdf)

**Colorado:** [www.cdphe.state.co.us/regulations/preventionservices/101510Cancerdrugrepository.pdf](http://www.cdphe.state.co.us/regulations/preventionservices/101510Cancerdrugrepository.pdf)

**Wisconsin:** <http://dhs.wisconsin.gov/bqaconsumer/cancerdrugrepositry.htm>

Please be watching for updates on how your pharmacy or organization can become part of the program and help cancer patients receive the medication they need.

### ***New Board of Pharmacy Member***

The Montana Board of Pharmacy is pleased to announce the appointment of a new member by Governor Brian Schweitzer. Lee Ann Bradley, RPh, of Missoula replaces James MacKenzie, RPh, of Whitefish, as a

pharmacist member of the Board. Her term expires July 1, 2010.

Dr Bradley received her bachelor of science degree from the University of Montana School of Pharmacy in 1977, and her doctor of pharmacy degree from Idaho State University in 1994. She received her Board Certification in Pharmaceutical Specialties in 2004.

Dr Bradley has worked at Saint Patrick Hospital in Missoula, MT since 1989. As the clinical coordinator for the Department of Pharmacy, she initiated several clinical services including a pharmacist-run acute pain service. She was able to show that when a pharmacist managed pain, patients went home sooner, the cost of the hospitalization was less, and patient satisfaction, nurse satisfaction, and physician satisfaction scores improved. She currently works in the Montana Spine and Pain Center seeing patients on an out-patient basis.

Additionally she is a clinical professor at the University of Montana School of Pharmacy and precepts students in their final year of school on site at St Patrick Hospital.

Dr Bradley has served as the president of the Montana Pharmacy Association twice and before that as the president of the Montana Health-Systems Pharmacists Association. She was active in combining those two organizations to improve the ability of the professional organizations to represent Montana pharmacists. As president she was also involved in the successful passage of the Collaborative Drug Therapy Management Act in Montana (2001).

---

Page 4 – April 2009

The *Montana Board of Pharmacy News* is published by the Montana Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Ronald J. Klein, RPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor &  
Executive Editor

Larissa Doucette - Communications Manager

---