

# Alabama State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

## Fifty Year "Gold Year" Pharmacists

The following individuals have the distinction of being licensed pharmacists in Alabama for fifty (50) years. The Alabama State Board of Pharmacy gratefully acknowledges their many contributions to the learned profession of pharmacy.

James Matthew Arndt, RPh; Alice Sellars Boster, RPh; Joseph Floyd Brewer, RPh; Beecher Boyd Creasman, RPh; Hosea Ronald Dailey, RPh; William R. Davis, RPh; Arthur Lewis Ellis, RPh; Bert Treadwell English, RPh; Judson Fray Garner, RPh; Charles Acton Glaser, RPh; Dan Blake Harris, III, RPh; Lucile McGehee Haynes, RPh; James Hanibal Herring, RPh; Jane Patterson Johns, RPh; Luther Joseph Kirkland, RPh; James Roy Kitchens, RPh; Joryn S. Koski, RPh; Barbara J. Majors, RPh; Wilburn Lee Maples, RPh; Clay Barnes Marrs, RPh; Robert Emmett McKenzie, RPh; Ramon Lee Norris, Jr, RPh; William Paul Pickard, Jr, RPh; James Perry Scarborough, RPh; Floyd Leslie Slay, Jr, RPh; James Kendel Stallings, Jr, RPh; Lonnie Joe Street, RPh; George Oberon Warren, RPh; Lelus Montgomery Weldon, RPh; John Willie Wilkerson, RPh; Henry Edwin Wilson, RPh; Hugh C. Woods, Jr, RPh; Louis Dean Young, RPh.

Congratulations and thank you for your service to our profession.

## Do You Know Your Definitions?

*Pharmacy Law Digest, 40<sup>th</sup> Edition, Authors: Joseph L. Fink III, Jesse C. Vivian, Ilisa B.J. Bernstein, St. Louis, MO, p. 33-37.*

According to the 2006 edition of the *Pharmacy Law Digest*, misbranded or mislabeled drugs are those that are sold, dispensed, or distributed in violation of the labeling requirement of the Federal Food, Drug, and Cosmetic Act (FD&C Act). Courts have held that when a pharmacist sells a prescription drug at retail without a prescription or refills a prescription without the prescriber's authorization, he or she has in effect "misbranded" the drug.

In most instances, adulteration violations would be committed by the pharmaceutical manufacturer. For example, if a drug is manufactured under conditions that do not conform to current good manufacturing practices, the drug is deemed adulterated under the act.

The definition of a "drug" does not differentiate between prescription and nonprescription drugs, nor does it distinguish legal or lawful drugs from illicit drugs.

Food and Drug Administration (FDA) regulations define "prescription drugs" as drugs subject to the requirements of §503(b)(1) of the FD&C Act, which states the following:

A drug intended for use by man (A) because of its toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, is not safe for use except under the supervision of a practitioner licensed by law to administer such drug; or (B) is limited by an approved application under professional supervision of a practitioner licensed by law to administer such drug; shall be dispensed only (i) upon a written prescription of

a practitioner licensed by law to administer such drug, or (ii) upon an oral prescription of such practitioner, which is reduced promptly to writing and filed by the pharmacist, or (iii) by refilling any such written or oral prescription if such filling is authorized by the prescriber either in the original prescription or by oral order which is reduced promptly to writing and filed by the pharmacist.

## Free Board "Preceptor" Continuing Education

**Place:** UAB School of Medicine – Volker Hall – Room A

**Date:** May 31, 2009

**Time:** 12:30 PM seating. Program 1-3 PM. **Seating limited to 300**

**Registration:** Pre-registration online at [www.albop.com](http://www.albop.com).

All current preceptors, pharmacists licensed two (2) years who would like to become Alabama preceptors, and interns/externs are encouraged to attend this motivating and mentoring training seminar.

## How to Dispose of Unused Medicines – Guidelines for Drug Disposal

The following is taken from FDA's Guidelines for Drug Disposal at [www.fda.gov/consumer/updates/drug\\_disposal062308.html](http://www.fda.gov/consumer/updates/drug_disposal062308.html)

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- ◆ Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- ◆ If no instructions are given, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
- ◆ Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.
 

FDA's Director of Pharmacy Affairs Ilisa Bernstein, PharmD, JD, offers some additional tips:

  - ◆ Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable.

*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=WEB228YSHUR9UR](http://www.zoomerang.com/Survey/?p=WEB228YSHUR9UR), 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.

This will help protect your identity and the privacy of your personal health information.

- ◆ Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- ◆ When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### 680-X-2-.19 Parenteral Therapy

- 3(a) It shall be the responsibility of the supervising pharmacist to verify the parenteral certification of pharmacists involved in the preparation of parenteral products.
- 9(a) The Supervising Pharmacist shall insure that all pharmacists engaged in dispensing or preparing compounded parenteral solutions are registered with the Board of Pharmacy and currently certified as parenteral pharmacist by the Board.
- (11) Quality Assurance: The Supervising Pharmacist is responsible for developing and maintaining a quality assurance program that insures a clean and sanitary environment for the preparation of sterile products. Documentation of such activities shall be available.

### 680-X-2-.14 The Role of Technicians in Pharmacies in Alabama

- (3) It is ruled by the Board of Pharmacy that three (3) technicians, one of which shall be certified through the Pharmacy Technician Certification Board (PTCB), on duty are sufficient in the prescription area of a retail pharmacy or an institutional pharmacy for each full time licensed pharmacist on duty. Nothing in this rule shall prevent a pharmacy from employing technicians to perform supervised tasks not requiring professional judgment.
- (4) In order to adequately protect the public health, technicians shall not:
  - (a) Communicate, orally or in writing, any medical, therapeutic, clinical or drug information, or communicate any information recorded on a patient profile that requires professional judgment.
  - (b) Document the receipt of a controlled substance into inventory.
  - (c) Accept by oral communication a new prescription of any nature.
  - (d) Prepare a copy of a prescription or read a prescription to another person.
  - (e) Provide a prescription or medication to a patient without a pharmacist's verification as to the correctness of the prescription or medication. For the purpose of this rule, verification

shall mean that the licensed pharmacist shall be aware of the patient profile, DUR, computer overrides and drug interactions as well as the correctness of the selected medication and labeling.

- (f) Counsel a patient on medications or perform a drug utilization review.
- (g) Perform any task that requires the professional judgment of a pharmacist.
- (5) Written control procedures and guidelines for supervision of technicians by a licensed pharmacist and for performance of tasks by technicians shall be established and made available for review by the Board of Pharmacy.
- (6) In order to be registered as a pharmacy technician in this state, an applicant shall:
  - (a) Have submitted a written application on a form provided by the Board of Pharmacy
  - (b) Have attained the age of seventeen (17).
- (8) All technicians shall wear a name tag, identifying them as such, while on duty.
- (9) Each technician registered by the Board shall notify the board in writing within 10 days on change of employment. The notice shall contain his/her name, registration number, the name of the pharmacy where formerly employed and the name of the pharmacy where currently employed.
- (10) All pharmacy technicians shall register with the Alabama State Board of Pharmacy.
  - (a) Every pharmacy technician registered by the Alabama State Board of Pharmacy shall, prior to reregistration, complete three (3) hours of continuing education annually, one hour of which shall be 'live' presentation.

The full rule is contained in the *Code of Alabama (1975), Title 34, Chapter 23, Practice of Pharmacy Act 205.*

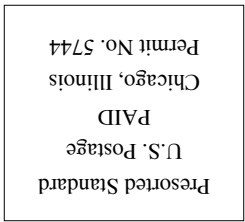
### Do You Know a Pharmacist or Technician Who Needs Help?

Call the Committee on Rehabilitating Impaired Pharmacists help line at the voicemail of Steve Moore at 205/975-8548. All calls are confidential.

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