MODEL
REFERENCE GUIDE FOR HEALTH PROFESSIONALS: PREVENTION AND DETECTION OF ABUSE OF NARCOTICS AND CONTROLLED SUBSTANCES AND THEIR DIVERSION TO ILLICIT CHANNELS

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Table of Contents

PREAMBLE

The purpose of this guide is to strengthen the rationale use of narcotics and other controlled substances and to minimize their abuse and diversion through increased awareness.

All health care professionals have a critical role to play in minimizing the abuse and diversion of narcotics and controlled substances. The information in this guide is specifically targeted to health professionals who are authorized to prescribe narcotics and controlled substances, those who are authorized to dispense (e.g., pharmacists), as well as all those involved in administering these drugs (e.g., nurses). There needs to be a collaborative effort among health care providers and regulators to promote appropriate use of narcotics and controlled substances while at the same time minimizing their abuse and diversion.

Drug abusers may be difficult to distinguish from legitimate patients. The person who presents to a clinic or office with a migraine headache or back pain may be a legitimate sufferer. On the other hand, the individual may be seeking a controlled substance to feed an addiction, or a criminal looking for controlled substances to sell. To take a balanced approach to the prevention of drug abuse and diversion, health professionals must be knowledgeable of the best evidence-based treatment plans for caring for patients who present with a medical condition requiring a narcotic or other controlled substance but must also be aware of the methods for recognizing and discouraging drug abusers and diverters.

The advice in this guide is intended to present a balance between the benefits and risks of treatment with narcotics and controlled substances. It provides practical guidance to assist health professionals in recognizing and minimizing abuse and diversion, without compromising the care of those patients that require narcotics and controlled substances for medical reasons.

DRUG ABUSE AND DIVERSION

Definition of the problem

The abuse, misuse and diversion of prescription drugs is not well documented and, as a result, patterns of abuse and the problems that arise are difficult to describe. Much of what is known comes from anecdotal reports.

In some cases, individuals who abuse controlled substances may have started to use a pharmaceutical product for a legitimate medical need but later lose control of their use because they do not comply with instructions or because of medical mismanagement. For example, older people are prescribed medication about three times more frequently than the general population, and have poorer compliance with directions for use.[1] Misuse of prescribed medication may be the most common form of drug abuse among the elderly. At the other end of the spectrum, many children are prescribed psychoactive drugs, such as methylphenidate or antidepressants although there drugs may not be the most effective means to treat their medical conditions. In Uruguay, the consumption of methyphenidate has double between 2000 and 2004.

Other individuals abuse controlled drugs for their psychoactive properties. A US 2001 National Household Survey on Drug Abuse showed about 15% of 18 and 19 year olds used prescription medications non-medically in the past year, and, for 12 to 17 year olds, the figure was 7.9%.[2]

The huge demand and supply for prescription drugs has created a lucrative black market for pharmaceutical products. Pharmaceutical products containing narcotics or psychotropic substances are sought for several reasons:

they have guaranteed safety, quality and potency;
oral products can be used without the risk of HIV and Hepatitis C associated with injection drug use;
the cost of obtaining controlled substances from health professionals is generally far less than their cost on the street;
they can be obtained in the security of the doctor's office rather than on the street where there is risk from dealing with dangerous drug dealers and undercover police officers;
they may be used by abusers as trade to obtain their drugs of choice.

Drugs sought after include opioid analgesics (e.g. morphine, oxycodone, meperidine, hydromorphone and codeine preparations), sedatives/hypnotics (e.g. benzodiazepines) as well as stimulants (e.g. amphetamines, methylphenidate). Anecdotal evidence from family physicians in Canada indicates that the drugs most commonly requested by name in the office setting are sedatives/hypnotics and weak narcotics (e.g., Tylenol No.3).[3] Most potent narcotics were crushed, diluted and then injected intravenously.

The potential street value of prescription drugs may illustrate why drug abusers are motivated to seek out these products. Prices vary according to buyer experience, available supply and time of the month (e.g., before or after the day of issue of social assistance cheques).

[*Insert examples for particular country; example for Canada follows*]

According to a Vancouver study published in the *Canadian Medical Association Journal*[4], the street value for Valium 10 mg varied within a range between $0.10 and $2.00 per pill. The street value of narcotic drugs ranged from $0.25 per pill for weak narcotics (.e.g, Tylenol No.3) to $75 per pill for potent opioids (e.g. MS Contin 30 mg).

Balancing benefit and risk

Treatment of certain medical conditions with narcotics and other controlled drugs can be very beneficial when they are used appropriately. Some health professionals may, however, be over cautious in their recommendations regarding use of these pharmaceutical products. For example, pain is more often under-treated than over-treated. Treatment should be tailored to the level of pain the patient is experiencing. In the palliative care setting, the use of opioid analgesics is well recognized. For these patients, the goal is opioid titration to achieve adequate pain control without opioid toxicity. Opioid analgesics are also indicated in chronic non-malignant pain and are considered appropriate when pain is a significant barrier to function, an unremitting source of distress and if there are otherwise no significant contraindication.[5] The presence of a chronic pain syndrome in rheumatoid arthritis is increasingly recognized.[6] A wide variety of adjunctive medications, including opioids (.e.g, morphine, hydromorhone, oxycodone), are being used. In the treatment of non-malignant pain, the goal of therapy with opioid analgesics is <u>not</u> pain elimination but achievement of tolerable pain and/or improvement of function.

A history of drug dependence, the type and dose of drug use, and psychiatric co-morbidity are risk factors for the development of dependence on controlled drugs. When prescribing controlled substances, the following may minimize the risk of dependence:

use of long-acting opioids
small amounts prescribed for short periods only
use of a treatment contract between the physician and patient, where certain rules are laid out (e.g., one prescriber only),see Appendix A for a sample treatment contract) for the treatment

Guidelines are important and should be worked through with the patient. The choice of pharmaceutical product should be based on factors such as the prescriber's experience with the drug and the side effect profile seen in individual patients. By following general principles of sound medical practice and using recognized guidelines on the proper use of narcotics and controlled substances in the management of patients with pain and other medical conditions, health professionals can help minimize abuse and diversion.

Behaviour of drug abusers

Three types of individuals will seek prescriptions for narcotics and other controlled substances:

the patient who has a legitimate medical need for treatment with a controlled substance;
drug abusers who are addicted to or dependent on these drugs; and
con artists whose sole motivation is to obtain and sell drugs for money.

Unlike drug abusers, legitimate patients lack suspicious features - they aren't in a hurry and if unfamiliar to the doctor, will cooperate with attempts to verify their history. Although it's important to trust your patients and accept what they tell you at face value, it is also important to maintain a healthy degree of scepticism.

Drug abusers come in many forms and appearances may be deceptive. Better indicators are their behaviours and their stories.

*Drug abuser*s generally present to physicians seeking particular controlled drugs. Some patients may exploit a legitimate medical condition to obtain excessive quantities of controlled drugs. Other drug abusers may feign an illness. They often present to physicians who do not know them with complaints of acute recurrent pain such as migraine headaches or back pain; in some cases, however, the individual may be well known to the physician. Typically, drug abusers will seek controlled drugs from a number of doctors who are unaware of each other; this is known as double- or multiple-doctoring.

An obvious indicator of addiction is a driven insistence concerning the prescription of a specific drug to the exclusion of alternatives. Patients with an addiction may present with acute withdrawal symptoms (see Table 1 on the following page). They may become extremely agitated, tearful and even violent if they cannot obtain their drug of choice.

Con artists , also referred to as *entrepreneurial drug abusers* or *diverters* , 'earn a living' by obtaining prescription drugs that they, in turn, sell on the street or to other drug dealers. They

seek medications that have a ready market on the street. Drug seekers generally target physicians who have a reputation for prescribing narcotics or controlled substances on demand or without taking a detailed history. They tend to visit several prescribers in a day and travel from town to town posing as unfamiliar patients. The typical diverter is a man or woman age 20 to 40 who is generally well-dressed and groomed.[7] Diverters tend to be well versed in medical terminology. Table 2 lists some of the suspicious features to watch for.

Table 1 Features of a drug abuser with chemical dependence[a]

pupils: pinpoint or extremely dilated; use of eye drops or dark glasses
droopy eyelids
constant runny nose and rubbing of nose
complexion either pale or flushed
excessive itching and scratching
sweating
tremors
rigid movements and muscle cramps
fearful and agitated (in withdrawal)
emotionally volatile (in withdrawal)
lethargic and disinterested (using drug)
giddy and overly friendly (using drug)
evasive answers
asks for specific drug by name
claims of chronic pain with uncertain etiology

[a] Adapted from: Goldman B. Preventing Drug Diversion: A program for physicians and pharmacists - Study guide

Table 2 Suspicious features of drug diverters[a]

refuses or is reluctant to present identification
patient claiming to be visiting from another town
telephone requests for narcotics
presents at times when the regular physician cannot be reached
appears to be in a hurry
asks for a specific drug by name
tries to take control of the interview
maintains eye contact with doctor
well versed in medical terminology
claims allergy to other drugs such as NSAIDs, local anaesthetics, or codeine
evasive answers, strange stories
does not show up for follow-up appointments

[a] Adapted from: Goldman B. Preventing Drug Diversion: A program for physicians and pharmacists - Study guide

Drug abusers or con artists frequently present to an emergency department or acute care clinic with a pre-existing disorder in need of immediate symptomatic relief. They may pretend to be suffering from a disorder which will depend on the drug desired (see Table 3). Self-induced injuries to dentition or reparative work have also been reported. Drug abusers sometimes traumatize their gums in order to cause inflammation and infection. Or they may create a false sense of urgency by pretending to have severe symptoms that cannot wait. Some drug abusers

bear authentic-appearing surgical scars (self-inflicted lacerations) intended to corroborate a history of prior surgery. Others may try to obtain drugs from a veterinarian claiming that their pet is very ill and they want to terminate its life themselves.

Table 3 Feigning an illness

Drug desired	**Feigned pre-existing disorder**
opioid analgesic	a painful disorder such as migraine headache, acute back pain, renal colic or sickle cell crisis dental complaints such as cracked tooth, dry socket or temporomandibular craniofacial pain.
opioid cough syrup	cough due to bronchitis
stimulant	narcolepsy or they may coach their children to behave as if they have attention deficit disorder

Drug abusers, particularly entrepreneurial ones, seldom take their eyes off the physician. They are observing the doctor's facial expressions for indications of disbelief and will instantly change their story as required.

Another type of drug seeker is an individual who shows inordinate interest in the physical layout of the physician's office or a pharmacy; they may be "casing" the surroundings for a possible break and enter.

Methods of drug diversion

Narcotics and controlled substances can be diverted anywhere along the supply and distribution chain. Sources of diverted drugs include:

prescription forgery
telephone fraud
drug seeking from doctors, dentists or veterinarians
indiscriminate prescribing
theft: external or internal (e.g. by employees)

Prescription forgery is thought to be the key method of diversion for several reasons:

it is considered relatively easy to do;
it is perceived as a victimless crime; and
both law enforcement and penalties for conviction are perceived by criminal drug seekers as not strict enough to be worth the risk.

According to an unpublished survey conducted by the Canadian government, up to 85% of all forged prescriptions obtained as evidence by the police had been dispensed by the pharmacist.[8]

Prescription forgeries can involve:

modification of a legitimate prescription to increase the dosage or quantity of a controlled substance, such as increasing the number (for e.g. modifying the number 10

to read 40 or 100) or by adding a drug to the bottom of a legitimate prescription, for example adding an opioid analgesic to a prescription for an antibiotic;
reproduction of prescriptions using a photocopier;
theft of prescription pads and forging entirely new ones.

Table 4 lists some more elaborate scams used by diverters that have been described.[7] Chemically dependent drug abusers are less likely to resort to an elaborate scam. Most often, they visit a number of doctors to exploit a legitimate medical problem for multiple prescriptions or simply feign an illness. Having knowledge of these scams, nevertheless, increases awareness and helps to minimize drug diversion.

Table 4 Some elaborate ways of scamming for drugs

Scam name	**Description**
Targeting physicians in particular	
"The phony inspector" scam	An accomplice, who plays a law enforcement officer, calls the physician's office claiming a known drug abuser is about to visit. The "officer" urges the physician to play along with the scam and write a prescription promising to apprehend the drug abuser after he/she leaves the office.
"The Friday night special" scam	This is a 3-person scam in which one person plays the patient while the other 2 pretend to be a doctor and the doctor's receptionist. The scammers break into a doctor's office on a Friday evening. Using the doctor's own prescription pad, they write prescriptions for narcotics or controlled substances. The one playing the patient attempts to have the prescriptions filled at various pharmacies. The other 2 accomplices remain in the doctor's office to take calls from any pharmacist who attempts to verify the prescription.
Targeting pharmacists in particular	
Telephone scam	A common pharmacy scam: posing as a practising physician, the drug abuser telephones a prescription on behalf of a bogus patient. A further take on this is that some drug abusers, using the physician's answering service, instruct the answering service to hold his or her calls for a fixed period of time, then begin passing forged prescriptions. At the end of the time period, the drug abuser calls the answering service asking for messages. Pharmacies that failed to call the answering service to verify the prescription are then targeted as "easy marks".
"The garage sale" scam	The drug abuser picks houses at random by attending

Scam name	Description
	garage sales, looking for used clothing for sale. They ask to try on an article of clothing in order to gain access to the homeowner's bathroom where they can steal prescription vials containing narcotics or controlled substances. Once they obtain a legitimate patient's prescription container, it is easy to call the pharmacy requesting a refill. Another way drug abusers gain access to residential homes is by searching for homes for sale, then appearing during open houses.
"The pharmacy is closed" scam	The drug abuser asks for a narcotic or controlled substance to be phoned into a pharmacy. Shortly after the pharmacy closes, the drug abuser phones the doctor, claiming the pharmacy closed before the prescription could be filled. They ask the physician to phone a prescription into a second pharmacy. Next day the physician discovers both prescriptions were filled.
"These pills look different" scam	The drug abuser claims another pharmacist at the same pharmacy has incorrectly filled a prescription. He/she shows the pharmacist a prescription bottle labeled with a prescription for a narcotic or controlled substance that clearly contains an incorrect medication. In order to avoid a formal complaint to the regulatory body, the pharmacist offers to replace the "incorrect" medication with the narcotic or controlled substance on the label.
"You dispensed the wrong medication" scam	The drug abuser presents with a legitimately obtained prescription for a narcotic or controlled substance and an antibiotic. They empty the narcotic or controlled substance from its bottle and replace it with the antibiotic. Returning to the pharmacy, they claim that the pharmacist inadvertently dispensed the antibiotic twice and forgot to dispense the controlled substance.
"The damaged pills" scam	This scam requires a dispensing bottle with a label bearing the name of a controlled substance that has a recent dispensing date. The drug abuser places in the bottle other tablets (e.g. acetaminophen) that have been partly dissolved in water. They then visit the pharmacy where the narcotic or controlled substance was originally dispensed, claims the contents "fell accidentally" into the sink, and request a refill.

[a] Adapted from: Goldman B. Preventing Drug Diversion: A program for physicians and pharmacists - Study guide

STRATEGIES TO MINIMIZE DRUG DIVERSION

Legal requirements

Health professionals are subject to laws that control the prescribing and dispensing of narcotics and controlled substances. Federal laws governing narcotics and controlled substances are summarized Appendix B.

[Since the requirements in each country differ, the following section must be customized for each country; the following are only examples of things that could be highlighted]

The following points outline some of the key responsibilities of health professionals in prescribing and dispensing narcotics and controlled substances:

> Prescriptions for narcotic drugs are generally required to be written, dated and signed by a practitioner. It is strongly recommended that all prescriptions for narcotic and controlled drugs be issued in writing.

It is unethical for a practitioner to prescribe or administer a narcotic or controlled drug to himself or a member of his immediate family or for a pharmacist to self medicate.

Narcotic prescriptions cannot generally be refilled. A prescription for a controlled drug may be refilled or repeated by a pharmacist if the prescriber directs in writing, at the time the prescription is issued, that the prescription be refilled, the number of times that it may be refilled and the dates for or intervals between refills (in those countries where it is authorized). There are some exceptions, in some countries e.g. barbiturates, which allow for refills of verbal prescriptions.

Pharmacists must assess the legitimacy of prescriptions for narcotics and controlled substances. Pharmacists should be aware of which health care professionals may prescribe medications. Pharmacists must report prescriptions that do not comply with the law. It is important to establish a partnership with law enforcement to facilitate the investigation of drug diversion and the apprehension of those responsible.

A pharmacist is responsible for maintaining records for purchasing, receiving, transferring, disposing and dispensing narcotics and controlled substances in accordance with all applicable Acts, regulations and by-laws.

Reasonable steps must be taken to protect narcotics and controlled substances from loss or theft; any losses or thefts must be reported to the regulatory authority.

In some jurisdictions, a duplicate/triplicate prescription program is in place to monitor the use of certain drugs prone to misuse, abuse and diversion. Under these programs, the original prescription is given to the patient to present to the pharmacist; a copy is sent to the regulatory authority for analysis. Multiple-doctoring and excessive prescribing can be more easily detected using these programs.

Some jurisdictions require that all prescriptions dispensed by pharmacies be recorded through an on-line computer system which allows pharmacists to check if the individual has obtained controlled drugs at other pharmacies or from other physicians.

Strategies for the physician

Abuse and diversion prevention begins with consistent and thorough care of every patient presenting with a symptom or medical condition for which a controlled substance may be indicated. It is important that a doctor-patient relationship be established before prescribing any controlled substance. “Getting to know your client” is a strategy that is also employed by banks to prevent money laundering.

There are a number of things that can be done in practice to prevent medication abuse and diversion:

identify the patient if not known to you using 2 or 3 pieces of identification (e.g. driver's license, health card, social insurance number)

verify the presenting complaint and ***observe for drug abuse behaviour***. Take an independent history and observe closely for evasiveness. Screen for current and past alcohol drug prescription and over-the-counter medicine use. Know the features that suggest drug-seeking behaviour (see Tables 1 and 2). Be suspicious of patients who refuse appropriate confirmatory tests (e.g. blood tests, x-rays, etc). Watch for injuries that don't heal. Many addicts will prevent healing until they can't bear the pain anymore.

talk to the patient's regular practitioner or family doctor. Ask the patient to provide the name and address. If a patient provides a letter from a consultant, verify its authenticity in the same way.

use safe prescribing strategies. If you are prescribing an opioid analgesic, limit prescriptions for acute pain to a duration of no greater than 3-5 days; for long-term treatment, switch to a long-acting opioid.

implement a treatment contract with the patient. Appendix A provides a sample of a treatment contract that communicates to the patient the rules around providing a prescription for opioids: one prescriber, the amount to be dispensed, no early refills consequences for breaking the contract.

reassess the patient at appropriate intervals. A suggested time frame is every 6 to 9 weeks. Patients who do not return for follow-up appointments should be viewed suspiciously. Keep a record of all prescriptions issued on the patient's chart (see Appendix C). Do not continue to prescribe controlled substances when there is evidence of non-compliance, escalation of dose, misrepresentation, or fraud

prevent prescription forgery: Prescriptions should be written so as to make them difficult to alter (see Table 5 for tips on preventing prescription forgery)

prevent telephone scams. Do not telephone prescriptions for unfamiliar patients.

keep drugs out of sight in the office and never leave your medical bag unattended or in plain view.

Caution when distributing professional; samples. Where the distribution of professional samples of pharmaceutical products is permitted, practitioners need to exercise caution when doing so when the patient is new or unknown to them.

Table 5 Tips to prevent prescription forgery

Do not leave a space between the number and dosage unit, for e.g. 10mg. Write the quantity of dispensed dosages in longhand followed by the corresponding number in parentheses, for e.g. eight (8) for added protection, write the word “only” immediately following the numeral and leaving no space, for e.g. eight (8only) Do not leave blank spaces in the prescription; instead, fill the unused portion of the prescription with a pen stroke) Use a numbered prescription pad for narcotics and controlled drugs so that stolen prescriptions can be quickly identified Use one prescription pad at a time and keep it in your pocket or under lock and key. Use photocopy-proof prescription pads. There are some technologies available that increase the likelihood that photocopied prescriptions will be detected (e.g. distinctive icon disappears when photocopied) Spell out patients’ addresses Never sign blank prescriptions in advance. Use prescription pads only for prescribing. Make other notes or instructions on stationery. Have a strong relationship with local pharmacists, who are often the first to detect a diversion attempt

Strategies for the pharmacist

Pharmacists also play an important role in the prevention of prescription drug misuse by providing clear information and advice about how to take a medication appropriately and effects the medication may have or possible drug interactions. Poor compliance may contribute to abuse.

The following suggestions provide a framework to enable pharmacists to stop drug abusers while treating legitimate patients compassionately

examine the prescription to ensure its authenticity. Look for obvious clues to a forged prescription which could include any alteration in the amount, dosage, number of refills, name of drug, spelling mistakes, directions written in full with no abbreviations, different coloured inks, writing more legible than usual. Look for prescriptions where the narcotic or controlled drug appears to have been added on. Look for photocopy blotches or dust marks or traces of adhesives as signs that the prescription has been photocopied. Watch for prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions for “uppers and downers” at the same time. Become familiar with the drugs that are popular in your area for abuse and resale on the streets.

identify the patient. Be alert for a number of people appearing within a short time all bearing similar prescriptions from the same physician. Ask all new patients for 2-3 pieces of identification. Post a sign informing patients of the policy; this alone will discourage many drug abusers. When you check the patient’s identification,(identification) record his or her driver’s licence number or other

appropriate identification on the back of the prescription and place a pharmacy stamp on it. This will prevent it from being used elsewhere if you do not fill it. Most legitimate patients have no difficulty complying with a request for identification, especially if the reasons for the request are explained to them.

talk to the patient. Observe for signs of drug intoxication and drug withdrawal.

contact the physician directly to verify the prescription. Verify that the physician exists and that the physician is treating the patient. If possible, know the prescribers's signature. Take the time to verify the prescription. Where a prescription is suspicious, stalling for time is a good tactic as it generally frustrates diverters who are usually in a hurry.

install a private telephone line for telephone prescriptions and only give the number out to legitimate physicians. Any prescriptions phoned in on the pharmacy's main telephone line can then be viewed with suspicion.

provide adequate security for the storage of controlled substances and limit access to those who have need.

keep records of all receipts and disbursements and check inventory regularly to be able to detect any losses.

WHAT TO DO WHEN YOU DISCOVER A DIVERSION ATTEMPT

It is illegal to knowingly prescribe or dispense a narcotic or controlled drug for anything other than a legitimate medical purpose.

If you detect a drug abuser:

inform the physician(s) who have issued prescriptions to the individual or, in the case of suspected forgeries, the physician(s) whose name(s) appears on the prescription;

inform other pharmacies: some jurisdictions have initiated a telephone alert system in your area

if the patient resorts to verbal abuse or acts of violence, contact law enforcement authorities if you are threatened in any way

CONCLUSION

The magnitude of the drug abuse and diversion problem and the cost to every one require that health professionals make a meaningful collective effort to prevent abuse and diversion. Collaboration between prescribers, pharmacists and regulators is necessary to minimize abuse and diversion

With prescribers, pharmacists and regulators working together to prevent drug abuse and diversion, this will help safeguard the availability of narcotics and controlled substances for patients whose function and quality of life depend on them.

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Appendix A - Sample treatment contract

I understand that I am receiving opioid medication from Dr. ..... to treat my pain condition.

I agree to the following conditions under which this medication is prescribed.

- I will not seek opioid medication from another physician. Only Dr. ..... will prescribe opioid for me.
- I will not take opioid medication in larger amounts or more frequently than is prescribed by Dr. ..... .
- I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else.
- I will not use over-the-counter opioid medications such as 222's and Tylenol #1.
- I understand that if my prescription runs out early for any reason (for example if I lose the medication or take more than prescribed), Dr. ..... will not prescribe extra medications for me; I will have to wait until the next prescription is due.
- I understand that if I break these conditions, Dr. ..... may choose to cease writing opioid prescriptions for me.

Patient's signature:

_____

Physician's signature:_____

Date:

_____

Reproduced from: College of Physicians and Surgeons of Ontario, Canada. Evidence-based recommendations for medical management of chronic non-malignant pain: reference guide for clinicians. 2000. Available from: www.cpso.on.ca/Publications/pain.htm.

Appendix B- Summary of Federal Laws Governing Narcotics and Controlled Drugs

Classification	Description	Prescription Requirements	Ordering	Purchase Records	Sales Records	Filing
NARCOTICS	*[list drugs included in this category]*	*[requirements for prescription (e.g. written); state if refills or part-fills are allowed, etc.; indicate requirements to transfer prescription from one pharmacy to another if permitted]*	*[requirements for ordering from manufacturer or wholesaler e.g. electronic? By fax?]*	*[requirements for recording purchases/receipts into inventory]*	*[requirements for recording sales/disbursements from inventory]*	*[requirements for filing prescriptions and maintaining inventory records (incl. Sales, purchases)*
CONTROLLED DRUGS						

egulations and acceptability of faxed prescriptions varies between provinces

IOTE: This is a summary only. Please refer to *Narcotic Control Regulations, Controlled Drugs and Substances Regulations* and *Targeted Substances Regulations* for complete details.
)rug names are examples only. Not a complete listing. Legislation may change.

Appendix C - Sample Controlled Drug Prescription Record

Patient Name:
.....

Chart number:
.....

Prescribing Physician:
_____

Date	Medication	Dose	Direction	Number dispensed	Comments

_____