



**NURSE PRACTITIONER  
ALLIANCE OF ALABAMA**

**PRESCRIBING CONTROLLED SUBSTANCES:  
WHAT A PRACTICE NEEDS TO KNOW FROM A  
DEA PERSPECTIVE**

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**DISCLAIMER**

**This presentation and materials are for general compliance education only, and the information provided does not constitute medical or legal advice to any person.**

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**RICHARD A. TUCKER**

- **Drug Education Consulting Group**
  - Educate corporate/private groups on drug trafficking and its impact on society
- **25 years as Special Agent with the DEA (Retired in 2008)**
  - Served Assignments in Atlanta, Denver, El Paso, Los Angeles and Thailand
  - Investigated global drug trafficking organizations
  - Served in Washington, D.C. as Chief of DEA's International Intelligence Program
- **10 Years as a Police Officer in Cobb County, Georgia**
  - Served on multi-agency narcotics unit investigating regional and local narcotics issues, including diversion of prescription drugs
  - Conducted numerous undercover assignments; taught undercover techniques at police academies.

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# KEY TOPICS

- COVID -19 FAQ
- Understanding prescription drug abuse and non-compliance
- Recognizing aberrant patient behaviors and how these behaviors may be symptomatic of non-compliance
- Methods for detecting non-compliant patient behavior
- Monitoring patient adherence to a prescription regimen
- Key government initiatives aimed at prescription abuse and specific duties of DEA

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### DEA Mission

To prevent, detect, and investigate the diversion of controlled substances from legitimate sources



*while*

Ensuring an adequate and uninterrupted supply for legitimate medical and scientific purposes.



U.S. Department of Justice Drug Enforcement Administration  
Office of Diversion Control

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### WHAT IS YOUR RESPONSIBILITY?

**There is a responsibility to:**

- Assure patients are using medications properly.
- If aberrant behavior is observed, noted in testing or received via a complaint to the practice ...

**... Do not ignore it.**

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**TWO DIMENSIONS OF THE PROBLEM**

**Illicit use or abuse of prescription medications**

**Non-compliance with prescription regimens**

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**Illicit Use Of Prescription Medications**

*Targeting the Drug Seeking Patient*

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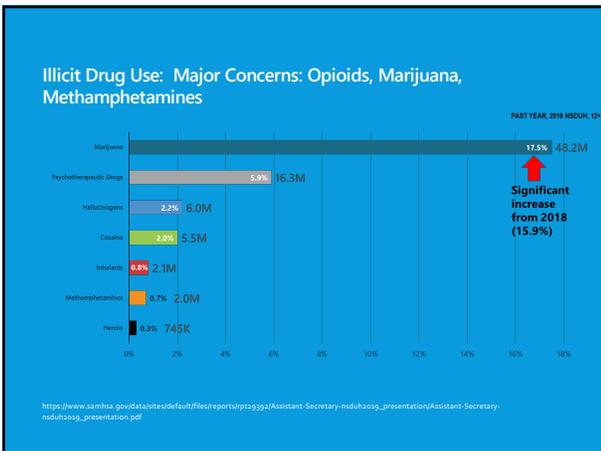
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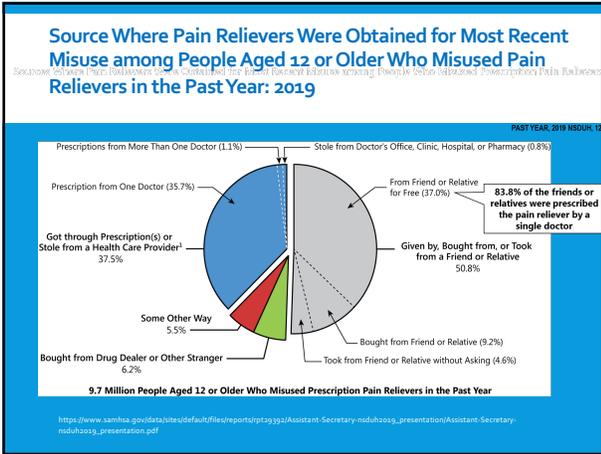
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- ### THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)
- Unusual behavior in the waiting room
  - Assertive personality
    - Often demanding immediate action
  - Unusual appearance
    - Extremes of slovenliness or being overdressed
  - Unusual knowledge of controlled substances
  - Recites medical history with textbook symptoms
  - Evasive or vague answers to questions regarding medical history
- Interviews with NADDI President John Burke and Richard Tucker's experience and training

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- ### THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)
- Reluctant or unwilling to provide reference information
    - Often has no regular doctor or health insurance
  - May request a specific medication and may be reluctant to try a different drug
  - May appear to have no interest in diagnosis
    - Fails to keep appointments for further diagnostic tests; refuses to see another practitioner for consultation

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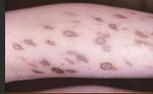
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### RECOGNIZING THE PHYSICAL SIGNS OF PRESCRIPTION DRUG ABUSE

Abusers of prescription drugs may use or ingest prescription medication in the same manner as abusers of illicit drugs, yielding the same signs of illicit use.

Signs of illicit use:

- Inflammation in nasal cavity
- Gum disease and infection
- Signs of subcutaneous use
  - Between toes
  - Under tongue
  - Behind knees
  - Genitalia
  - Arms




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### OTHER EVIDENCE OF POSSIBLE PRESCRIPTION DRUG ABUSE

- Information gained from the urine testing
- Information received from sources other than the patient:
  - Other practices or pharmacies
  - Friends or family
  - Anonymous sources

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### DEA'S ROLE IN PRESCRIBING CONTROLLED SUBSTANCES

▶ DEA's role under the Controlled Substances Act (CSA) is to ensure that controlled substances are prescribed, administered, and dispensed only for legitimate medical purposes by DEA-registered practitioners acting in the usual course of professional practice and otherwise in accordance with the CSA and DEA regulations. Each State also has its own laws (administered by State agencies) requiring that a prescription for a controlled substance be issued only for a legitimate medical purpose by State-licensed practitioners acting in the usual course of professional practice.

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[http://www.deadiversion.usdoj.gov/fed\\_regs/notices/2004/fr09062.htm](http://www.deadiversion.usdoj.gov/fed_regs/notices/2004/fr09062.htm)

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### LEGITIMATE MEDICAL PURPOSE USUAL COURSE OF PROFESSIONAL PRACTICE

This requirement has been construed by the courts to mean that the Rx must be issued "in accordance with a standard of medical practice generally recognized and accepted in the United States."

*United States v. Moore*  
423 U.S. 122 (1975)

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### Non-compliance With Prescription Regimens



***Not all non-compliant patients  
are abusers***

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### POSSIBLE NON-COMPLIANCE SCENARIOS

- Is the patient taking drugs as prescribed?
- Is the patient sharing his or her medications with others?
- Does the patient take a smaller than prescribed dose?
- Is the patient hoarding medication?

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### MONITORING FOR ABUSE AND NON-COMPLIANCE

- Practices should periodically assess all patients using controlled substances for a prolonged period of time.
- Assessment approaches can include:
  - **Assessment of patient progress toward achieving therapeutic goals**
  - **Presence of adverse events**
  - When indicated because a patient is high risk or is known to have engaged in aberrant behavior, results of urine drug testing
  - Adherence to prescribed therapies
  - Standardized screening tools to assess for:
    - **Aberrant drug-related behaviors**
    - **Substance abuse**
    - **Psychological issues**

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### SUGGESTED PATIENT ASSESSMENT QUESTIONS

- Has the patient ever sought treatment for drug abuse?
- Is the patient seeing more than one physician?
- Is the patient comfortable with a detailed pain management agreement if they are using controlled substances for a prolonged period of time?
- Is the patient comfortable with periodic urine drug testing?
- Is the patient using illicit drug(s)?
  - Does the patient have physical signs of drug abuse?

*The initial interview can set the tone for further discussion and use of risk management tools.*

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### RISK ASSESSMENT: AN ONGOING PROCESS

- **Be aware of pill counts**
- **Consider caregivers, friends and family for potential of diverting or misusing medications**
- **Have a medication agreement with the patient that includes expectations of the treatment plan**
- **Use of a prescription monitoring solution, as a tool to assist the physician, in assessment of patient adherence to prescribed regimens**

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## THE MORE YOU KNOW, THE BETTER

Physicians should know the following:

- Whether patients are likely to be taking their medications in a manner consistent with the dose and frequency prescribed?
- Is a patient taking illicit drugs?
- Is a pain medication present at high concentrations, which could indicate abuse?
  - Can those levels be shown in a prescription monitoring report?
- Is the prescribed medication not present?
  - Could indicate non-compliance or possible diversion.

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## Advice for a Practice During a Visit From DEA

- Since inspections may occur at any time during typical business hours, the **registrant must have an action plan** that is reviewed by all authorized personnel on how to immediately retrieve the necessary documentation required for a DEA inspection.
- Review the DEA Diversion Inspectors credentials and obtain their contact information.
- Inquire the reason for the inspection.
- Have all documentation readily available.
- Take notes of all recommendations and observations made by the DEA Diversion Investigators.
- Obtain a location in the office to allow the investigators to review records and policies.
- Ask any questions you may have regarding their findings so corrective actions can be implemented.
- **Be polite and cordial. Do not argue or debate with the investigators.**

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## What About Patient Charts ?

- Your patient files and charts should be complete and accurate, clearly legible, fully articulate and document each patient medical history, your thorough physical examination conducted, medical diagnosis and justification for writing any controlled substance prescription being issued to a patient for a legitimate medical purpose as well as any authorization for refills.
- The files and charts should be absent of red flags that will require further investigation by DEA.
- When appropriate your files and charts should include results of blood work, electronic imaging such as: x-rays, scans and/or MRI testing, additional physician consults and opinions and your follow-up with the patient. Some doctors have included the results of random urinalysis drug testing for patients who regularly receive controlled substance prescriptions to assure they are legitimately using the medication and not diverting the drugs.

[www.dea.gov/diversion-visit](http://www.dea.gov/diversion-visit)

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### ILLCIT USE PEER REVIEW WEBSITES



<http://www.bluelight.org/vb/content/>

- Peer Reports on the use of various opiates
- Non-scientific data on uses of various opiates
- Data from the "user" perspective

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## streetRx

Inspired by the principles of crowdsourcing, StreetRx is a one-of-a-kind program that identifies and tracks the street value of prescription and illicit drugs. StreetRx gathers user-submitted data to map the street price of a variety of drugs across the country.

StreetRx users can anonymously post, view, and rate submissions, shedding new light onto the often muddy waters of the black market. By providing invaluable information about the preferences of users, health communication specialists can adapt the outreach efforts to the local needs of their community.

<https://streetrx.com/>

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### PROTECTING PRESCRIBERS AND APPROPRIATELY TREATING PATIENTS

- This program is NOT intended to discourage the prescribing or dispensing of appropriate medication for legitimate medical purposes.
- **Physicians and other authorized prescribers should not allow those who divert or misuse prescription drugs to influence the legitimate prescribing and dispensing of controlled substances.**

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**SUMMARY**

- Prescription drug abuse and non-compliance should be a critical concern for all practices.
- Be aware of aberrant patient behaviors.
- Monitoring for non-compliance and controlled substance abuse is a continuous, ongoing process—increasingly required by authorities.
- Ensuring adherence to a prescription regimen is crucial for protecting patient safety and society at large.

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**DISCLAIMER**

*• The material presented in this presentation is made with the understanding and agreement that Richard Tucker d/b/a Drug Education Consulting Group is not engaged in rendering legal or other professional services by presenting said material. The material is presented as educational material only. The services of a competent professional should be sought if legal or other specific expert assistance is required.*

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