

Pill Mills - Part I: Introduction

Prescription drug abuse—particularly the abuse of opioids such as hydrocodone—is becoming a national pandemic. Consider this: the United States is ranked number one in the world for hydrocodone dispensing, at over 79,700 kilograms per year, according to the 2013 statistic. The United Kingdom comes in at second, dispensing only 200 kilograms per year. Given the disparity in population between the two countries, perhaps this isn't surprising. But then consider the theoretical percentage of the population receiving hydrocodone in each country—in the US, it is nearly double that of the UK.

In 2009, of the 4.6 million drug-related emergency visits, roughly half were related to drug abuse. Of this staggering statistic, pharmaceutical abuse occurred at a rate of 405 visits for every hundred thousand, versus only 317 visits related to illicit drugs.

Even more concerning, between 2004 and 2009, emergency visits related to abuse of pharmaceuticals nearly doubled, increasing 98.4 percent.

These statistics are based only on *documented* incidents of abuse; by most estimates, abuse of pharmaceuticals has become a full-blown epidemic. No culprit is more at fault than the so-called pill mill.

A pill mill engages in the non-therapeutic dispensing of drugs when there is no valid medical need to do so. This is often at the monetary benefit of the doctors, pharmacists, and pharmacy owners who are complicit.

As a pharmacist, you may not be *knowingly* complicit in a pill mill scheme, but the DEA—and subsequently, the Texas State Board of Pharmacy—identifies Corresponding Responsibility as the pharmacist's role in ensuring proper therapeutic dispensing.

In this series, we will highlight many of the major warning signs your pharmacy may be a pill mill.