

# SCAM OF THE MONTH

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The Missouri Task Force on the Misuse, Abuse and  
Diversion of Prescription Drugs

## **Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs**

### **Members**

Missouri Bureau of Narcotics and Dangerous Drugs  
Missouri Board of Pharmacy  
United States Drug Enforcement Administration  
Missouri State Board of Registration for the Healing Arts  
Missouri Dental Board  
Missouri State Board of Nursing  
Missouri State Board of Optometry  
Missouri State Board of Podiatric Medicine  
Missouri Veterinary Medical Board  
Division of Alcohol and Drug Abuse  
Division of Medical Services  
Missouri Association of Osteopathic Physicians and Surgeons  
Missouri Dental Association  
Missouri Hospital Association  
Missouri Nurses Association  
Missouri Office of Prosecution Services  
Missouri Optometric Association  
Missouri Pharmacy Association  
Missouri State Medical Association  
Missouri Physicians Health Program  
Missouri Veterinary Medical Association  
Missouri State Troopers Association  
Missouri Pharmaceutical Manufacturers Association  
Missouri League for Nursing

Dear Reader:

The Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs is a voluntary coalition of professional healthcare associations, licensing boards, law enforcement agencies, state agencies and healthcare industry representatives. This *Scam of the Month* booklet was prepared by the Task Force and is one component of a comprehensive on-going Task Force effort to improve health professionals and law enforcement awareness of a critical aspect of America's prescription drug abuse problem.

Webster defines "scam" as meaning to fraudulently scheme, cheat or swindle. This is often precisely what is done by persons seeking to obtain prescriptions drugs for improper or non-medical use. Such person are commonly referred to as "professional patients" because they have made careers out of taking advantage of unwary or unsuspecting prescribers and other healthcare professionals. It has been the experience of the Task Force's members that many healthcare professionals do not fully recognize the magnitude of this problem.

We live in a time of unprecedented access to information about pharmaceuticals and healthcare processes, policies and issues. With such knowledge, professional patients are becoming more sophisticated and audacious. The Task Force publishes this information in an effort to alert and educate professionals in healthcare and law enforcement, and to help them identify and prevent attempts to divert prescription drugs by fraud. This information may be edited, modified or otherwise reformatted to fit your reprinting needs.

While reviewing this booklet, please keep in mind that it is not the intent of any regulatory agency to inhibit the prescribing of controlled substance medications for legitimate medical needs. Prescribing controlled substance medications is always a balancing act; the practitioner must do his or her best to safely and effectively treat their patients while at the same time avoid prescription practices that could potentially foster drug misuse or abuse.

Please keep this booklet and refer to it as needed to refresh your awareness and to educate fellow staff members or employees. Use this information to protect and defend your practice against unscrupulous patients. We hope this booklet serves to prevent the abuse, misuse and diversion of drugs throughout the state of Missouri.

Sincerely,

The Task Force on Misuse, Abuse and Diversion of Prescription Drugs

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## **# 1 - The Obese Person Scam**

The “scam” is that the overweight person tells the physician that they are very unhappy due to their chronic weight problem. Their spouse is about to leave them, their children are embarrassed, their weight is affecting their work and life seems to be passing them by. They profess to be weak and unable to maintain a diet regimen. In desperation, they have contemplated suicide and now they want to consider having their jaws wired shut or part of their intestines removed. The interview and initial examination are usually tearful, well delivered, and inexorably moves to a consideration of medication as an alternative.

At this point, the discussion of diet drugs comes into play. The patient may have knowledge of what drugs to ask for, such as Preludin, Pondimin, Fastin, or Redux. The patients may ask for Schedule II amphetamines. If the physician refuses, the “professional patient” quickly acknowledges that Didrex has worked in the past, and also suggests a couple of refills. At this point, the patient may also ask for a prescription for a tranquilizer or benzodiazepine because it will be difficult to sleep and relax while on the new diet.

Once the patient has obtained the prescription and medication, they have the drugs in their possession to abuse them or sell them on the street.

**Practitioners’ Note:** *Physicians are reminded of the high potential for abuse of stimulant controlled substances. Studies consistently indicate that weight loss induced by stimulants is temporary, unless the patient modifies their behavior through dieting, exercise and change of lifestyle. Physicians should be wary of patients unknown to them, who have knowledge of current weight reduction drugs, and/or mention diet drugs that have previously worked for them. Physicians should check to see if the patient is actually losing weight during the treatment and if they are administering the diet drugs as directed.*

## **# 2 - The Grandparent Scam**

The grandparent scam involves what appears to be an innocent young person and their supposedly terminally ill grandparent. They are travelling across the country so the grandparent can be near family when they “pass on.”

The grandparent may actually show a scarred abdomen and claim they had surgery at the V.A. or other public hospital. They claim excruciating pain and allergies to certain pain remedies. The conversation usually turns to Dilaudid, Demerol or other strong analgesic. The grandparent mentions “strong” narcotics that have worked in the past.

After obtaining the prescription, the family may either self-administer the drugs or sell the drugs on the street. A frequent postscript to this “scam” is that the innocent young grandchild may actually return and report the drugs were lost, stolen, flushed down the toilet, or ruined in the laundry, thus asking for a second prescription.

**Practitioners’ Note:** *Practitioners are cautioned to be wary of patients who are unknown to them; who demonstrate behavior associated with drug abuse; who do not have proper identification; whose medical history or current treating practitioner cannot be verified; and who behave suspiciously. A request for positive identification, names and telephone numbers of previous or other practitioners can be an effective deterrent. Please consult with the previous treating practitioner when needed.*

## **# 3 - Breast Cancer Scam**

This scam is similar to the “Grandparent Scam”. It involves a female who claims to be suffering from breast cancer. The patient is able to name the strong drugs that bring her relief. She tells the practitioner that she is staying with a friend or relative that is quite some distance from where her treating practitioner is located.

## **# 4 - The Hyperactive Child Scam**

A parent may present their child to the physician, claiming that the child suffers from attention deficit disorder or ADHD. The parent claims they are new to the area or have used a physician who has left the area. The parent usually asks for a prescription for “Ritalin”. The parent may even be so bold as to ask for a higher strength or larger quantity. In some instances, an adult will obtain methylphenidate for the child, but the child is never administered the medication. In some instances, the adult is able to obtain the medication without the child even being examined.

**Practitioners' Note:** *Practitioners are cautioned to conduct their own evaluation and make their own diagnosis of patient complaints and conditions. Not only should there be an examination of the child, but interviews of family members and the child's schoolteacher are important sources of information. Methylphenidate is a commonly abused drug in Missouri. Physicians are cautioned to be alert for people seeking drugs for hyperactivity and attention deficit disorder when the children are unknown to the physician, when the adults and children have insufficient identification, cannot prove enrollment in a nearby school or otherwise appear suspicious. Positive identification of parents, children and communications with teachers can be strong deterrents. No controlled drugs should be prescribed without an examination or proper physician-patient relationship.*

## **# 5 - The Toothache Scam**

A popular scam involves individuals claiming to have a dental problem enabling them to obtain narcotic analgesics from a dentist as well as a physician at the same time. Some individuals actually have a legitimate dental problem such as an impacted tooth or cavity, but they take steps to prolong the problem or prevent it from healing or being treated merely to enable them to obtain narcotics.

The scam begins with a call to a dentist's office requesting a telephone prescription for a controlled substance pain medication. The patient is in immediate and excruciating pain. The dentist may call in a prescription with the directive to make an appointment to have the problem fixed or actually schedule an appointment. Appointments for dental care are made but the individual rarely shows up for the appointment.

However, the patient may keep the appointment, but will request additional prescriptions or refills while refusing or postponing the dental treatment. Of course, the dental treatment would eliminate the need for any future controlled drug prescriptions.

**Practitioners' Note:** *Each practitioner should be aware of other practitioners your patients are seeing and what drugs they are receiving. Family physicians should know about dental treatment and dentists should know about medications prescribed by the family physician. Patients should not be prescribed controlled substances without an examination or proper practitioner-patient relationship. The patient usually names the pharmacy they want the prescription called in to. Call*

*the pharmacy and speak with the pharmacist. They should be able to inform you as to which other practitioners and medications the patient has utilized.*

*It is understood that practitioners on call are placed in an awkward position at times trying handle situations such as this. Limiting prescriptions to a minimum amount needed and reviewing a patient's chart for previous emergency calls if possible is recommended.*

## **# 6 - Forged or Stolen Records Scam**

An individual may attempt to obtain a copy of a patient's medical records, especially if the patient was treated with controlled substance medications. The scammer will then "white out" the patient's name and type in their own. The forms are then copied so the document appears un-altered.

The scammer can then visit a practitioner, provide a copy of "their" supposed medical records and pretend to suffer from the medical condition noted in the records. This is usually done when the medical condition is non-specific and not able to be confirmed. Examples of such medical conditions might be fibromyalgia, migraine headaches, and chronic pain due to nerve damage, etc.

The scammer then asks the practitioner to prescribe the medication that they previously received because it was so effective.

**Practitioners' Note:** *Practitioners are cautioned to conduct their own evaluations and make their own diagnosis. Medical histories, records and past treatment should be confirmed before providing treatment based on the information. Any records provided by a patient seeking controlled drugs should be verified. In this case, as in others, verifying identity and telephoning to verify information are very helpful.*

## **# 7 - The Help Me, I'm an Addict Scam**

Professional patients and drug seekers may use this scam to obtain controlled substances. The "patient" arrives at a physician's office and confesses that they are addicted to narcotics. They make a tearful and convincing plea for help and beg the physician's assistance in "getting straight." They tell the physician what medication and how many tablets they are taking each day.

The patient will get the physician to start weaning them by prescribing a small amount of medication, with frequent follow up visits. Unknown to the physician is the fact that this patient is seeing several other physicians, providing the same plea. If successful, the patient takes the prescriptions to several different pharmacies to avoid detection.

**Practitioners' Note:** *Physicians should be aware that state and federal law prohibits the prescribing of any narcotic for the sole purpose of detoxification. Patients must be admitted to an approved Narcotic Treatment Program (NTP) where they can be monitored and supervised. For more information on treatment for detoxification or NTPs, please call the Department of Mental Health, Division of Alcohol and Drug Abuse at (573) 751-4942, the Bureau of Narcotics and Dangerous Drugs or your local Drug Enforcement Administration Office in St. Louis or Kansas City.*

## **# 8 - Good Samaritan Doctor Scam**

A practitioner may appear in a pharmacy with a prescription for a controlled substance that they have written for a patient and claim that they will take or deliver the medication to the patient. The patient may even be a relative of the doctor.

While this may be true, the pharmacist should check or confirm this situation with the patient. Obviously, this may present an awkward situation for the pharmacist, but the pharmacist can call the patient later on the pretext to see if the patient had any questions about their medication. The offer to counsel a patient on their medication is both a positive factor and it is required by law.

**Practitioners' Note:** *Pharmacists are reminded that Section 195.070.4, RSMo Supp. 1998, states that practitioners may not prescribe or dispense a controlled substance medication to themselves (except in a true medical emergency). If a pharmacist is presented with this situation, they should contact the Bureau of Narcotics and Dangerous Drugs or their local Drug Enforcement Administration Office.*

## **# 9 - The Racehorse Scam**

A man posing as a racehorse owner approaches a veterinarian and requests a large amount of Talwin. The man claims that the drug is a very effective calming agent for his high spirited-horses when they are being transported.

The horse owner calls the veterinarian to let him know when he needs more Talwin to transport his horses. The veterinarian can hear racetrack noises in the background. The horse owner usually obtains large amounts of Talwin and pays in cash.

Investigation revealed that the "horse-owner" did not own any horses. His telephone calls were made from a motel room with a cassette tape playing racetrack noise in the background. The Talwin he purchased was sold on the streets. The man scammed numerous veterinarians.

**Practitioners' Note:** *Veterinarians are cautioned to be wary of any requests for large amounts of controlled substances, especially from customers unknown to them. Veterinarians should know their customers and animals and make their own diagnosis. A request for identification and telephone calls can be effective deterrents. Veterinarians should be wary of allowing people other than their staff access to controlled substances.*

## **# 10 - The Police Report Scam**

A patient returns to his practitioner shortly after a previous visit. The patient explains to the practitioner that he was robbed or burglarized and his controlled substance medication was stolen. The patient has proof that he reported the theft to the police and presents a copy of a police report. The patient requests a replacement prescription.

This ploy is very successful, enabling the patient to double their drug supply.

**Practitioners' Note:** *A police report does not prove that drugs were stolen. A patient can falsify information to the police and make a false report, just as they may scam practitioners. Let the patient know that this may have happened once, but they are responsible for ensuring that their*

*medications are secured to prevent any future theft. Inform the patient that you will not replace their medication if it is stolen again.*

## **# 11 - Friend in the Doctor's Office Scam**

Practitioners should be aware that substance abusers might attempt to develop relationships with members of their office staff in order to obtain controlled substances or blank prescription pads. Receptionists, secretaries, nurses, temporary employees, assistants and cleaning crews may have access to prescription pads, drugs, and medical records. These employees may also be able to call in prescriptions to pharmacies and even intercept calls made by pharmacy staff to confirm medication orders.

These relationships may be social, for financial gain or even blackmail.

**Practitioners' Note:** *Prescribers can minimize the possibility of dishonest and unethical behavior by office staff by implementing and enforcing good policies and procedures and maintaining communications with staff. Enforce good office discipline and good security measures. Tightly control prescriptions pads and limit access to drugs only to those staff who are authorized. Communicate with pharmacies yourself if possible.*

*Conduct background checks for criminal violations and check references before hiring. State and Federal law prohibit the employment of any individual who has been convicted of a controlled substance violation if they are to have access to controlled substances under any circumstances. This includes if they have access or authority to call in an order for a controlled substance medication. A practitioner or medical institution may request a waiver from the DEA and BNDD to employ such an individual. If upon review the waiver is approved, then the individual may be employed, but not before.*

## **# 12 - Blood in the Urine Scam**

Professional patients have used this technique to make their illness more convincing. They conceal a needle in their clothing. While providing a urine sample in the privacy of a bathroom, they prick their finger and place blood in the urine. The bleeding from the finger stops quickly.

**Practitioners' Note:** *Physicians are cautioned to be wary of patients who are unknown to them, have insufficient identification, request certain types of medication, or otherwise appear suspicious. A request for a thorough medical history, identification and a few telephone calls can be effective deterrents to such scams.*

## **# 13 - The Altered Script Scam**

Practitioners who short-cut proper prescription writing practice, especially those who use Arabic numerals for dose amounts or quantities, are easy marks for professional patients. Simply matching the ink, a drug-seeking patient can change a 10 into a 100 or 5 into 50.

**Practitioners' Note:** *Practitioners are cautioned to always utilize good prescription writing practices. Use ink, write out the actual quantity of medication prescribed by spelling out the number, as well as the Arabic or Roman numeral, be sure to indicate the number of refills if any, otherwise mark None or Zero and NEVER leave prescription pads unattended.*

## **# 14 - The Guard Dog Scam**

On several occasions, Missouri veterinarians have fallen prey to requests for stimulant controlled substances for the avowed purpose of making guard dogs more alert and aggressive.

This same request may be made, but by an individual who claims that it improves their dog's performance at dog shows or competitions.

**Practitioners' Note:** *Veterinarians are reminded that medications may only be prescribed for legitimate medical needs. Be wary of contact by persons unknown, especially when they request to leave the premises with controlled substances. A request for identification and questioning can be effective deterrents.*

## **# 15 - The Overweight House Pet Scam**

Veterinarians have been known to prescribe amphetamines or steroids upon request by pet owners who contend that they need the drug to control their animal's weight problem.

**Practitioners' Note:** *Veterinarians are cautioned to be alert to any contact by persons unknown to them, especially when they request to leave the premises with controlled substances. A request for identification and questioning can be effective deterrents.*

*Medications are to be prescribed only for legitimate medical needs.*

## **# 16 - The Drug Salesman Scam**

A representative from a pharmaceutical company visits a practitioner or pharmacy to sell them drugs. After the practitioner has placed an order and signed it, the salesman will add extra drugs to the practitioner's order. When the order arrives, the practitioner receives drugs that he did not order. The practitioner will contact the salesman and report the extra, unordered drugs.

The salesman will profusely apologize and blame it on the shipping department. The salesman will tell the practitioner that if he will go ahead and pay the bill and store the extra drugs, he will come by and reimburse the practitioner and pick up the unwanted drugs. A day later, the salesman will pick up the extra drugs and reimburse the practitioner with a personal check or other check from account that the salesman has set up.

This allows the salesman to obtain controlled substances by using the practitioners' controlled substance purchasing authority.

**Practitioners' Note:** *Practitioners, pharmacies and hospitals are cautioned to be alert for any suspicious irregularity in ordering and receiving their controlled substances. They should verify that unwanted medications are returned to the proper place and their accounts are credited.*

## **# 17 - The Professional Patient**

Upon reviewing pharmacy records, it was noted that a practitioner was writing quite a few prescriptions for Schedule II narcotics. Upon reviewing the prescriptions and making a few calls, it was learned that this person was obtaining narcotics at several different pharmacies by presenting prescriptions in his name, as well as his wife and daughter's name.

Upon contacting the practitioner, it was learned that he no longer saw the patient and had not written any prescriptions for that family. When the suspect returned to pick up his prescriptions, the police confronted him. It was learned that the man had stolen a prescription pad and was forging prescriptions using the names of his family members and visiting several pharmacies.

**Practitioners' Note:** *Pharmacists are cautioned to review each prescription to not only verify that it is a legitimate prescription, but to monitor how much the patient has received, when their last prescription was picked up, determine if the patient is taking the medication according to the doctor's instructions and to see if the dosing is therapeutically appropriate. Verifying the patient's identification, asking specific questions and contacting the prescriber are very good deterrents to forgery and doctor shopping.*

## **# 18 - Everyone at This Address Has Prescriptions**

A review of pharmacy records reveals that a number of people giving the same home address are taking sedatives and tranquilizers. All of them claim to work night shift and have difficulty resting. Further review reveals that each of the patients has seen multiple practitioners and obtained drugs at multiple pharmacies. It seems that everyone was addicted to controlled substances and no one was employed.

In another instance, several people sharing a house were all receiving Schedule II narcotics. Each had seen several doctors for chronic back pain and was taking prescriptions to area pharmacies.

**Practitioners' Note:** *Practitioners should verify whom they are treating by requesting positive identification. Checking a phone directory is another option. Be wary of patients referring friends who suffer from similar symptoms or maladies that require treatment with controlled substances.*

## **# 19 - Calling in Fraudulent Prescriptions**

Throughout Missouri, it is very common for drug seeking patients to telephone prescriptions into pharmacies posing as a practitioner or member of the practitioner's staff. The caller will know the information and manner with which prescriptions are called. The caller may even discuss brand name versus generic.

**Practitioners' Note:** *Pharmacists and staff need to be alert when accepting telephone prescriptions. They need to decide if the caller's voice and background noise sound legitimate; is it the appropriate time for a refill, is the drug, strength, quantity, and dosage form correct, are they familiar with the person who is calling in the prescription.*

*It is a good idea to call a practitioner's office and verify telephone prescription orders, if only occasionally. If the caller gives you a call back number, it might be to their home, and not the practitioner's office. Look up the practitioner's telephone number yourself and confirm the prescription.*

*Remember how to verify a correct DEA number—*

*EXAMPLE: AW6928254      Henry J. Weber, M.D.*

1. *Does the second letter match the first letter of the practitioner's last name?*

*AW.....W for Weber*

2. *Add the first, third, and fifth numbers together.*  
 $6 + 2 + 2 = 10$
3. *Add the second, fourth and sixth numbers together, and then double that total.*  
 $9 + 8 + 5 = 22.$      $22 \times 2 = 44.$
4. *Now add the two totals together,  $10 + 44 = 54$ . The last digit of the total should be the same as the last number of the DEA number.*  
54.....AW6928254.

## **# 20 - Asleep at the Wheel Scam**

This is a scam in which the patient claims to have narcolepsy and his job requires him to drive. The patient will deliver a very well rehearsed plea for amphetamines or other stimulants and will try to obtain Desoxyn, a Schedule II methamphetamine.

**Practitioners' Note:** *It is very important for practitioners to make their own diagnosis. A few phone calls to previous treating practitioners is a good deterrent.*

## **# 21 - The Aggravated Stump Scam**

A patient with an amputated limb will present themselves to a physician claiming to be a long way from home and in very bad pain because the tissue around their amputation is red, inflamed, sore and aggravated. They request narcotics and state that it will be quite a while before they get back home so they need a large quantity. They may also start naming the drugs that they wish to be prescribed because others do not work. They will try to get the largest quantity of the strongest drug they can. This scam has been successfully perpetrated in the past when amputees inflame and aggravate the tissue around their amputation using sandpaper or chemicals.

**Practitioners' Note:** *Physicians are cautioned to be alert to patients who are unknown to them. Many scams start with, "I'm a long way from home and I have an immediate problem." These patients could have their regular treating physicians call in prescriptions for them. A request for positive identification, proper medical evaluation and a telephone call to their treating physician can be strong deterrents.*

## **# 22 - The Practitioner on Call Scam**

This particular scam has been used many times with variations. The format is generally the same.

A practitioner who is “on call” receives a telephone call. This call comes from a person who is ill or calling on behalf of a friend or relative who is ill and cannot come to the phone. The person pleads for medication to treat the illness. A plausible story is usually given, the caller’s goal – for the practitioner to order or prescribe the medication desired.

These types of scam are similar because –

1. The covering practitioner is on call and not at their office when contacted.

2. The practitioner does not have access to their medical records to review or confirm information.
3. The call comes direct from the person wanting the prescription, and not through an answering service.

**Practitioners' Note:** Practitioners are cautioned against dealing with persons unknown to them, especially when they want a prescription without an examination. The practitioner should ask several questions and refer the patient to the emergency room if appropriate. When prescribing, authorize only an amount sufficient to treat the patient until they can come in for an office visit or speak to their regular practitioner. Experience and judgment are the best defenses in these cases. Communicating with the pharmacy about the patient's medication history can also be very helpful.

## **# 23 - Theft by Substitution**

Medical staff in clinics and hospitals may gain access to the controlled drug supply area and self-administer or steal injectable controlled substance medications. The syringes, vials or tubexes are then refilled with saline or sterile water. The syringes appear to be intact and full during inventory.

**Practitioners' Note:** People responsible for drug security need to eliminate opportunities for drug diversion. Special attention should be given to staff who frequently obtain medications alone, act erratically or disappear into the restrooms at odd times. Syringes, vials and tubexes not only need to be counted during inventory, but they need to be examined for tampering. If you feel a container has been tampered with, it should be reported immediately. You should contact your own security staff, but be sure to contact the DEA and BNDD also.

## **# 24 - New Doctor Scam**

A pharmacy receives a call stating that a new practitioner has moved into town and opened a new practice. The caller provides the pharmacy with the practitioner's name, address, phone number, fax number and DEA number.

Patients begin arriving bearing prescriptions from the new doctor. The prescriptions appear legitimate. During the second week, prescriptions are faxed or called in by the new practitioner's office.

Investigation may reveal that a new practitioner has not moved to town and opened a new practice. The name, address and DEA number are phony. Prescription pads were printed at a local copy or printing shop. The phone number and fax number go to a hotel room. The con artist has sent his cohorts in to pick up the prescriptions for sale on the street.

**Practitioners' Note:** Pharmacists may want to meet new practitioners and have more information on file about them, or even establish code words to be used when calling in prescriptions. Pharmacists may verify licenses to practice medicine with the Board of Healing Arts and/or Controlled Substance Registrations with the BNDD. The BNDD provides current registrant information on our website at:

[www.health.state.mo.us/ResourceMaterial/BNDDList.html](http://www.health.state.mo.us/ResourceMaterial/BNDDList.html)

## **# 25 - The Hospice Scam**

Drug seekers may sit outside a hospice office. They may follow a hospice nurse on their rounds. The drug seeker may go through the trash at a patient's home to learn the patient's name, who their practitioner is, what medication they are being treated with and which pharmacy provides their medications. The drug seeker can compile a list of terminally ill patients who are being treated with narcotic analgesics. The suspects may then attempt to burglarize the home, phone in their own prescriptions using the information they have gathered or accost the hospice nurse if they have picked up medication from the pharmacy for the patient.

If the suspect learns of a patient's death, they may attempt to go through the trash looking for medications that have been thrown away.

**Practitioners' Note:** Once medication is prescribed and in the hands of the patient, it is the patient's property. The patients and family members should be educated not to give the medications to anyone else. When a medication is discontinued or a hospice patient dies, the hospice nurse should destroy the remaining medication with the family's permission and acting as a witness.

## **DEFENDING YOUR PRACTICE**

You have worked many long hard hours to build your practice. The security and accountability of all controlled substances is the responsibility of the person who is authorized by the DEA and BNDD to order or prescribe controlled substances.

**Suggestions on Ordering and Stocking:** Only one person should have the authority to order and purchase controlled substances. When drug orders arrive, they should be checked against invoices and logged in by two witnessing employees. The drugs should be locked and secured in proper storage areas. Access to controlled drug areas should only be accessible to qualified licensed professionals who have the authority to administer them or certain specified staff. Office discipline should be enforced in regards to entering storage areas and locking locks. The best inventory is a daily or perpetual inventory.

**Suggestions on Record Keeping:** One of the biggest problems is a failure to document the receipt, administration and/or distribution of controlled substances properly.

Keep Schedule II order forms and drugs locked in a safe or substantially constructed cabinet. Keep drug invoices filed separately from other paperwork and know what you have ordered and received.

A perpetual dispensing log is much easier to maintain than reviewing patient files to see what you ordered and administered. When drug dispensing is logged in a computer, make sure staff use the same spelling or NDC number to identify drugs used. Drug counts are thrown off if staff members utilize different spellings or identification numbers.

In short, you should be able to determine in a few minutes:

1. What drug(s) has been ordered;
2. What has been dispensed and/or administered; and
3. What drug(s) are left in stock.

Drugs that are prepared for dispensing, but the patient fails to pick up should be returned to stock by two employees.

**Supervise Your Personnel:** Do not blindly trust personnel. Implement and enforce proper security and procedures. Access and handling of all controlled substances should be witnessed, checked and verified. Employers should conduct criminal background checks, contact former employers, and verify licenses and disciplinary actions before employing anyone.

**Give Yourself a Check Up:** Step outside your role as a practitioner and assume the role of inspector.

- ✓ Are your staff complying with office policies and procedures?
- ✓ Are all policies and procedures in compliance with state and federal laws?
- ✓ Are all drugs accounted for? Do you know:
  - what has been ordered;
  - how much has been dispensed; and
  - what is left in stock?
- ✓ Are your records in order so you can find things immediately?
- ✓ Could you divert drugs without being noticed? (If you can, so can your staff)
- ✓ Are your prescription pads locked up securely?

Call local pharmacies and ask them to run a print out of the prescriptions you have written during the last two months. You should recognize your patient's names and your prescribing habits. If there is someone you don't know getting large quantities of narcotics, you have a problem.

**Reporting Professional Patients:** When you recognize a drug seeking professional patient who is misrepresenting facts, forging and otherwise fraudulently obtaining controlled substances, these individuals should be reported to local law enforcement. The Bureau of Narcotics and Dangerous Drugs as well as state licensing boards regulate and license medical practitioners and people who have the authority to deal with controlled substances. Violations committed by citizens should be reported to local, state or federal law enforcement agencies.