

Maryland Board of Pharmacy news

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FROM THE EXECUTIVE DIRECTOR’S DESK --- *Deena Speights-Napata*

THE OPIOID CRISIS—ARE PHARMACISTS PREPARED?

The National Boards of Pharmacy (NABP), along with the Food and Drug Administration, and our Governor, Lawrence Hogan, have all agreed on one important goal: controlling the opioid epidemic and providing counseling and treatment to reduce the number of opioid addicts.

In a recent NABP whitepaper assessing performance patterns on the content area of the MPJE exam, analysts found 5 areas in which students taking the exam April through September 2016 performed below expectation. Two of the areas involved the requirements for dispensing controlled substances and non-prescription pharmaceutical products; and the other involved application of regulations. With the legislative authorization of the dispensation of STI medications to control the increasing number of gonorrhea cases in Maryland, the approval for the dispensation of naloxone, and the increased focus of counseling when controlled substances are dispensed, these performance issues are troubling to say the least.

Governor Hogan has declared a state of emergency in Maryland in an effort to bring attention and resources to address the escalating number of deaths associated with opioid abuse. Our Department of Health has established a coalition of public health officials that meet bi-weekly to discuss strategies to address the opioid crises Maryland is currently experiencing. The strategies include the development of an opioid command center, opioid public health awareness campaigns, and naloxone advertisements and posters. The Maryland Hospital Association (MHA) is currently conducting surveys on hospital overdose protocol in emergency rooms in an effort to develop a universal protocol to address the prescribing and dispensing of naloxone, a substance abuse screening protocol, and the development of community partnerships. The final report should be released next month. The Maryland Board of Pharmacy is a part of this coalition, and I have shared steps we are taking to address the opioid crises, which include offering CEUs on the proper dispensation of opioids and informative articles and links on our website, Facebook page, newsletter, and lobby kiosk, as well as lecturing at schools of pharmacy on the important issues students will face as pharmacists.

Maryland lawmakers are working with the American Medical Association (AMA) and have developed measures to fight the Maryland opioid epidemic. These measures are included in the Heroin and Opioid Prevention Effort and Treatment Act (HOPE) and the Start Talking Maryland Act, and include provisions that call for the creation of 10 drug treatment centers, money to expand drug treatment courts, creation of a toll free 24/7 health crisis hotline, hospital protocols for substance abuse and drug overdose, protocols for co-prescribing over-dose reversal drugs, development of school education programs, and the storing of naloxone in public schools, health departments, and law enforcement agencies.

On the federal level, Food and Drug Administration (FDA) nominee Dr. Scott Gottlieb has indicated his first priority will be addressing the opioid crisis.

So, with all of the dollars and public policy development that has been allocated toward addressing the opioid crisis, both nationally and locally, one can’t help but wonder whether any of us, including pharmacy students and pharmacy professionals, are prepared or equipped to address the issues this epidemic will continue to present. Taking an exam and passing it is one thing, but the pharmacy profession is based on reality, not a test. Pharmacy students must gain experience that internships will provide, through interning in community and chain pharmacies where many of them will experience the effects of the opioid crisis first hand and prior to graduation. To the extent that pharmacists can adequately address the growing demands of the profession, exacerbated by the opioid crisis, is the real test we must endure and one we cannot fail.

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and registering pharmacy technicians and student interns, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

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Maryland Pharmacists on the Front Lines

Kip Castner, MPS, Chief, Center for HIV/STI Integration and Capacity

Background

Maryland is in the midst of an opioid epidemic. There is abundant evidence – such as fatal and non-fatal overdoses, opioid-related emergency department visits, acute hepatitis C infections, and increases in heroin-related admissions to substance abuse treatment – that injection drug use is widespread in suburban and rural areas of the state. Persons who inject drugs in these areas lack access to sterile injection equipment, and are thus more likely to re-use and share syringes. Consequently, they are at high risk for acquiring HIV, which is passed easily through sharing injection drug equipment. Maryland wants to avoid an outbreak of HIV among persons who inject drugs in rural area similar to what occurred in Scott County, Indiana in 2015, when HIV spread rapidly among a small group of rural injection drug users, yielding 190 new HIV cases in a year. Maryland recently passed legislation enabling Syringe Services Programs to operate statewide, but it will be several months before new programs are launched. In the meantime, pharmacists are the first line of defense against Maryland experiencing a Scott County-style outbreak of HIV among persons who inject drugs, by making sterile injection drug equipment accessible to users.

The Board of Pharmacy renews its support for pharmacy sales of syringes without a prescription

The Board of Pharmacy and pharmacists across Maryland have played a key role in the response to the opioid epidemic by providing both education and naloxone. On February 15th, 2017, Kip Castner, Chief of the Center for HIV/STI Integration and Capacity at the Department of Health and Mental Hygiene, presented to the Board of Pharmacy. He requested their support in helping increase access to sterile syringes through pharmacy sales. This visit built on the Board's previous incredible work on Naloxone access in the pharmacy setting. The board was supportive, offering to run this article and post a FAQ on their website as part of their strategy to build pharmacist awareness of their opportunity to further the public health aim of reducing HIV and Hepatitis C risks among users. While Maryland legislation that approved Syringe Services Programs came into effect in October of 2016, standing up programs takes time, and pharmacists across Maryland can help fill that critical gap between now and when your county has a program launch.

How Individual Pharmacists Can Help

The best way to help is to know – and practice – that you do not need to require a prescription when selling syringes. Studies have shown that even where there are no legal barriers preventing pharmacy sales of syringes to prevent disease, attempts by persons who inject drugs to purchase syringes without a prescription are frequently unsuccessful. This can be because information and education about the law is not widely understood, and this can also have to do with the stigma connected to injection drug use. The evidence is clear that syringe access helps prevent the spread of bloodborne disease and does not increase someone's likelihood of using.

Stigma and other factors means that many people who inject drugs are not connected to services. Therefore, helpful behaviors include: affirming someone's decision to acquire sterile needles; and asking open-ended questions about additional needs, that do not include judgment or assumptions about what the person's most pressing needs are. These simple behaviors can build trust and rapport and help the person become ready to connect to other services.

COMAR states that syringes may be sold without a prescription with an indication of need. On April 18, 2007, the Board of Pharmacy voted unanimously to approve that the prevention of disease is an acceptable indication of need. The Board affirmed this position on February 15, 2017. Therefore, in all circumstances that a pharmacist believes that the provision of syringes will reduce the spread of disease, they are acting in accordance with COMAR and the Maryland Board of Pharmacy.

Pharmacists can also support local Syringe Services Programs (SSP) by referring persons who inject drugs to them as well as sharing their wisdom about the population with SSP staff. Please read the FAQ for more information and look out for the web content that will be published in the coming months!

Andrew Bell is the Syringe Services Program Coordinator at the Maryland Department of Health and Mental Hygiene. He can be reached at Andrew.Bell@maryland.gov. If there is already an effort to launch a program in your county underway, he can connect you with the local health department or community based organization staff in charge of that effort.

FREQUENTLY ASKED QUESTIONS: Pharmacy Sales of Syringes without a Prescription

Kip Castner, MPS, Chief, Center for HIV/STI Integration and Capacity

Do patients need a prescription to buy syringes?

No. While some states have laws requiring prescriptions to purchase syringes, Maryland does not.¹

What does COMAR – the Code of Maryland Regulations – say about pharmacy sales of syringes?

According to the COMAR, “the sales of needles and syringes or other paraphernalia shall be made by the pharmacist only in good faith to patients showing proper identification and indication of need.”² On April 18, 2007, the Board of Pharmacy voted unanimously to approve that the prevention of disease is an acceptable indication of need. Therefore, in all circumstances that a pharmacist believes that the provision of syringes will reduce the spread of disease, they are acting in accordance with the Code of Maryland Regulations.

Does the Board of Pharmacy support pharmacists selling syringes without a prescription?

Yes. In 2007, the Board received the constituent question, “Does the prevention of transmission of disease constitute an acceptable indication of need for the sale of needles and syringes?” The Board answered “Yes”, voting unanimously to approve the Practice Committee’s response that the prevention of disease is an acceptable indication of need for the sale of needles and syringes.

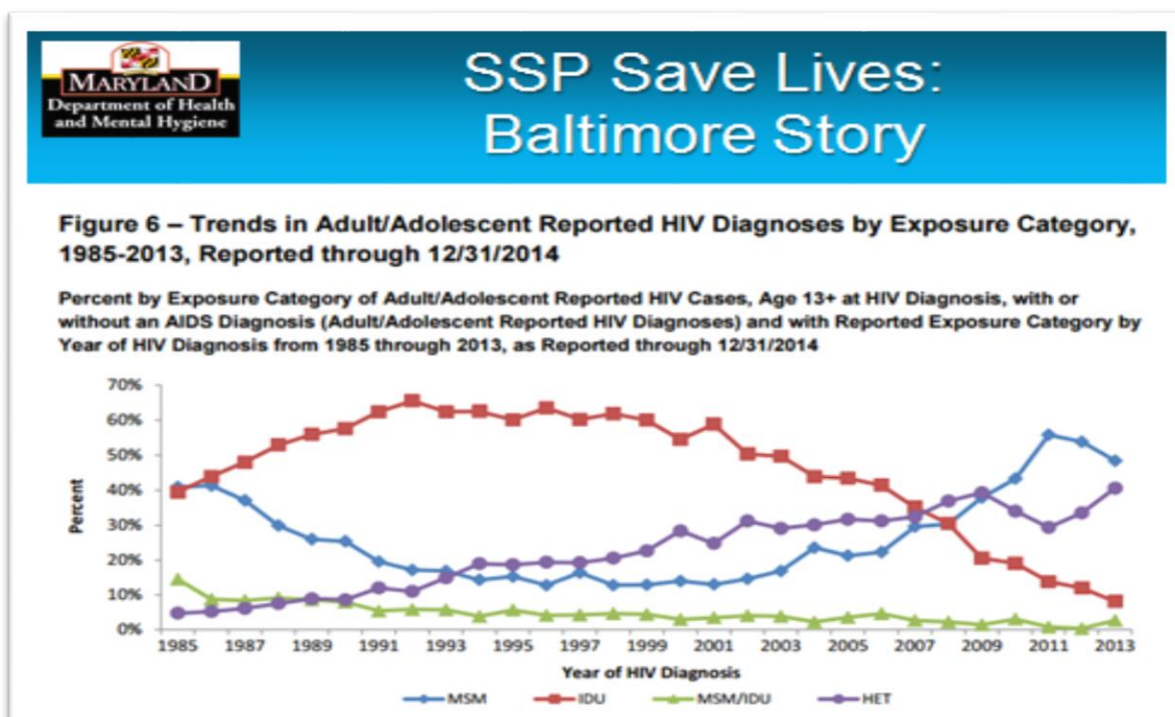
Who else supports pharmacy sales of syringes?

The American Public Health Association supports the provision of syringes to people who are injecting and are not ready to stop, it opposes laws in some states that require a prescription, and it “Urges medical training programs to educate their students about the importance of access to sterile syringes for injection drug users, including syringe prescription.”³

Similarly, the American Pharmacists Association supports the sale of sterile syringes and the revision of laws and regulations that provide barriers to doing so.⁴ Others include the American Medical Association and the Centers for Disease Control and Prevention.⁵

What impact does Syringe Access have on the risk of HIV transmission for Persons who Inject Drugs?

Access to injection drug equipment demonstrably reduces HIV infection among persons who inject drugs.



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In 1994, Injection Drug Use (IDU) was Baltimore's leading mode of HIV transmission (65% of new cases.) The Baltimore City Health Department launched the Needle Exchange Project in 1994 and by 2013 new cases of HIV among IDU had fallen below 10%. As injection drug use increases statewide, Maryland is at risk of these gains being reversed.⁶

In 2015, Scott County Indiana, which previously averaged 4 new HIV diagnoses each year, had 190 cases in the worst outbreak ever in Indiana and one of the worst in the United States.⁷ Many other counties have similar sets of risk factor, including half the counties in West Virginia, some of which border counties in Western Maryland.⁸

What are the risks of HCV transmission for Person Who Inject Drugs?

Injection Drug Use is the most significant risk factor in the transmission of HCV, estimated to be the cause of more than 50% of new infections.⁹ New HCV cases have risen significantly in recent years among those under 30 years old.

According to the CDC, there was a 365% increase in new HCV between 2006 and 2012.¹⁰ A study looking at four states, including West Virginia, attributed this rise to injection drug use in suburban and rural settings.

Why would a pharmacist sell syringes to someone without a prescription?

Providing someone with unused syringes reduces the likelihood that they will share their used syringes, satisfying the requirement laid out by the regulations. It gives people the opportunity to avoid the risks of HIV and HCV transmission associated with sharing used syringes. The research decisively shows the link between provision of sterile syringes and a reduction in syringe sharing.¹¹

What role do pharmacists have to play in the statewide expansion of Syringe Services Program?

Local stakeholder consultation, program design and procurement all take time. While SB97 authorized the establishment of Syringe Services Programs across the state, effective October 1, 2016, as of March 2017, no new programs are yet operating. This means that in all jurisdictions in the state except for Baltimore City, the only legal way to access syringes is through a pharmacy. Pharmacies, therefore, have a vital role in ensuring access to sterile injecting equipment, reducing the spread of HIV and HCV through the sharing of used syringes and to connecting people who use drugs to Syringe Services Programs as they launch.

Why shouldn't a pharmacist decide on a case-by-case basis whether to sell syringes to a customer seeking to purchase?

For two reasons: 1) this would place a undue burden on the pharmacist; and 2) because it can lead to disparities. Studies have shown that when pharmacist discretion was used, African Americans, Hispanics and men were significantly more likely to be refused than Caucasian women.¹² A study looking at attempts to purchase syringes in California looked at two counties where injection drug use was among the highest in the nation. Although a law had been passed to allow pharmacy sales of syringes, only 21% of attempts to purchase syringes at pharmacies were successful.¹³

Does providing syringes increase or encourage drug use?

No. Decades of scientific evidence have concluded that Syringe Services Programs do not cause any increase in drug use. In fact, many studies have demonstrated that Syringe Services Programs decrease drug use by connecting people who use drugs to treatment.¹⁴

What should a pharmacist ask someone who is purchasing syringes without a prescription?

As with any interactions with individuals who frequently face stigma, cultural competency and reading the specific interaction are of critical importance. There will be situations where someone's discomfort is clear and a reasonable goal for that initial interaction is to simply build trust, and not immediately offer a variety of referrals. If the individual seems open to questions, here are some that could helpfully be asked: Are you familiar with Naloxone, the drug used to interrupt an overdose? Are you interested in receiving training on how to use Naloxone? Are you interested in learning where you can get tested and treated for Hepatitis C and HIV?

How else have pharmacies supported Syringe Services Programs in other jurisdictions?

In upstate New York, a health-department-funded Syringe Services Program serving a nine-county area partnered with local pharmacies to provide vouchers to be redeemed for syringes. This was done to provide education and referrals to users, to provide an alternative source of sterile syringes in geographical locations that were underserved, and to build users' awareness of the program. Vouchers were distributed in outreach and testing settings. They were also available for pharmacists to provide directly to individuals that came in need of syringes. The vouchers were paid for by the Department of Health.

Who can I contact at the Department of Health if I have questions or I want to help improve syringe access in my county?

Andrew Ball, the Syringe Services Program Coordinator, at the Maryland Department of Health and Mental Hygiene, can be reached at Andrew.Ball@maryland.gov. If there is an effort to launch a program in your county, he can connect you with the local health department or community based organization staff in charge of that effort.

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Opioid-Related Hospitalizations for Children and Teens on the Rise

NOVEMBER 03, 2016

Excerpts from Jennifer Barrett, Assistant Editor of Pharmacy Times; compiled by Bruce Zagnit

“Children and adolescents are becoming increasingly more likely to be hospitalized for prescription opioid poisoning, a study published in *JAMA Pediatrics* finds.

The widespread use of prescription opioid pain medication has led to staggering rates of opioid abuse and opioid-related deaths in the United States; however, little has been reported about the statistics of opioid-related incidents in children and adolescents.

According to the new study published, pediatric opioid-related poisonings attributed to suicide or self-inflicted injury and accidental intent have more than doubled from 1997 to 2012.”

The study examined hospital discharge records from 1997 through 2012, at three year intervals, for pediatric and teen patients. Out of 13,052 patients, opioid poisonings attributed to heroin accounted for 176 deaths during that time period.

Researchers estimate that between 1997 and 2012 the incidence of hospitalizations from opioid poisonings increased 205% for children aged 1 through 4. Teenagers, ages 15 through 19, increased 176%. Overall, there was an increase of 165% for children ages 1 through 19. Poisonings from heroin, in this age group, also increased by 161% from 0.96 to 2.51 per 100,000 children, and poisonings involving methadone increased by 950% from 0.10 to 1.05 per 100,000 children.

Opioid poisonings related to suicide or self-inflicted injury increased by 140% in teens aged 15 to 19 since 1997, and those attributed to accidental intent increased 303% as well.

JAMA's research indicates a growing problem of prescription opioid poisonings in the pediatric community. Although the opioid epidemic is not likely to be eliminated easily, pharmacists can take steps in identifying and preventing opioid abuse and misuse in order to educate parents and patients about the dangers.



DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at www.deadiversions.usdoj.gov/drugreg/index.html.

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 Care Edition by visiting www.ismp.org. ISMP provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at www.ismp.org. Email: ismpinfo@ismp.org.

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit <https://www.ismp.org/Survey/NewMssacap/Index.asp>.

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists*, CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United

States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at www.cdc.gov/dhbsp/pubs/docs/pharmacist-resource-guide.pdf.

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at <https://jcpp.net>.

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at www.fda.gov/downloads/Drugs/Guidance/ComplianceRegulatoryInformation/Guidances/UCM434174.pdf.

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register*, which can be found at www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technician is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at www.ptcb.org in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm." For more information about the campaign, visit www.BuySafeRx.pharmacy.

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at <http://lawatlas.org/datasets/pharmacist-vaccination>, explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

Becoming a Culturally Competent Pharmacist

Janet Seeds, Public Information/Education/Training Coordinator

As the cultural makeup of the United States is becoming more culturally diverse, the role of health providers will need to expand.

The United States Census officially recognizes six racial categories: White American, African American, Native American and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, and people of two or more races. The US Census Bureau also classifies Americans as “Hispanic or Latino”, which identifies Hispanic and Latino American as an ethnicity (not a race) distinct from others that composes the largest minority group in the nation.

“White Americans are the racial minority. African Americans are the largest racial minority amounting to 13.2% of the population. Hispanic and Latino Americans amount to 17% of the population, making up the largest ethnic minority. The non-Hispanic or Latino population make up 62.6% of the nation’s total, and the total White population a 77%” (en.wikipedia.org/wiki/Race_and_ethnicity_in_the_United_States, www.census.gov/quickfacts).

In Maryland, the percentages of population are: White,58%; African American, 29%; Hispanic or Latino,8%; Asian, 5%; Other Race 3%; Two or more races, 2%; Native Hawaiian Pacific Islander, <1%; Native Hawaiian, <1%; and Alaska Native tribes, <1% (suburbanstates.org/population/how-many-people-live-ine-maryland). In Baltimore, African Americans make up 61.2% of the population, White are 28.2%, Hispanic are 4.8%, Asians are 2.7%, Two or more races is 2.6%, Other race is .3%, American Indian is .1%, and Native Hawaiian and Other Pacific Islander is .05% (www.city-data.com/city/Baltimore-Maryland.html).

Culture means “patterns of human behavior including thoughts, actions, customs, values, and beliefs that can bind a racial, ethnic, religious, or social group within society.” With society changing, the pharmacist will surely have the opportunity to interact with those from other cultures.

Betsy Sleath, in Pharmacy Times, gives some tips for becoming culturally competent.

- First, it is important to understand one’s own cultural frame of reference. For example, where was I born; where my parents were born; what does my culture mean to me; and what positive and negative experiences have I had with different cultural groups?
- Second, begin to ask patients to discuss their cultural backgrounds. Possibly visit the library or go online to explore the cultures of the people in your area. Attend some cultural events in the neighborhood. Be knowledgeable of the effects of beliefs and behaviors. Be aware of your own biases and their impact on others.

The National Institutes of Health explains the definition of cultural respect as “the combination of a body of knowledge, a body of believe and a body of behavior.” Also, “the concept of cultural respect has a positive effect on patient care delivery by enabling providers to deliver services that re respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients”.

“Patients from different ethnic groups may have different beliefs about their medical conditions and the medications to treat these conditions” (Betsy Sleath, PhD, RPh, *Becoming a Culturally Competent Pharmacist*, Pharmacy Times, 3(2003).

INTRODUCING THE NEWEST BOARD STAFF MEMBERS....

Sterlyn Patten is working with the Licensing unit as a Licensing Specialist.

Etzion Brand is the new Licensing Manager. He is an attorney who previously worked for many years as the Division Director for the Social Security Administration, Office of General Counsel and as a trial attorney for the Federal Government.

Nakia Jordan has assumed the position of Manager of Call Center and Data Input and Analysis. She holds a BA in Business Administration with over 10 years of experience in customer service and accounts receivable management and staff supervision.

Jada Collins is an Administration Specialist working in the compliance division to assist with sterile compounding documentation and follow up. She has certification in records management from the federal government and has previously worked as a records conversion technician for the FBI.

RECRUITMENT for Approved Drug Drop-Off Locations and Repositories throughout Maryland

Go to dhmh.maryland.gov/pharmacy/Pages/drug-repository.aspx and click onto the Maryland Prescription Drug Repository Program Application. Your pharmacy will be notified about approval.

BREAKING HEROIN’S GRIP: Road to Recovery

Summarized by Janet Seeds, Public Information/Communications/Training Coordinator

The Maryland State employees were encouraged by the Department of Health and Mental Hygiene’s Secretary to view, “Breaking Heroin’s Grip: Road to Recovery,” on Maryland Public Television, Saturday, February 11, 2017. This was in direct relationship to the Governor’s emphasis on opioid treatment.

According to this program, 650,000 opioid prescriptions are dispensed daily, 3900 people initiate non-medical use of prescription opioids during this time, and 75 people die from opioid overdose (IMS/SAMHSA/CDC). In spite of these statistics, there seem to be various programs that are quite successful in treating opioid abuse.

This program may be viewed at www.mpt.org/breakingheroin.

MARYLAND PRESCRIPTION DRUG MONITORING PROGRAM

Change impacting pharmacy staff access of PDMP data!

CRISP and DHMH (Maryland Department of Health and Mental Hygiene) are pursuing several enhancements to Maryland’s Prescription Drug Monitoring Program (PDMP) as use of the program continues to grow dramatically. One of the major exciting enhancements is a new and improved PDMP User Interface called ‘PDMP Search’. This Interface will replace the Clinical Query Portal to access PDMP data in the next couple of months. PDMP Search is currently being rolled out incrementally to users who have access to only PDMP data at present in the Query Portal - this includes most Maryland pharmacists and pharmacist delegates!

In preparation of the new release, we want to ensure a seamless transition by confirming that all pharmacists are able to access the new website for PDMP as some organizations lock down new websites in the workplace.

The link to the web address for accessing PDMP Search is : <https://ulp.crisphealth.org/> ‘

We appreciate your support of the PDMP by making sure that the link above is available at all pharmacy locations prior to April 10th, 2017.

We have also emailed this new URL to each registered PDMP-only user, including your pharmacists, but know that website access may be controlled at the administrator or corporate level.

For any questions about this change, please contact the CRISP support team at 1.877.952.7477 or support@crisphealth.org.

DISCIPLINARY ACTIONS

<u>TECH NAME</u>	<u>REG. #</u>	<u>SANCTION</u>	<u>DATE</u>
Conrad C. Conyers III	T13787	Suspended	03/28/17
Daniel Peaco	T10243	Probation	03/03/17
Jazzmine Anderson	T16514	Suspended	03/09/17
Sherika Pinkney	T04262	Suspended	03/23/17
<u>ESTABLISHMENTS</u>	<u>PERMIT #</u>	<u>SANCTION</u>	<u>DATE</u>
Cape Apothecary	P01639	Fine	02/28/17
Western Regional Outpatient Pharmacy	None	Fine	03/07/17

NABP Expresses Concern to Congress on Potential Legislation That Would Allow Dispensing of Non-FDA-Approved Medications to US Patients from Online Pharmacies

In keeping with its ongoing mission to protect public health, NABP sent a letter to Congress expressing concern on any intentions to propose federal legislation that would allow the dispensing of non-Food and Drug Administration (FDA)-approved medicines to United States patients from online pharmacies, including those from Canada.

In the letter, NABP notes that amending the US Food, Drug, and Cosmetic Act to allow US consumers to buy Health Canada-approved medicines from “legitimate” Canadian online pharmacies could have grave consequences. NABP stressed how difficult it is for consumers to determine legitimate online sources for medication because there are over 35,000 websites selling medication and the majority are operating illegally. In many instances, these illegally operating sites are foreign drug sellers disguised as Canadian online pharmacies that are dispensing medications approved by neither FDA nor Health Canada. The letter also highlighted NABP’s research on internet drug outlets and the Association’s findings that 96% of the more than 11,000 websites reviewed by the Association are operating illegally, out of compliance with state and federal laws and/or NABP patient safety and pharmacy practice standards. The likelihood of US patients receiving unapproved, substandard, and counterfeit drugs from unknown foreign sources is significant, posing a serious risk to patient safety.

Additionally, Alliance for Safe Online Pharmacies (ASOP) Global and Partnership for Safe Medicines are sending letters to Congress expressing their concern about the proposed federal legislation.

REMINDER to Check and Update your Contact Information

Please check your contact information (e-mail address, residential address, name, employer) by completing and submitting the Name/Address/Employer change form at: dhmh.maryland.gov/pharmacy (see left column, under Online Services)

Centers for Disease Control and Prevention (CDC)

NATIONAL VITAL STATISTICS

Centers for Disease Control and Prevention (CDC) published a report that could be beneficial to health professionals as we review the drug overdoses and explore prevention methods. Below are some of the key findings from that report, and you are encouraged to go to www.cdc.gov/nchs/products/databriefs/db273.htm for more information.

Key findings:

Data from the National Vital Statistics System, Mortality

- The age-adjusted rate of drug overdose deaths in the United States in 2015 (16.3 per 100,000) was more than 2.5 times the rate in 1999 (6.1).
- Drug overdose death rates increased for all age groups, with the greatest percentage increase among adults aged 55–64 (from 4.2 per 100,000 in 1999 to 21.8 in 2015). In 2015, adults aged 45–54 had the highest rate (30.0).

- In 2015, the age-adjusted rate of drug overdose deaths among non-Hispanic white persons (21.1 per 100,000) was nearly 3.5 times the rate in 1999 (6.2).
- The four states with the highest age-adjusted drug overdose death rates in 2015 were West Virginia (41.5), New Hampshire (34.3), Kentucky (29.9), and Ohio (29.9).
- In 2015, the percentage of drug overdose deaths involving heroin (25%) was triple the percentage in 1999 (8%).

Deaths from drug overdose have been identified as a significant public health burden in the United States in recent years (1–4). This report uses data from the National Vital Statistics System (NVSS) to highlight recent trends in drug overdose deaths, describing demographic and geographic patterns as well as the types of drugs involved.

Substance & Opioid Abuse Awareness Response (S.O.A.A.R.)

UMES Student Services Center -- April 29th – 8 AM – 2 PM

“Rise Above S.O.A.A.R. Above”

Breakfast & Lunch will be provided • Childcare will be provided • Register with this link: <http://soaar.typeform.com/to/jXowGk>

WORKSHOPS

Responsible Use of Pain Medications
Donald F. D'Aquila, Pharm.D., RRT
Clinical Pharmacist, Pain Management, Palliative Care
University of Maryland Medical System, Shore Regional Health

Family Support/Community Resources
Mrs. Tyantha Randall, MSW, LCSW-C
Director of Operations
Hudson Health Services, Inc.

Peer Support Groups
Mr. William Johnson
Certified Peer Recovery Specialist
Somerset County Recovery & Re-Entry Center (Princess Anne)

Treatment Centers
Ms. Tiffany Travers, LCSW-C
Behavior Health Supervisor, Addiction Specialist
McCready Health

Educational Tools for Youth, Parents, and School Officials
Mrs. Kutressa Lankford-Purnell, BS, MS, LCADC, CRC
Lecturer, Department of Rehabilitation Services
University of Maryland Eastern Shore; and

Mrs. Lauresa Wignfall, MEd, CPP
Director of Alcohol, Tobacco and Other Drug Program
University of Maryland Eastern Shore; and

Somerset County Public Schools

PANEL DISCUSSIONS

Community Voices: Perspectives on Substance Abuse Prevention, Mitigation and Intervention

Mrs. Debbie Wessels, BS, MEd
Head, Lower School
The Salisbury School

Dr. Robert Coker, DO, DABAM
Medical Director
Hudson Health Services, Inc.

Dr. Sid Barnes, MD, FACS
Chief of Surgery
McCready Health

Ms. Kendra Hayward
Assistant State Attorney
Somerset County State's Attorney's Office
Mr. Bryan Lloyd
Pastor
SonRise Church – Salisbury Campus

Narcan™/Naloxone Training
Each participant will receive a
Narcan™ rescue kit upon completion of training

The Importance of CPR Training

Excerpts compiled by Janet Seeds, MdBOP Public Information/Communications/Training Coordinator

Even though cardiopulmonary resuscitation (CPR) is presently only required for pharmacists doing immunizations, this is a medical skill that could possibly save lives. Lawrence Phillips, MD* stated, “Did you know that sudden cardiac arrest is one of the leading cause of death in the United States? Unfortunately, most people who suffer a cardiac arrest outside of a hospital do not get CPR from a bystander, which significantly lessens their chances of survival (<http://www.everyday/health.com/columns/health-answers/top-5-reasons-to-get-your-cpr-training-now>).

What would you do if someone collapsed in your pharmacy? What if you were at the local store and someone collapsed? Would you feel equipped to assist in saving that person’s life? A person “can only survive for 4 to 6 minutes before lack of oxygen results in brain damage or death. By doing CPR you can extend that time by artificially circulating oxygen to the brain so that when 911 gets on scene with drugs and defibrillation to jump start the heart, the person; hopefully, won’t be brain damaged (The Importance of Knowing CPR; <http://www.savealifeeducators.com>; June 2, 2014).

CPR is not performed enough, according to Dr. Phillips. In a recent articles in “Everyday Health” only 15 to 30 percent of people experiencing sudden cardiac arrests outside of hospitals receive CPR from a bystander. The reasons many people give for not assisting, are that they have not been trained, they are concerned about inducing harm; legalities; or concerns about the vulnerability of mouth-to-mouth resuscitation. What many of these people may not understand is that hands-only CPR can be performed and may be just as effective.

*Lawrence Phillips, MD, is a cardiologist at NYU Langone Medical Center in the Department of Medicine, Leon H. Carney Division of Cardiology. He is also the director of the nuclear cardiology /stress lab, specializing in the care and treatment of patients with all types of heart disease.

To explore CPR classes, visit www.heart.org, www.redcross.org, or search for Maryland CPR classes. Remember that vaccination-registered pharmacists must engage in a live class, rather than one on the internet.

National Take-Back Initiative

Got Drugs?



*at police departments
and pharmacies near
you...*

April 29, 2017 – 10AM to 2PM

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse and medications.

Please check https://www.deadiversion.usdoj.gov/drug_disposal/takeback/ to locate collection sites near you.

A FEW FAQs about Wholesale Distributors

What is the process of obtaining a Wholesale Distributor Permit?

A New Resident Wholesale Distributor application will need to be submitted to the Maryland Board of Pharmacy with the appropriate application fee and required documents. Required documents are listed within the application, which can be downloaded.

What are the requirements for non-resident (out-of-state) distributors?

Non-resident wholesale distributor applicants will need to submit application with the corresponding fee along with all other requirements. Please note that the Board will not issue whole distributor permits unless the applicant is accredited by a Board recognized accrediting program or eligible for reciprocity.

Is my state a reciprocal state (for wholesale distributors)?

Current reciprocal states include Arizona; California (devices only); Colorado; Florida; Georgia; Idaho; Illinois; Indiana; Kentucky; Nebraska; Nevada; Oklahoma (human drugs only); Oregon; and Wyoming.

What are the Board approved accreditation bodies?

VAWD (Verified-Accredited Wholesale Distributors) - Prescription Drugs and/or Devices

The Joint Commission - Medical Gases and Durable Medical Equipment

ACHC (Accreditation Commission for Home Care) - Medical Gases and Devices

CHAP (Community Health Accreditation Program) - Medical Gases and Durable Medical Equipment

Are we required to have an immediate Supervisor of a Designated Representative?

As part of the application requirement, a wholesale distributor applicant must have a Designated Representative and an Immediate Supervisor of the Designated Representative. They shall submit to Federal and State criminal background checks.

How do we get the required state and federal background checks?

To obtain the state results:

To search online, enter the State followed by "background check" (ex.: *Maryland Background Check*). The results would provide the process for obtaining that state's background check.

To obtain the federal results:

There are currently two options regarding the Federal background check.

- Submit background cards for the Federal level checks to the State of Maryland for processing. The federal check will be processed by Maryland CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>)

Or

- Submit the federal background check directly to the FBI (<http://www.fbi.gov/about-us/cjis/background-checks>)

To contact CJIS please call 1.888.795.0011 or 410.764.4501. Our CJIS authorization number is 0600062013, you will need this authorization code when you get your finger prints done.

We have a company that does our employee background checks, can we use them?

Third party background results are not accepted. Results must be obtained from state and/or federal agencies.

Our Designated Representative or Supervisor is leaving the company, what do we do?

When the Designated Representative and/or Supervisor of the Designated Representative changes, the appropriate section of the application must be submitted with all accompanying documentation within 30 days.

ASSOCIATION CORNER

This section is designated to allow various pharmacy associations to provide information regarding their mission and relevant initiatives. This edition highlights the Maryland Chapter of the American Society of Consultant Pharmacists.

The Maryland Chapter of the American Society of Consultant Pharmacists (“MDASCP”) and the (“Chapter”) is one of 24 United States chapters of the national and international American Society of Consultant Pharmacists (“ASCP”). ASCP may sometimes be referred to as America’s Senior Care Pharmacists. MDASCP shares the ASCP mission of “Empowering Pharmacists to Promote Healthy Aging through the Appropriate Use of Medications.”

Although called the Maryland Chapter, MDASCP represents members from the overall Mid-Atlantic Region. Attendees at events include Chapter members as well as pharmacists and pharmacy technicians from Mid-Atlantic and many other States.

Consultant Pharmacists are often thought of as those who focus on medication use and safety in Nursing Home or Skilled Nursing Facility settings. While this is a primary and essential activity, Consultant Pharmacists also serve seniors in Acute Care, Independent and Assisted Living Facility, and Home and Community settings.

Pharmacist and Pharmacy Technician support and education are ongoing mission and vision components of Chapter activity.

Ongoing Continuing Education Programs provided by MDASP include two primary sessions.

- A “Spring Spectacular” that has been held annually in March or April for 14 years. This one-day program focuses on clinical, operational, and regulatory issues that concern Senior Care and general professional practice.
- In 2017, the Chapter will hold the 24th Annual MDASCP Midatlantic Conference. The program is held in early August and covers a variety of practice settings and concerns. This takes place over a Friday to Sunday time frame.

Approved Continuing Education Credits for both Pharmacists and Pharmacy Technicians are provided at each meeting. Although these programs have a Consultant Pharmacist focus, presentations can be of value to any practicing Pharmacist or Pharmacy Technician.

In addition, the Chapter holds monthly meetings throughout the year for both administrative and educational purposes.

To promote and advocate for enhanced and sustainable pharmacist roles in senior care, the Chapter is also actively engaged in legislative and regulatory action. Activities include a Legislative Day in February during the Maryland Legislative Session and coordination with ASCP for activity with the US Congress annually.

The Chapter has established Committees to focus on mission and vision needs. Chairperson(s) are designated by the Executive Committee.

Current Chapter Committees include: Media, to focus on outreach and communication; Membership, to sustain and enhance membership; Education, to provide education and support; Conference and Exhibits, to organize meetings; Legislative, providing information and encouraging involvement for legislative and regulatory issues; and HIT/RISP, to advocate for information about and support for electronic health information and essential drug monitoring and dispensing.

Ongoing Student Pharmacist representation includes the Schools of Pharmacy at the University of Maryland, Baltimore; the University of Maryland, Eastern Shore; and Notre Dame University of Maryland. Other Schools of Pharmacy are included based on student activity.

Additional information about MDASCP, including upcoming programs, may be found at www.ASCP.com/maryland.

SAVE THE DATE

Continuing Education Breakfast

Sunday, October 22, 2017

Maritime Institute, Linthicum Heights, Maryland 21090

7:30 am – 12:30 pm

\$10 Registration Fee

Watch the Board website for Registration

“How Medical Marijuana and Opioids Impact Pharmacy”

Medical Marijuana: What’s Happening; Drug Interactions; Legal Aspects
Opioids: Meeting the Governor’s Initiative; Prescribing and Dispensing

BOARD COMMISSIONERS

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Bruce Zagnit

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Consumer Representative
At-Large Representative

Acute Care Hospital Representative
Chain Drug Store Representative
Long Term Care Representative
Chain Drug Store Representative
Independent Pharmacist Representative
Consumer Representative
Acute Care Hospital Representative
Consumer Representative
At-Large Representative
Independent Pharmacist Representative

BOARD MEETINGS

Public Pharmacy Board meetings begin at 9:30am on the third Wednesday of each month and are open to the public. The Board encourages all interested parties to attend the monthly Board Meetings and awards 2 LIVE CEs to all licensees.

2016 PUBLIC BOARD MEETINGS

Third Wednesday of each month

April 19, 2017

May 17, 2017

June 21, 2017

July 19, 2017

Location: 4201 Patterson Avenue
Baltimore, MD 21215

CONTACT DIRECTORY

Customer Service Center 410-764-4755 ▪ dhmf.mdbop@maryland.gov ▪ dhmf.maryland.gov/pharmacy ▪ 1-800-542-4964

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Deena Speights-Napata

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