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Abuse and Diversion of Controlled Substances:
A Guide for Health Professionals

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Working together to reduce the harmful use of substances

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INTRODUCTION

Health care professionals have a critical role to play in combating the abuse and diversion of controlled substances.

This guide and accompanying pamphlet are specifically designed to raise awareness among health professionals who are authorized to prescribe, dispense, and administer controlled substances – including practitioners*, pharmacists and nurses. Only a collaborative effort among health care providers and regulators can succeed in promoting appropriate use of controlled substances while minimizing their abuse and diversion.

Persons who abuse drugs may be difficult to distinguish from legitimate patients. Someone who presents to a clinic or office with a migraine headache or back pain may be a legitimate sufferer. On the other hand, the individual may be seeking a controlled substance to support their dependence (drug abuser) or to resell (drug diverter).

In order to properly weigh these possibilities, health professionals must balance their knowledge of the best evidence-based treatment plans for caring for patients who present with a medical condition requiring a controlled drug, with awareness of the methods for recognizing and discouraging drug abusers and diverters.

The information in this guide will help health professionals achieve this balance between the benefits and risks of treatment with controlled substances. It provides practical guidance for recognizing and minimizing drug abuse and diversion, without compromising the care of those patients that require controlled substances for medical reasons.

DRUG ABUSE AND DIVERSION

Defining The Problem

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

In some cases, abusers of controlled substances start to use a pharmaceutical product for a legitimate medical need but later lose control of their use because they do not comply with instructions or because of unrecognized issues in the patient's medical history.

Other individuals abuse controlled substances for their psychoactive properties. A US 2001 National Household Survey on Drug Abuse showed about 15% of 18 and 19 year olds, and 7.9% of 12 to17 year olds, used prescription medications for non-medical purposes in the past year.[1]

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

- Quality and potency are guaranteed;
- The cost of obtaining controlled substances from health professionals is generally far less than the cost on the street;
- Drugs can be obtained in the security of the practitioner's office and the pharmacy rather than on the street where there is a risk of dealing with dangerous individuals and undercover police officers;
- Even though potent oral narcotics are often crushed, diluted and then injected, oral products are perceived to reduce the risk of disease transmission associated with injection drug use (e.g., HIV and Hepatitis C);
- The drugs may be traded on the street to obtain other drugs of choice.

* Practitioner: a person who is registered and entitled under the laws of a province to practice in that province the profession of medicine, dentistry of veterinary medicine, and includes any other person or class of persons prescribed as practitioner [CDSA 2.(1)].

The most sought after drugs include: opioid analgesics (e.g. morphine, oxycodone, meperidine, hydromorphone and codeine preparations), sedatives/hypnotics (e.g. benzodiazepines) and stimulants (e.g. amphetamines, methylphenidate). Anecdotal evidence from family practitioners in Canada indicates that the drugs most commonly requested by name in the office setting are sedatives/hypnotics and weak opioids (e.g., Tylenol® No.3).[2]

The potential street value of prescription drugs illustrates why drug abusers are motivated to seek out these products. Prices vary according to buyer experience, available supply and time of the month (e.g., before or after the day of issue of social assistance cheques). According to a Vancouver study published in the *Canadian Medical Association Journal* [3], the street value for diazepam (e.g. Valium® 10 mg) varied within a range from $0.10 and $2.00 per pill. The street value of narcotic drugs ranged from $0.25 per pill for weak opiods (e.g., Tylenol® No.3) to $75 per pill for potent opioids (e.g. MS Contin® 30 mg).

Balancing benefit and risk

Treatment of certain medical conditions with controlled substances can be very beneficial when used appropriately. Treatment should always be tailored to the level of pain the patient is experiencing. In the palliative care setting, the use of opioid analgesics is well recognized. For these patients, the goal is opioid titration to achieve adequate pain control without opioid toxicity. Opioid analgesics are also indicated in chronic, severe, non-malignant pain and are considered appropriate when pain is a significant barrier to function, an unremitting source of distress and if there are otherwise no significant contraindications.[4] The presence of a chronic pain syndrome in rheumatoid arthritis is increasingly recognized.[5] A wide variety of adjunctive medications are being used, including opioids (e.g., morphine, hydromorphone, oxycodone). In the treatment of non-malignant pain, the goal of therapy with opioid analgesics is not pain elimination but achievement of tolerable pain and/or improvement of function.

Drug dependence is influenced by the person's physiology (including genetic predisposition), personality, the environment in which the drug is used, and the type and dose of the drug. The choice of drug, frequency of use and pattern of use are influenced by the psychology of the individual and the availability of the drug.

When prescribing controlled substances, the following may minimize the risk of dependence:

- Use of long-acting opioids. However, this can be a double-edged sword since the opioids are released more or less at once when oral dosage form are crushed and injected, thereby creating an increased risk of overdose;
- Prescribing small amounts for short periods only;
- Use of a treatment contract between the practitioner and the patient, where certain rules for treatment are laid out (e.g., one prescriber only). See Appendix B for a sample treatment contract;
- Providing better patient information on the condition, goal of treatment, expected effects from drug therapy;
- Implementing better patient follow-up by the pharmacist and/or other health care provider (e.g., nurse) with referral to the practitioner whenever necessary.

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

Behavioural profile

Two types of individuals will inappropriately seek prescriptions for controlled substances:

- A drug abuser who has no legitimate medical need but who is dependent on these drugs; or
- A drug diverter whose sole motivation is to sell the drugs for money.

Unlike these problematic users, legitimate patients lack suspicious features – they aren't in a hurry and if unfamiliar to the practitioner, will cooperate with attempts to verify their history. Although it's important to trust your patients, it is also important to trust your instinct.

Drug abusers come in many forms, and appearances may be deceptive. Better indicators are their behaviours and their stories. Abusers generally present to practitioners seeking particular controlled substances. Some patients may exploit

a legitimate medical condition to obtain excessive quantities of controlled substances. Other problematic users may feign an illness. They often present to practitioners who do not know them, with complaints of acute recurrent pain such as migraine headaches or back pain. In some cases, however, the individual may be well known to the practitioner. Typically, drug abusers will seek controlled substances from a number of practitioners who are unaware of each other.

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

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

Pupils: pinpoint or extremely dilated; use of eye drops or dark glasses
Droopy eyelids
Constant runny nose and rubbing of nose
Complexion either pale or flushed
Excessive itching and scratching
Sweating
Tremors
Rigid movements and muscle cramps
Fearful and agitated (in withdrawal)
Emotionally volatile (in withdrawal)
Lethargic and disinterested (using drug)
Giddy and overly friendly (using drug)
Evasive answers
Asks for specific drug by name
Claims of chronic pain with uncertain aetiology

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

Young people rarely obtain prescription drugs using methods commonly associated with pharmaceutical diversion such as pharmacy theft, prescription fraud, or practitioner shopping (visiting numerous practitioners to obtain multiple prescriptions). Instead, adolescents typically obtain prescription drugs from peers, friends, or family members. Law enforcement officers report that in some cases, particularly with regard to methylphenidate, teenagers with legitimate prescriptions sell or give away the drug. Young people also acquire prescription drugs by stealing them from relatives and other individuals with legitimate prescriptions or from school medicine dispensaries.

Drug diverters "earn a living" by obtaining prescription drugs that they, in turn, sell on the street or to other drug dealers. They seek medications that have a ready market on the street and generally target practitioners who have a reputation for prescribing controlled substances on demand or without taking a detailed history. They tend to visit several prescribers in a day and may travel from town to town posing as unfamiliar patients. The typical diverter is a man or woman age 20 to 40 who is generally well-dressed and groomed.[6] Diverters tend to be well versed in medical terminology. Table 2 lists some of the suspicious features to watch for.

Table 2: Suspicious features of drug diverters [a]

Refuses or is reluctant to present identification
Patient claiming to be visiting from another town
Telephone requests for controlled substances
Presents at times when the regular practitioner cannot be reached
Appears to be in a hurry
Asks for a specific drug by name
Tries to take control of the interview
Maintains eye contact with practitioner
Well versed in medical terminology
Claims allergy to other drugs such as NSAIDs, local anaesthetics, or codeine
Evasive answers, strange stories
Does not show up for follow-up appointments

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

Drug abusers and diverters frequently present to an emergency department or an acute care clinic with a pre-existing disorder in need of immediate symptomatic relief. They may pretend to be suffering from a disorder that will depend on the desired drug for treatment (see Table 3). Self-induced injuries to dentition or reparative work have also been reported. Drug abusers sometimes traumatize their gums in order to cause inflammation and infection, or they may create a false sense of urgency by pretending to have severe symptoms that cannot wait. Some bear surgical scars that appear authentic (self-inflicted lacerations), intended to corroborate a history of prior surgery. Others may try to obtain drugs from a veterinarian claiming that they want to put down a very sick pet.

Table 3: Feigning an illness

Drug desired	Feigned pre-existing disorder
Opioid analgesic	A painful disorder such as migraine headache, acute back pain, renal colic or sickle cell crisis
	Dental complaints such as cracked tooth, dry socket or temporomandibular craniofacial pain
Opioid cough syrup	Cough due to bronchitis
Stimulant	Narcolepsy
	They may coach their children to behave as if they have Attention Deficit Disorder (ADD)

Drug abusers – and even more so, drug diverters – seldom take their eyes off the practitioner. They are observing the practitioner's facial expressions for indications of disbelief and will instantly change their story as required.

Another type of drug diverter is an individual who shows inordinate interest in the physical layout of the practitioner's office or a pharmacy. He/she may be assessing the surroundings for a possible break and entry.

Methods of drug diversion

Controlled substances can be diverted anywhere along the supply and distribution chain. Methods of drug diversion include:

- Prescription forgery;
- Telephone fraud;
- Drug seeking from physicians, dentists or veterinarians;
- Indiscriminate prescribing;
- Theft: external or internal (e.g. by employees);
- Fraudulent orders made for a drug abuser by a pharmacy employee.

Prescription forgery is thought to be the key diversion method for several reasons. Drug diverters perceive it to be:

- Relatively easy to do;
- A victimless crime;
- Low risk in terms of both law enforcement and penalties for conviction.

According to an unpublished survey conducted by the Canadian government, up to 85% of all forged prescriptions obtained as evidence by the police had been dispensed by the pharmacist.[7]

Prescription forgeries can involve:

- Modification of a legitimate prescription to increase the dosage or quantity of a controlled drug, such as increasing the number (for example, modifying the number 10 to read 40 or 100) or by adding a drug to the bottom of a legitimate prescription (for example, adding an opioid analgesic to a prescription for an antibiotic);
- Reproduction of prescriptions using a photocopier;
- Theft of prescription pads and forging entirely new ones.

Table 4 lists some more elaborate methods used by diverters that have been described.[7] Note that chemically dependent drug abusers are less likely to resort to an elaborate method. Most often, they visit a number of practitioners to exploit a legitimate medical problem for multiple prescriptions or simply feign an illness.

Table 4: Some elaborate methods to obtain drugs illicitly

Method name	Description
Targeting practitioners in particular	
"The phoney inspector"	An accomplice, impersonating a law enforcement officer, calls the practitioner's office claiming a known drug abuser is about to visit. The "officer" urges the practitioner to play along and write a prescription, promising to apprehend the abuser after he/she leaves the office.
"The Friday night special"	This is a three-person method in which one person plays the patient while the other two pretend to be a practitioner and the practitioner's receptionist. The drug abuser breaks into a practitioner's office on a Friday evening. Using the practitioner's own prescription pad, he/she writes prescriptions for controlled substances. The one playing the patient attempts to have the prescriptions filled at various pharmacies. The other two accomplices remain in the practitioner's office to take calls from any pharmacist who attempts to verify the prescription.
"The pharmacy is closed"	The drug user asks a practitioner to phone in a prescription for a controlled drug to a pharmacy. Shortly after the pharmacy closes, the abuser calls the practitioner, claiming the pharmacy closed before the prescription could be filled. He/she asks the practitioner to phone a prescription into a second pharmacy. Next day the practitioner discovers both prescriptions were filled.
Targeting pharmacists in particular	
Telephone method	Posing as a practising practitioner, the drug abuser telephones a prescription on behalf of a bogus patient. Some may even go so far as to call the practitioner's answering service, instructing them to hold calls for a fixed period of time, before passing forged prescriptions. Afterwards, the abuser calls the answering service asking for messages. Pharmacies that failed to call in to verify the prescription are then targeted as "easy marks".
"The garage sale"	The drug abuser attends garage sales on the pretext of looking for used clothing. They ask to try on an item in order to gain access to the homeowner's bathroom where they can steal prescription vials containing controlled substances. Once they obtain a legitimate patient's prescription container, it is easy to call the pharmacy requesting a refill. Drug abusers can also gain access by visiting residential homes for sale during "open houses".
"These pills look different"	The drug abuser claims another pharmacist at the same pharmacy has incorrectly filled a prescription. He/she shows the pharmacist a bottle labelled with a prescription for a controlled substance that clearly contains an incorrect medication. In order to avoid a formal complaint to the regulatory body, the pharmacist offers to replace the "incorrect" medication with the controlled substance on the label.
"You dispensed the wrong medication"	The drug abuser presents with a legitimately obtained prescription for a controlled substance and an antibiotic. He/she empties the drug from its bottle and replaces it with the antibiotic. Returning to the pharmacy, he/she claims that the pharmacist inadvertently dispensed the antibiotic twice and forgot to dispense the controlled substance.
"The damaged pills"	This method requires a prescription bottle for a controlled substance bearing a recent dispensing date. The drug abuser places in the bottle other tablets (e.g. acetaminophen) that have been partly dissolved in water. He/she then visits the pharmacy where the controlled drug was originally dispensed, claims the contents "fell accidentally" into the sink, and requests a refill.

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

STRATEGIES TO MINIMIZE DRUG DIVERSION

Legal requirements

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

The following points outline some of the key responsibilities of health professionals in this regard:

- Practitioners should only administer or prescribe a drug product containing controlled substances to patients under their professional treatment where the drug product is required for the treatment of the patient's medical condition.
- A pharmacist can dispense a drug product containing a controlled substance upon receipt of a prescription issued by a practitioner. (See appendix A for more details on whether a written or verbal prescription is acceptable).
- Prescriptions can only be refilled, where permitted under the regulations.
- It is unethical for a practitioner to prescribe or administer a controlled substance to himself or to a member of his immediate family, or for a pharmacist to self medicate.
- Pharmacists must assess the legitimacy of prescriptions for controlled substances. Pharmacists should be aware of which health care professionals may prescribe medications. If a pharmacist suspects a prescription is fraudulent, he/she must contact their local law enforcement agency. It is important to establish a partnership with law enforcement to facilitate the investigation of drug diversion and the apprehension of those responsible.
- A pharmacist is responsible for maintaining records for the purchasing, receiving, disposing and dispensing of controlled substances in accordance with all applicable Acts, Regulations and by-laws.
- Reasonable steps must be taken to protect controlled substances from loss or theft; any losses or thefts must be reported to Health Canada, and if required, to law enforcement agency and regulatory authority.

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

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

Strategies for the practitioner

Prevention of abuse and diversion begins with consistent and thorough care of every patient presenting with a symptom or medical condition for which a controlled drug may be indicated. It is important to establish a good practitioner-patient relationship before prescribing any controlled drug. "Getting to know your patient" is the key to making all other strategies successful.

Practitioners can implement a number of practical steps to help prevent medication abuse and diversion:

- **Identify the patient, if not known to you**, by requesting two or three pieces of identification (e.g. driver's license, health card, social insurance number).
- **Verify the presenting complaint** and **observe for drug abuse behaviour**. Take an independent history and observe closely for evasiveness. Screen for current and past alcohol, medication (prescription and non-prescription) and illicit drug use. Know the features that suggest drug-seeking behaviour (see Tables 1 and 2). Be suspicious of patients who refuse appropriate confirmatory tests (e.g. blood tests, x-rays, etc). Watch for injuries that don't heal – many addicts will prevent healing until they can't bear the pain anymore.
- **Ask the patient if they have received any controlled substances in the last 30 days from another practitioner**, and look for any signs of evasiveness.
- **Talk to the patient's regular practitioner or family practitioner**. Ask the patient to provide the name and address. If a patient provides a letter from a consultant, verify its authenticity in the same manner.

- **Use safe prescribing strategies.** If you are prescribing an opioid analgesic, limit prescriptions for acute pain to a duration of no greater than 3-5 days. For long-term treatment, consider switching to a long-acting opioid.
- **Implement a treatment contract with the patient.** Appendix B provides a sample treatment contract that communicates to the patient the rules applicable to a prescription for opioids: one prescriber, amount to be dispensed, no early refills, and consequences for breaking the contract.
- **Reassess the patient at appropriate intervals.** A suggested time frame is every 30 days. Patients who do not return for follow-up appointments should be viewed suspiciously. Keep a record of all prescriptions issued on the patient's chart (see Appendix C). Do not continue to prescribe controlled substances when there is evidence of non-compliance, escalation of dose, misrepresentation, or fraud. A pattern of early renewals for medication (e.g., methylphenidate) warrants further investigation.
- **Prevent prescription forgery.** Prescriptions should be written so as to make them difficult to alter (see Table 5 for tips on preventing prescription forgery).
- **Prevent telephone methods.** Where verbal prescriptions are premitted, do not provide telephone prescriptions for unfamiliar patients.
- **Keep drugs and prescription pad out of sight** in the office and never leave your medical bag unattended or in plain view.
- **Use caution when distributing professional samples.** Where the distribution of professional samples of pharmaceutical products is permitted, practitioners need to exercise discretion when the patient is new or unknown to them.

Table 5: Tips to prevent prescription forgery

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

Strategies for the pharmacist

Pharmacists also play an important role in the prevention of prescription drug misuse by providing clear information and advice about how to take a medication appropriately and on any potential side-effects or interactions. Poor compliance may lead to potential abuse.

Pharmacists can implement the following practical steps to help intercept drug users and diverters while treating legitimate patients compassionately:

- **Examine the prescription to ensure its authenticity**. Look for obvious clues to a forged prescription, which could include any alteration in the amount, dosage, number of refills, name of drug, spelling mistakes, directions written in full with no abbreviations, different coloured inks, writing more legible than usual. Look for prescriptions where the narcotic or controlled drug appears to have been added on. Look for signs that the prescription has been photocopied, such as blotches, dust marks or traces of adhesive. Watch for drugs with opposing actions on the same prescription, such as depressants and stimulants. Drug abusers often request prescriptions for "uppers and downers" at the same time. Become familiar with the drugs that are popular in your area for abuse and resale on the streets.
- **Identify the patient**. Be alert for a number of people appearing within a short timeframe all bearing similar prescriptions from the same practitioner. Ask all new patients for two to three pieces of identification. Post a sign informing patients of the policy; this alone will discourage many drug abusers. When you check the patient's identification, record his/her driver's licence number or other appropriate identification on the back of the prescription and place a pharmacy stamp on it. This will prevent the prescription from being used elsewhere if you do not fill it. Most legitimate patients have no difficulty complying with a request for identification, especially if the reasons for the request are explained to them.
- **Talk to the patient**. Observe for signs of drug intoxication and drug withdrawal.
- **Contact the practitioner directly to verify the prescription**. Verify that the practitioner exists (e.g., check for listing in telephone book or contact the College to confirm prescriber's coordinates) and is treating the patient. If possible, know the prescriber's signature. Take the time to verify the prescription. Where a prescription is suspicious, stalling for time is a good tactic as it generally frustrates diverters who are usually in a hurry.
- **Install a private telephone line for telephone prescriptions** and only give the number out to legitimate practitioners. Any prescriptions phoned in on the pharmacy's main telephone line can then be viewed with suspicion.
- **Provide adequate security for the storage of controlled substances** and limit access to those who need it.
- **Keep records of all receipts and disbursements and check inventory regularly** to be able to detect any losses.

WHAT TO DO WHEN YOU DISCOVER A DIVERSION ATTEMPT

It is illegal to knowingly prescribe or dispense a narcotic, controlled drug or targeted substance for anything other than a recognized medical purpose.

If you detect a drug abuser:

- Inform the practitioner(s) who have issued prescriptions to the individual or, in the case of suspected forgeries, the practitioner(s) whose name(s) appears on the prescription;
- Report suspected forgery to local law enforcement;
- Inform other pharmacies: some jurisdictions have initiated a local telephone alert system;
- If the patient resorts to verbal abuse or acts of violence, contact law enforcement authorities if you feel threatened in any way.

CONCLUSION

Only a concerted, collaborative effort among all health care professionals and regulators will succeed in promoting appropriate use of controlled substances, minimizing their use and diversion, and ensuring their ready availability for patients whose function and quality of life depend on them.

Thank you for your continued diligence. If you have any questions regarding this Guide or require additional copies, please contact:

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APPENDICES

Appendix A Summary of Federal Laws Governing Controlled Substances

Classification	Description	Prescription Requirements	Refills and Transfers	Purchase Records**	Sales Records**	Loss & Theft Reporting
NARCOTIC DRUGS Examples: Codeine, Demerol®, Duragesic®, Morphine, Talwin®, Methadone (authorized prescribers only), Percodan®, 642®, Cesamet®	• 1 narcotic (e.g. codeine, hydromorphone, morphine) • 1 narcotic + 1 active non-narcotic ingredient (e.g., Empracet-30®, Novahistex DH®, Tylenol #4®) • all narcotics for parenteral use • all products containing diamorphine (hospital only), hydrocodone, methadone, oxycodone, or pentazocine. • dextropropoxyphene, propoxyphene (straight) (e.g. Darvon-N, 642)	• written prescription required, signed and dated by practiitoner* • verbal prescriptions not permitted • Practitioners may direct that written prescriptions be dispensed in divided portions (part-fills)	• no refills • no transfers	• purchases to be recorded in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose	• record of sales must be kept in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose, or in computer from which a printout is readily available • dextropropoxyphene sales not reportable	Report any loss or theft of narcotic drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.
NARCOTIC PREPARATIONS (Verbal Prescription Narcotics) Examples:, Fiorinal® with codeine, Robitussin AC®, 292® Tablets, Tylenol No. 2®	• 1 narcotic + 2 or more active non-narcotic ingredients in a recognized therapeutic dose • exempted codeine compounds: containing up to 8mg/solid dosage form or 20 mg/30 mL liquid and 2 or more active non-narcotic medicinal ingredients in a therapeutic dose (e.g., Atasol-8®)	• written or verbal prescription permitted from a practitioner* • Exempted codeine compounds when dispensed pursuant to a prescription follow the same regulations as verbal prescription narcotics • Practitioners may direct that written prescriptions be dispensed in divided portions (part-fills)	• no refills • no transfers	• purchases to be recorded in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose	• no record of sales in Narcotic and Controlled Drug Register required	• Report any loss or theft of narcotic drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.
CONTROLLED DRUGS - Part I Examples: Dexedrine®, Ritalin®, Seconal®	• 1 controlled drug from Part I e.g. amphetamine, methylphenidate, pentobarbital, secobarbital, GHB and any salt and derivative thereof • Preparations: 1 controlled drug + 1 or more active noncontrolled drugs in a therapeutic dose	• written or verbal prescription permitted from a practitioner* • Practitioners may direct that written prescriptions be dispensed in divided portions (part-fills)	• no refills if prescription is verbal • original written prescription may be refilled if prescriber has specified, in writing, the number of refills and dates for, or intervals between refils • no transfers	• purchases to be recorded in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose	• record of sales must be kept, except for controlled drug preparations, in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose, or in computer from which a printout is readily available	• Report any loss or theft of controlled drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.

* Practitioner is defined in the *Controlled Drugs and Substances Act* as "a person who is registered and entitled under the laws of a province to practice in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner."

** Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit.

Appendix A (cont'd)

Classification	Description	Prescription Requirements	Refills and Transfers	Purchase Records**	Sales Records**	Loss & Theft Reporting
CONTROLLED DRUGS - Part II Examples: Amytal®, Fiorinal® Plain,	• Barbiturates & their salts and derivatives (except secobarbital and pentobarbital), butorphanol, chlorphentermine, diethylpropion, nalbuphine, phentermine, thiobarbiturates, their salts and derivatives • Preparation: 1 controlled drug + 1 or more active noncontrolled ingredients in a therapeutic dose	• written, or verbal prescription from practitioner • Practitioners may direct that written or verbal prescriptions be dispensed in divided portions (part-fills)	• original written or verbal prescription may be refilled if prescriber has specified, in writing, the number of refills and dates for, or intervals between refills • no transfers	• purchases to be recorded in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose	• no record of sales in Narcotic and Controlled Drug Register required	• Report any loss or theft of controlled drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.
CONTROLLED DRUGS - Part III	• Anabolic steroids and their derivatives	• written, or verbal prescription from practitioner • Practitioners may direct that written or verbal prescriptions be dispensed in divided portions (part-fills)	• original written or verbal prescription may be refilled if prescriber has specified, in writing, the number of refills and dates for, or intervals between refills • no transfers	• purchases to be recorded in Narcotic and Controlled Drug Register or other record, book or register maintained for this purpose	• no record of sales in Narcotic and Controlled Drug Register required	• Report any loss or theft of controlled drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.
BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES Examples: Ativan®, Halcion®, Lectopam®, Oxazepam, Xanax®	• all drugs listed in the schedule to the Benzodiazepines and Other Targeted Substances Regulations	• written, verbal prescription from practitioner • Practitioners may direct that written or verbal prescriptions be dispensed in divided portions (part-fills)	• original written or verbal prescription may be refilled if prescriber has specified, in writing, the number of refills • may be refilled if less than 1 year has elapsed since the day on which the prescription was issued by the practitioner • prescription may be transferred to another pharmacist except if that prescription has already been transferred	• purchase records not required in Narcotic and Controlled Drug Register	• no record of sales in Narcotic and Controlled Drug Register required	• Report any loss or theft of targeted substances drugs as well as forged prescriptions to the Office of Controlled Substances at the address indicated on the appropriate forms.

NOTE: This is a summary only. Please refer to Controlled Drugs and Substances Act, Narcotic Control Regulations, parts G and J of the Food and Drug Regulations, and Benzodiazepines and OtherTargeted Substances Regulations for complete details.

Drug names are examples only. Not a complete listing. Legislation may change. Prescription requirements listed are current at time of printing of this Guide.

Adapted from Compendium of Pharmaceuticals and Specialties, 2005

Appendix B Sample Treatment Contract

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

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

I will not seek opioid medication from another physician. Only Dr. ..... will prescribe opioids for me.

I will not take opioid medication in larger amounts or more frequently than is prescribed by Dr. .....

I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else.

I will not use over-the-counter opioid medications such as 222®'s and Tylenol #1®.

If I lose the medication or take more than prescribed, I understand that Dr. ..... will not prescribe extra medications for me until the next prescription is due.

I understand that if I break these conditions, Dr. ..... may choose to cease writing opioid prescriptions for me.

Patient's signature: . . . . . .

Physician's signature: . . . . . .

Date: . . . . . .

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

Appendix C - Sample Controlled Drug Prescription Record

Patient Name: .....

Chart number: .....

Prescribing Physician: .....

Date	Medication	Dose	Direction	Number dispensed	Comments

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