

1 VERMONT MEDICAL SOCIETY  
2 RESOLUTION

3 **Prescription Drug Abuse and Diversion & E-Prescribing of Controlled Substances**

4 *Adopted on October 25, 2008*

5  
6 WHEREAS, The Vermont Office of the Medical Examiner reports increasing deaths resulting  
7 from the nonmedical use of controlled substances and other prescription drugs, averaging  
8 about one death per week; and

9  
10 WHEREAS, The Partnership for a Drug-Free America reports that about a third of teens  
11 believe that prescription drugs are safer to abuse than street drugs because they are prescribed  
12 by a physician, have fewer side effects and are not addictive;<sup>1</sup> and

13  
14 WHEREAS, According to the National Survey on Drug Use & Health, most pain relievers  
15 used non-medically are obtained free from a friend or relative;<sup>2</sup> and

16 WHEREAS, Illegal use and diversion of prescription drugs is considered by the Vermont  
17 Department of Public Safety to be an increasing problem in Vermont, and as a result, a  
18 diversion investigator was added to the Vermont Drug Task Force to investigate serious abuse,  
19 and to assist in diversion investigations;<sup>3</sup> and

20 WHEREAS, In 2006 the Vermont Board of Medical Practice adopted a *Policy on Use of*  
21 *Controlled Substances for the Treatment of Pain*,<sup>4</sup> which includes guidelines for patient evaluation,  
22 treatment plans, informed consent, agreements for treatment, periodic review, consultation,  
23 appropriate information concerning medical records and prescription drug abuse and diversion;  
24 and

25 WHEREAS, The VBMP policy also includes as appendices, a sample prescription contract, a  
26 treatment agreement and a narcotic flow sheet, which while not endorsed by the VBMP, are  
27 offered as tools physician practices have found useful; and

28 WHEREAS, The Department of Health is developing the Vermont Prescription Monitoring  
29 System (VPMS), which will track all prescriptions of controlled substances in a confidential  
30 database; and

31 WHEREAS, Physicians and pharmacists will be able to access the VPMS database to review  
32 records of their patients' use of controlled substances, to assist in early identification of patients  
33 at risk for substance use disorders and to prevent "doctor shopping;" and

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<sup>1</sup> [http://www.drugfree.org/Portal/DrugIssue/Research/Teens\\_2005/Generation\\_Rx\\_Study\\_Confirms\\_Abuse\\_of\\_Prescription](http://www.drugfree.org/Portal/DrugIssue/Research/Teens_2005/Generation_Rx_Study_Confirms_Abuse_of_Prescription)

<sup>2</sup> <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.cfm#TOC>

"Among persons aged 12 or older who used pain relievers non-medically in the past 12 months, 55.7 percent reported that the source of the drug the most recent time they used was from a friend or relative for free. Another 19.1 percent reported they got the drug from just one doctor. Only 3.9 percent got the pain relievers from a drug dealer or other stranger, and only 0.1 percent reported buying the drug on the Internet. Among those who reported getting the pain reliever from a friend or relative for free, 80.7 percent reported in a follow-up question that the friend or relative had obtained the drugs from just one doctor."

<sup>3</sup> [http://www.dps.state.vt.us/vtsp/drug\\_task.html](http://www.dps.state.vt.us/vtsp/drug_task.html)

<sup>4</sup> [http://healthvermont.gov/hc/med\\_board/documents/pain\\_policy.pdf](http://healthvermont.gov/hc/med_board/documents/pain_policy.pdf)

1 WHEREAS, Use of electronic prescriptions has the potential to reduce prescription errors,  
2 facilitate inclusion of prescription records in medical records, reduce patient wait time for  
3 prescription fills, and reduce prescription forgery; and

4 WHEREAS, 11 percent of prescriptions in the United States are for controlled substances and  
5 currently they cannot be electronically sent to the pharmacy, despite the fact that technology  
6 exists for secure e-prescribing;<sup>5</sup> and

7 WHEREAS, The Drug Enforcement Agency (DEA), recognizing that the absence of  
8 appropriate controls could exacerbate the increasing problem of prescription drug abuse<sup>6</sup>,  
9 supports the adoption of electronic prescriptions for controlled substances in a manner that will  
10 minimize the risk of diversion and has proposed rules that would permit electronic prescribing  
11 of controlled substances that include significant safeguards<sup>7</sup>; therefore be it

12

13 **RESOLVED, The Vermont Medical Society will work with the Vermont Department of**  
14 **Health, the Vermont Board of Medical Practice, the Vermont Department of Public**  
15 **Safety and others to assist in educating health care practitioners about the risk of abuse**  
16 **and diversion of controlled substances; and be it further**

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18 **RESOLVED, The Vermont Medical Society will assist in efforts to educate physicians**  
19 **about appropriate methods and tools that address the risk of abuse and diversion of**  
20 **controlled substances, without jeopardizing high quality care for patients, consistent**  
21 **with the Vermont Board of Medical Practice *Policy for the Use of Controlled Substances***  
22 ***for the Treatment of Pain*; and be it further**

23

24 **RESOLVED, The Vermont Medical Society will continue to work with the Department**  
25 **of Health on the implementation of the Vermont Prescription Monitoring System**  
26 **(VPMS); and be it further**

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28 **RESOLVED, The Vermont Medical Society will promote the use of electronic**  
29 **prescriptions for all drugs, provided that the standards and requirements for electronic**  
30 **prescriptions do not increase clerical burdens for physician practices, and provided that**  
31 **safeguards are included to address abuse and diversion of prescription drugs.**

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<sup>5</sup> AMA HOD Proposed Resolution 512 (A-08)

<sup>6</sup> <http://edocket.access.gpo.gov/2008/pdf/E8-14405.pdf> (page 3 of 62)

<sup>7</sup> <http://edocket.access.gpo.gov/2008/pdf/E8-14405.pdf> (page 2 of 62)