



Summer 2022

The Registrant

A Publication of the Narcotics Enforcement Division (NED) for Hawai'i's Controlled Substance Registrants.

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The Narcotics Enforcement Division (NED) is an agency of the Department of Public Safety. NED is a member of the Hawaii Opioid Initiative, and collaborates with the health care, medical cannabis, other controlled substance industries, and community stakeholders to address controlled substance regulations and misuse in Hawaii.

For patient, prescriber and community resources, and drop box locations go to [Hawaiiopioid.org](https://hawaiiopioid.org).

For resources and information about Controlled Substance Registration, regulations, educational programs, PDMP, Take Back events and Controlled Substance State laws and administrative rules. Visit us at: <https://dps.hawaii.gov/ned/>

Have a registration question or need to report criminal or suspicious activity with controlled substances. Call: (808) 837-8470 or Email: hawaiicsreg@hawaii.gov

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A message from the NED Administrator



Aloha Registrants,

For more than fifty(50) years, the Narcotics Enforcement Division (often simply referred to as ‘NED’ or N-E-D) has protected and promoted the health and safety of Hawaii by enforcing controlled substance and regulated chemical laws and pursuing the appropriate use of pharmaceuticals. Today, NED has over 9000 registrants to include healthcare practitioners, pharmacies, medical cannabis dispensaries, health care facilities, laboratories, distributors, and other businesses that routinely utilize controlled substances as part of their business activity.

NED enforces controlled substance laws and regulations of the State of Hawaii. NED also administers the Hawaii Prescription Drug Monitoring Program, the State’s Medication Drop Box disposal program and holds community events to educate and prevent medication misuse and drug addiction. NED also educates healthcare professionals on regulatory compliance and provides resources to prevent pharmaceutical diversion and misuse.

The nation’s opioid epidemic continues to worsen with overdose deaths soaring at an alarming rate. In response, NED has partnered with the Hawaii Opioid Initiative, by providing tools and information for use by practitioners, patients, and family members to first prevent substance use disorder and to help patients get the support and treatment needed.

Last summer, NED surveyed its registrants and a common request by ‘you’, the registrant, was more information delivered by periodic email updates. NED is responding to your request for information by producing “The Registrant” a quarterly newsletter that will keep Hawaii’s registrants apprised of law and regulation changes, best practices and featured articles of interest. We hope that you will find this publication both interesting and informative.

Jared

Jared K. Redulla
NED Administrator

Hawaii's Codeine Cough Syrup Crimes:

What Prescribers and Pharmacists need to know about organized and criminal activity to obtain promethazine-codeine cough syrup.

It's not uncommon to hear these words, "It's just cough syrup, who really wants to drink that?" NED agents hear this statement from community members they encounter during opioid education events who are unaware that the bottle of unused cough syrup in their medicine cabinet is highly sought after for illicit use. However, it's also surprising to hear that same statement from doctors and pharmacist who are still unaware of how flagrantly it is abused.

The history of cough medicine abuse spans decades. Back in the 60's, blues musicians in Houston would mix beer and dextromethorphan (DXM) for its euphoric feel. However, it wasn't until the late 80's when the recipe was modified to a concoction of promethazine-codeine cough syrup mixed with a sugary soda, and further sweetened with the addition of a hard candy. The drug is popularized in songs by prominent hip-hop/rap artists and

throughout social media and is known by several names, such as **Texas Tea, Sizzurp, Purple Drank and Lean**. The name "lean" was derived from what the drinker does after consuming it.

The drug provides the abuser with a relaxing and euphoric feeling but make no mistake, it is very dangerous and highly addicting. Codeine, an opioid, produces that euphoric relaxed feel and promethazine an antihistamine also contributes to the sedative effect. Mixing other drugs and/or adding alcohol potentiates the dangers including coma and death.

In 2014/15, Hawaii experienced a rash of brazen pharmacy thefts of promethazine-codeine. Young male adults were jumping over pharmacy counters and absconding with stock bottles of promethazine-codeine. This resulted in pharmacies implementing further measures and expense to secure the medication.



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Despite arrests it was ultimately pharmacy awareness and security measures that stopped the commission of these felony acts.

“Show me the \$\$\$”

In the 2020’s, NED is encountering a progression of patient misrepresentations and prescription fraud to procure prescriptions for promethazine-codeine. The drug has a **street value of \$350 to \$500 per bottle in Hawaii and upwards to \$1000 per bottle on the mainland**. It is the belief of NED that some bottles illicitly obtained in Hawaii are ultimately sold on the mainland.

Today, codeine cough syrup diversion accounts for the majority of fraudulent prescription cases in Hawaii.

There are three (3) types of basic criminal endeavors to fraudulently obtain promethazine-codeine:

- 1. A fraudulent written prescription:** Often, a group of individuals working together submit fraudulent prescriptions at a pharmacy during a short period of time.
- 2. “Smurfing”:** A group of individuals who conspire together to misrepresent their medical need with one or more doctors to obtain a legitimate prescription. These criminals will target doctors who are known as “Glorified Bartenders.”
- 3. An oral call-in prescription by someone purporting to be the practitioner and often the patient on the prescription is fictitious.** The prescription is then picked up by a delivery or package pickup service and when delivered the ‘patient’ meets the delivery driver on a busy street to take delivery.

While NED has and continues to make arrests for these crimes, practitioners and pharmacists are the first line of defense by both preventing the crime from occurring and recognizing when crime does occur. The next page contains tips and tools to prevent this crime from occurring.

Here is what you can do to protect our community and prevent fraud:

Practitioners:

- Use **electronic prescribing**.
- Keep your **oral code safe**, treat it like a bank ATM pin.
- Train your staff and ensure they do not make **YOU a fraud victim**.
- **Don't be a 'Glorified Bartender'**. A "glorified bartender" is a prescriber who is loose with prescriptions and does not ask questions.
- **Know your patient**, to include their associates, friends and family. Train your staff to recognize interactions between other patients receiving promethazine-codeine prescriptions from you.
- **USE THE HI-PDMP**. Use the PDMP to check the controlled substance history of your patients prior to prescribing to make an informed prescribing decision.
- Use the **'MyRx' option in the PDMP** to routinely review prescriptions dispensed at pharmacies under your practitioner credentials.
- **You, are the Gatekeeper** for your controlled substance prescriptions.

Pharmacists:

- **Know your customer**. Obtain the government identification card of first time patients to the pharmacy.
- Ascertain that your customer is **real and not a fictitious person**.
- Beware of **"brand" shoppers**.
- Always **verify an oral code**.
- Look for **common indicators of written prescription fraud**.
- Check the **patient's address**,
- **USE THE HI-PDMP**. Use the PDMP to check the controlled substance history of your customers prior to dispensing to make an informed dispensing decision.
- If you believe a prescription is **suspicious, DO NOT FILL**.
- If you receive a suspicious or fraudulent prescription, **let other pharmacies and pharmacists in the same chain or proximity know of your suspicions and contact NED (see below) immediately**.
- Review [A Pharmacist's Guide to Prescription Fraud](#).

MANDATORY REPORTING is the LAW:

Report all suspected criminal activity to NED at 808-837-8470 and provide information via email hawaiiicsreg@hawaii.gov. Patient and Personal Confidential Information sent by email must be encrypted.

Mandatory reporting of criminal activity involving the fraud and diversion of controlled substance medications is NOW LAW. Failure to report may result in criminal charges and/or suspension or revocation of your practitioner or your pharmacy's controlled substance licensure.

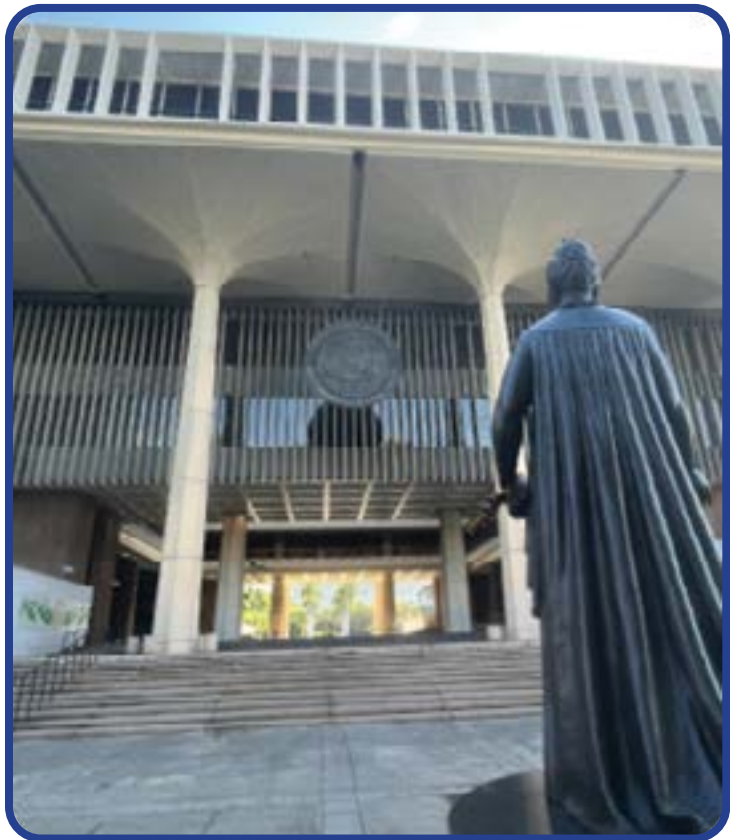
2022 Controlled Substance Legislative Update;

The Bills that became law, the Bills that were deferred to 2023, and the Bills that died in committee.

Legislative bills introduced during the 2022 session relevant to controlled substance registrants are presented below.

Each bill presented includes the bill number, description, and outcome. It is beneficial for registrants to be aware of the bills that have become law, died in session, or were deferred to next year's legislative session.

To view the bill's full text and hearing testimony, click on each and you will be directed to the Hawaii State Legislature's website for the full content.



BILLS THAT BECAME LAW

[SB3141 SD1 HD2 CD1](#)

**Enrolled to Governor-
Became law on 06-17-2022**

RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT.

Uniform Controlled Substances Act

Description:Amends the schedules for controlled substances under the Uniform Controlled Substances Act for purposes of conforming with updates in federal law. (CD1)

[SB 3140 SD1 HD1 CD1](#)

**Enrolled to Governor
Became law on 06-17-2022**

RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT MANDATORY REPORTING.

Uniform Controlled Substances Act; Mandatory Reporting; Controlled Substances Registrations; Misdemeanor

Description: Requires the holder of a controlled substances registration to immediately verbally report the theft, embezzlement, fraud, or diversion of a controlled substance in the holder's inventory, with a subsequent written report. Establishes a misdemeanor penalty for a person who prevents another from reporting, or who knowingly fails to provide information as required. (CD1)

Companion: [HB2172](#)

[HB2260 HD1 SD2 CD1](#)

**Enrolled to Governor
Will becomes law no later than
07-12-2022**

RELATING TO CANNABIS.

**Department of Health; Medical Cannabis;
Transportation; Dispensaries; Production
Centers; Licenses; Caregivers;
Appropriation (\$)**

Description:Amends the circumstances under which medical cannabis may be transported by and between dispensaries. Extends the date after which primary caregivers will no longer be authorized to cultivate cannabis for a qualifying patient. Redefines the term "medical cannabis production center" to include any series of structures located within the same secured perimeter fence-line. Increases the number of production centers that may be allowed under a dispensary license. Increases the allowable number of plants for production centers. Requires the department of health to establish the fee structure for the submission of applications for additional production centers and dispensary-to-dispensary sales. Appropriates funds for an assessment of the medical cannabis dispensary licensing framework. (CD1)

BILLS DEFERED TO 2023[HB 1886 HD1 SD1](#)

Deferred to 2023 Legislative Session

**RELATING TO CONTROLLED
SUBSTANCES**

**Hemp Products; Uniform Controlled Sub-
stances Act; Schedule I; Cannabinoids;
Delta 8 Tetrahydrocannabinol**

Description: Bans hemp products that contain cannabinoids created through isomerization, including Delta 8 tetrahydrocannabinol. Adds Delta 8 tetrahydrocannabinol to the list of schedule I controlled substances. (SD1)

[SB2152](#)

Deferred to 2023 Legislative Session.

RELATING TO HEALTH.

**Controlled Substances; Prescriptions;
Out-Of-State Prescribers**

Description: Authorizes state-licensed and credentialed physicians, advanced practice registered nurses, and physician assistants, who are not physically in the State, to issue prescriptions for certain controlled substances under a limited circumstance. Authorizes pharmacies to dispense such prescriptions.

Companion: [HB2021](#)

[HB1623 HD1](#)

Deferred to 2023 Legislative Session

**RELATING TO CONTROLLED
SUBSTANCES.**

**Controlled Substances; Methadone
Treatment Program; Protected Areas**

Description:Expands the prohibition on promoting a controlled substance in, on, or near schools, school vehicles, public parks, and public housing projects or complexes to include group child care centers, group child care homes, public recreation centers, and youth services centers, collectively as protected areas. Requires methadone treatment programs to be located at least 750 feet away from protected areas. Effective 7/1/2060. (HD1)

Companion: [SB2742](#)



BILLS THAT DIED IN COMMITTEE

[SB2742 \(Bill Died\)](#)

RELATING TO CONTROLLED SUBSTANCES.

Controlled Substances; Methadone Clinics; Substance Use Disorder Services Clinics; Registration; Protected Areas

Description: Expands the prohibition on promoting a controlled substance in, on, or near schools, school vehicles, public parks, and public housing projects or complexes to include group child care centers, group child care homes, public recreation centers, and youth services centers, collectively as protected areas. Requires the registration and registration renewal of methadone clinics and substance use disorder services clinics as clinics and for handling controlled substances to be contingent upon location at least 750 feet away from protected areas. Gives methadone clinics and substance use disorder services clinics one year from the effective date of this Act to comply with this Act.

[SB 2455 \(Bill Died\)](#)

RELATING TO CANNABIS.

Responsible, Adult-Use Cannabis; Hawaii Cannabis Control Board; Medical Cannabis; Taxation; Appropriation (\$)

Description: Legalizes, regulates, and taxes cannabis and manufactured cannabis products for responsible, adult use. Exempts sales of cannabis and manufactured cannabis products for medical use from the general excise tax. Clarifies that qualifying out-of-state patients have the same rights and privileges under the medical cannabis law. Allows qualifying out-of-state patients to cultivate medical cannabis.

Companion: [HB1907](#)

[HB1974 HD2 \(Bill Died\)](#)

RELATING TO OPIOIDS.

DOH; Opioids; Standardized Metrics; Value-based Purchasing; Patient Outcomes; Working Group; Substance Use Disorder

Description: Requires DOH to implement standardized quality metrics to track and address health care processes or outcomes applicable to improving the quality of care for patients having opioid use disorders and targeting through value-based purchasing improvements in outcomes for patients having opioid use disorders by 7/1/2024. Requires DOH to implement value-based purchasing based on the standardized quality metrics by 1/1/2025. Directs DOH to collect certain data regarding opioid use. Requires annual reports to the legislature. Establishes a working group to determine major shifts in operations and clinical models that substance use disorder treatment providers need to make before adjusting to efforts to incentivize new demands for higher quality care. Effective 7/1/2112. (HD2)

[HB2170 \(Bill Died\)](#)

RELATING TO METHADONE TREATMENT PROGRAMS.

Methadone Treatment Programs

Description: Amends chapter 329, Hawaii Revised Statutes, to require the medical director of a methadone treatment program to conduct a medical evaluation that offers testing for Hepatitis C exposure and infection. Requires that a methadone treatment program have policies and procedures in place for screening and referrals to care and curative treatment.

Companion: [SB3138](#)

[SB2033 SD1 \(Bill Died\)](#)

RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

Electronic Prescription Accountability System

Description: Requires that the dispensing of a pharmacist-prescribed opioid antagonist be reported to the State's Electronic Prescription Accountability System. (SD1)

[SB3136 SD1 \(Bill Died\)](#)

RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

Relating to the Electronic Prescription Accountability System

Description: Amends subsection 329-101(d), Hawaii Revised Statutes, to require that a dispenser of a controlled substance report the filling of a controlled substance prescription to the State's Electronic Prescription Accountability System in real time, or report "zero" not less than once every seven days if no controlled substances prescriptions are filled.

Companion: [HB2168](#)

[SB2030 SD2 \(Bill Died\)](#)

RELATING TO PRESCRIPTION DRUGS.

Opioids; Naloxone; Opioid Antagonist; Pharmacists; Prescribing; Dispensing

Description: Requires a prescriber to offer a prescription of certain drugs under certain circumstances related to opioid overdose. Requires a prescriber to offer patient education under certain circumstances related to opioid overdose. Exempts veterinarians or prescriptions for animals. Requires a pharmacist who dispenses a prescription order for an opioid to notify the individual of the potential dangers of a high dose of an opioid and to offer to dispense to the individual an opioid antagonist; provided that the individual is prescribed specific opioids at specified doses. Exempts patients in hospice or palliative care, residents of veterans community living centers, patients in inpatient or outpatient care. Requires a pharmacist to notify an individual receiving an opioid antagonist of the availability of generic and brand-name opiate antagonists. Effective 1/1/2050. (SD2)

[SB2423 \(Bill Died\)](#)

RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

Electronic Prescription Accountability System

Description: Updates chapter 329, Hawaii Revised Statutes, to clarify who may access information stored in the electronic prescription accountability system.

BILLS RELATING TO MENTAL HEALTH AND CRISIS OUTREACH

[SB 2034 SD1](#)

(Deferred to 2023 Legislative Session)

RELATING TO HEALTH.

Mental Illness; Substance Abuse; Imminently Dangerous Standard; Emergency Hospitalization; Assessment

Description: Requires assessment of patients who are subject to emergency hospitalization, diagnosed with a mental illness or severe substance use disorder, and found to be lacking decisional capacity to determine if a surrogate or guardian needs to be appointed to make appropriate health care decisions for the patient. Authorizes certain health care providers to make determinations on the presence of mental illness, substance abuse disorder, and decisional capacity of the patient. Effective 1/1/2050. (SD1)



[SB2736 SD1 HD1 \(Bill Died\)](#)

RELATING TO CRISIS OUTREACH PROGRAMS.

Crisis Outreach Program; Department of Health; Appropriation (\$)

Description: Appropriates funds to the department of health for a statewide crisis outreach program. Effective 7/1/2060. (HD1)

[HB1666 HD1 SD1 \(Bill Died\)](#)

RELATING TO MENTAL HEALTH.

DOH; Mental Health; Homelessness; County First Responders; Pilot Program; Report; Appropriation (\$)

Description: Establishes a pilot program within the Adult Mental Services Division of the Department of Health to expand existing county programs that make one or more mental health professionals available to assist county first responders in responding to mental health crises in areas in the urban core with high rates of homelessness. Requires a report to the Legislature. Appropriates funds. Effective 7/1/2050. (SD1)