PMHNP and the DEA

The drug enforcement administration (DEA) is an agency that is responsible for enforcing laws which prevent the distribution of illegal drugs within the United States. The duty of the DEA is to ensure that the federal law relating to the manufacturing, distribution, sale and the use of drugs are adhered to. The controlled substance act is one of the primary federal law on drugs under the DEA. This act regulates the manufacturing, distribution, importation, possession and the use of a particular drug. The role of the DEA is to investigate the operations of drugs within the United States as well as the operation of international drugs that likely to affect the US or infiltrate states. A psychiatric mental health nurse practitioner (PMHNP), has a responsibility of prescribing medications to their patients. Improper prescription to a patient by a PMHNP can harm the patient, and thus the DEA has to work together will the pmhnp to ensure the rules they have set aside have been followed. Therefore when prescribing and administering drugs to
patients, the PMHNP have to understand their responsibilities at the federal level as well as the at the state level (Balestra, 2018).

In regard to the PMHNP, the DEA has the following responsibilities. Investing and prosecuting those who violate the law of controlled substances either at the state or national level. Managing the federal drug intelligence program. It is their mandate to educate the members of the public the effects of using unadministered drugs. It is their mandate to cooperate with other international agencies to stop the trafficking of narcotics within the international level thus halting the practice

A DEA number refers to a specific number that is given to healthcare practitioners that gives them the mandate to prescribe drugs/medications legally. This number contains some letters and a number which helps categorize the type of practitioner. The role of this number is that it gives permission healthcare providers such as nurse’s practitioners, doctors. Veterinarians and dentist, provide prescriptions for substances which are approved/controlled. Controlled substances can be defined as those substances that are regulated by the federal law and the state since there is a high risk of being abused being illegally distributed and addiction. These substances are only meant to be used by those patients who have been prescribed to use it by a qualified and certified provider (Tierney, Finnell, Naegle, LaBelle, & Gordon, 2015).

For one to obtain a DEA number, they must get a license from the state they want to practice, and once it is active, the practitioner proceeds in to apply for the DEA number online. There are six sections that one is supposed to complete during the online application (Phoenix, Hurd, & Chapman, 2016). These sections are:

a) Fill in personal information.

b) Fill in their business activity as well as the information on drugs schedule.
c) Give License information.

d) Give background data on the controlled substances.

e) Make the necessary payment.

f) Review the information they have given to ensure it is correct.

In California, there some specific requirement required by this state for practitioners to prescribe controlled drugs. These laws are meant to promote safe prescribing practices across California. According to the California federal law prescribers are supposed to search for client's health data before they prescribe drugs to a patient for the first time from California's Controlled Substance Utilization Review and Evaluation System (CURES). They are also supposed to check the prescription drug monitoring program (PDMP) at least once within four months for those patients on a long term treatment basis. Practitioners are also required to inquire from the PDMP before they prescribe the controlled substances or opioids to any patient. This electronic database system enables a practitioner access any information about a patient that may be relevant before they can prescribe them (Greene, & Yellowlees, 2014).

As a California pmhnp, before prescribing any drug one is supposed to search for the patient health data on the electronic database system to avoid the wrong prescription to the patient which may harm the patient. The pmhnp is also supposed to update their record system at least one within four months for the wrong longterm patient to ensure they are given the right prescription (Rosenberg, 2018).

The substances and chemicals used in making drugs are categorised into five categories or schedules depending on the medical use of the drug, or its potential risk to abuse. What determines the schedule of a drug is its abuse rate. Drugs in schedule 2 are those drugs that have a high probability of being abused and results in severe psychological dependence. Examples of

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drugs in this schedule are cocaine and oxycontin. Schedule 3 drugs are drugs with a low probability of creating psychological dependence among users. Examples are testosterone and steroids. Schedule 4 drugs are those drugs that have a low risk of dependence and a low probability of being abused. Examples of drugs in this schedule include tramadol, Valium and Ambien. The 5th schedule is those drugs with low possibility of abuse and dependence. They are under drugs in schedule 4. Motofen, Parepectolin and Lomotil are examples of drugs under this category (Hackett, 2016).
References