



Michigan Practitioner Diversion Awareness Training

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Disclosure

I do not have any relevant financial relationships with any commercial interests or any other conflicts of interests to disclose





Drugs of Abuse

Schedules of Controlled Substances

Schedule I

• No accepted medical use/high potential for abuse/dependency (e.g., heroin, marihuana, ecstasy, "bath salts")

Schedule II

• Accepted medical use/high potential for abuse/dependency (e.g., morphine, hydrocodone, oxycodone, cocaine, methamphetamine, methadone, meperidine, fentanyl, Adderall, and Ritalin)

Schedule III

• Accepted medical use/less potential for abuse/dependency (e.g., products containing <90 mL codeine per dosage unit, ketamine, anabolic steroids, testosterone)

Schedule IV

• Accepted medical use/less potential for abuse/dependency (e.g., benzodiazepines)

Schedule V

• Accepted medical use/less potential for abuse/dependency (e.g., codeine cough syrup)

Most commonly prescribed prescription medicine?

Hydrocodone/acetaminophen (Norco, Vicodin, Lorcet)

State Ranking* - Hydrocodone January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	СА	300,735,070	12	MO	61,715,300	23	OR	34,665,810	34	NE	12,105,440	45	WY	3,778,470
2	ΤX	203,625,310	13	NC	61,121,220	24	MS	33,323,910	35	NM	12,069,670	46	NH	3,374,030
3	MI	123,951,710	14	NY	59,125,900	25	WI	30,798,730	36	MD	12,003,380	47	AK	3,373,040
4	FL	122,585,450	15	PA	57,819,460	26	KS	28,277,090	37	MA	11,967,800	48	ND	3,034,000
5	IL	101,720,110	16	OK	56,558,450	27	NV	26,962,370	38	NJ	11,491,850	49	DE	2,084,460
6	ΤN	79,717,910	17	LA	49,520,040	28	IA	21,629,630	39	MT	8,414,000	50	VT	1,749,710
7	IN	79,619,500	18	WA	48,045,730	29	СО	21,568,020	40	СТ	7,057,280	51	DC	488,540
8	GA	79,106,640	19	SC	44,737,490	30	UT	19,385,390	41	ME	6,591,520	52	VI	103,120
9	AL	77,435,200	20	AR	42,918,010	31	ID	18,767,820	42	HI	5,721,600	53	PR	84,040
10	ΚY	70,665,710	21	AZ	36,513,980	32	WV	18,715,100	43	SD	4,778,270	54	GU	42,200
11	OH	69,628,750	22	VA	34,866,490	33	MN	17,958,770	44	RI	3,962,020	55	AS	(

State Populations (2018)

 California
 39.8M (#1)

 Texas
 28.7M (#2)

 Michigan
 10.0M (#10)

* Business Activity-Retail Pharmacies

State Ranking* - Oxycodone January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	FL	157,368,130	12	MD	50,726,140	23	СО	34,524,920	34	MS	16,206,340	45	MT	6,025,280
2	CA	117,344,970	13	VA	47,188,950	24	WI	33,774,150	35	NM	14,456,950	46	AK	4,595,300
3	PA	108,837,030	14	МО	44,189,280	25	ОК	31,751,880	36	WV	12,553,630	47	WY	4,101,250
4	NY	106,999,130	15	MA	42,549,170	26	LA	28,667,580	37	DE	9,946,480	48	VT	3,520,520
5	NC	93,771,180	16	TX	41,643,220	27	MN	28,137,210	38	ID	9,808,410	49	SD	2,783,070
6	OH	89,924,210		MI	38,497,140	28	UT	25,119,550	39	IA	9,466,720	50	DC	2,558,370
7	TN	72,406,400		IN	38,085,700	29	NV	24,680,980	40	NH	9,394,600	51	ND	2,448,080
8	GA	68,209,870	19	KY	37,508,880	30	СТ	24,090,920	41	ME	9,176,620	52	PR	2,340,900
9	AZ	65,575,970	20	AL	36,250,210	31		22,658,560	42	NE	7,454,340	53	GU	167,000
10	NJ	65,129,650	20	SC		32	AR		43	HI		54	VI	113,000
					36,205,760			19,989,750			6,476,220			
11	WA	55,672,390	22	OR	35,712,570	33	KS	19,465,910	44	RI	6,064,370	55	AS Detail Disc	C

* Business Activity-Retail Pharmacies

7

State Ranking* - Oxymorphone January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	ΤN	1,885,040	12	SC	478,420	23	WA	259,260	34	KS	124,560	45	MT	27,280
2	PA	1,732,820	13	LA	462,140	24	MO	243,380	35	ID	114,060	46	RI	24,680
3	FL	1,415,380	14	GA	411,400	25	CO	235,060	36	AR	94,980	47	AK	22,060
4	NC	1,370,620	15	NJ	410,200	26	NV	230,160	37	ME	88,320	48	WY	21,680
5	NY	1,225,800	16	AL	367,640	27	СТ	207,540	38	NH	75,320	49	VT	16,480
6	MI	934,580	17	AZ	357,520	28	OR	181,640	39	NM	74,800	50	ND	13,220
7	VA	809,820	18	OK	347,160	29	MS	177,880	40	NE	69,420	51	DC	11,300
8	ΤX	797,720	19	UT	345,458	30	WV	158,040	41	IA	67,580	52	AS	(
9	MD	797,680	20	IN	325,800	31	WI	153,460	42	SD	40,800	53	GU	(
10	СА	787,840	21	IL	316,400	32	DE	140,760	43	MN	36,320	54	PR	(
11	OH	656,880	22	KY	283,040	33	MA	135,920	44	HI	31,640	55	VI	0

* Business Activity-Retail Pharmacies

8

State Ranking* - Methadone January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	СА	16,985,900	12	AL	3,430,300	23	TN	1,955,900	34	СТ	1,129,500	45	NM	440,600
2	FL	11,198,040	13	IN	3,256,600	24	SC	1,899,500	35	NH	1,123,800	46	MT	378,200
3	NY	7,266,400	14	VA	3,086,000	25	UT	1,879,800	36	ME	925,900	47	RI	332,500
4	ΤX	7,077,040	15	OR	3,034,600	26	MN	1,692,200	37	IA	836,000	48	SD	252,200
5	MI	6,583,000	16	MD	2,688,200	27	WI	1,622,900	38	AK	788,400	49	WY	206,000
6	PA	5,679,300	17	MO	2,508,000	28	LA	1,600,500	39	VT	713,400	50	ND	197,900
7	WA	5,247,800	18	KY	2,459,000	29	СО	1,536,000	40	WV	678,880	51	DC	64,100
8	NC	5,125,860	19	IL	2,407,200	30	ОК	1,521,400	41	HI	615,700	52	PR	7,500
9	GA	4,928,500	20	AZ	2,258,800	31	AR	1,475,400	42	NE	566,400	53	GU	7,400
10	ОН	4,562,500	21	NJ	2,122,000	32	KS	1,346,200	43	MS	555,000	54	VI	600
11	MA	3,497,700	22	NV	1,985,500	33	ID	1,254,900	44	DE	528,800	55	AS	0

* Business Activity-Retail Pharmacies

9_

Opioid Usage in the U.S.



Opioid Usage in the U.S.



Prescription Opiates

Heroin

Pharmaceutical Trends: Most Abused – Michigan

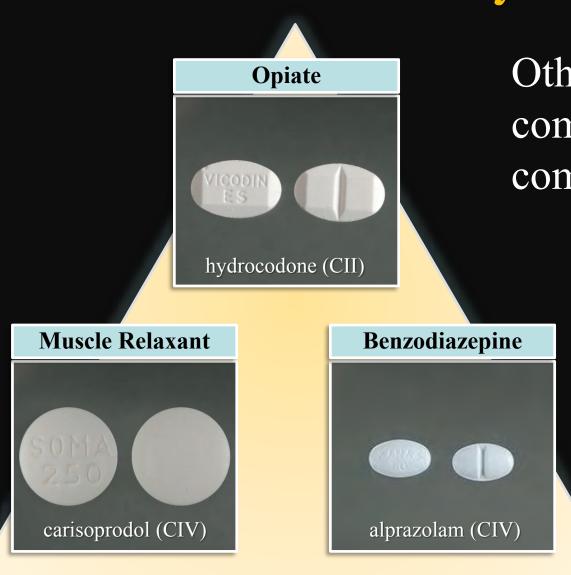








The Trinity



Other drugs that may comprise a "trinity" combination:

- Oxycodone
- Tramadol
- Gabapentin
- Others



Fentanyl

- Synthetic opioid
- Fentanyl patches
- Fentanyl citrate dispensed in a berry-flavored lollipop-type unit
- Fentanyl is 50-100 times more potent than morphine and 30-50 times more potent than heroin
- Intended to be used for chronic cancer pain & only for people who are tolerant to prescription opioid (narcotic) pain medicines
- Abused for its intense euphoric effects

Fentanyl Trends



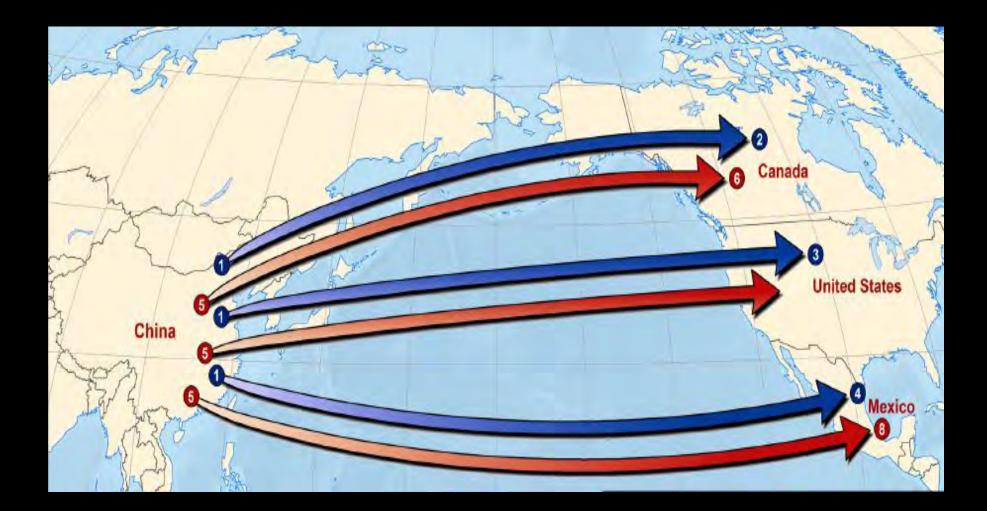
- Lethal dose: ~2 mg for nonopioid dependent individuals
- Illicit drugs are being laced with fentanyl
- 500,000 pills can be manufactured from 1 kg of pure fentanyl
- Mexico and China: major source countries for illegal fentanyl
- Illicitly produced fentanyl is sold alone or in combination with heroin/other drugs and can mimic pharmaceutical drugs in appearance

Fentanyl Trends

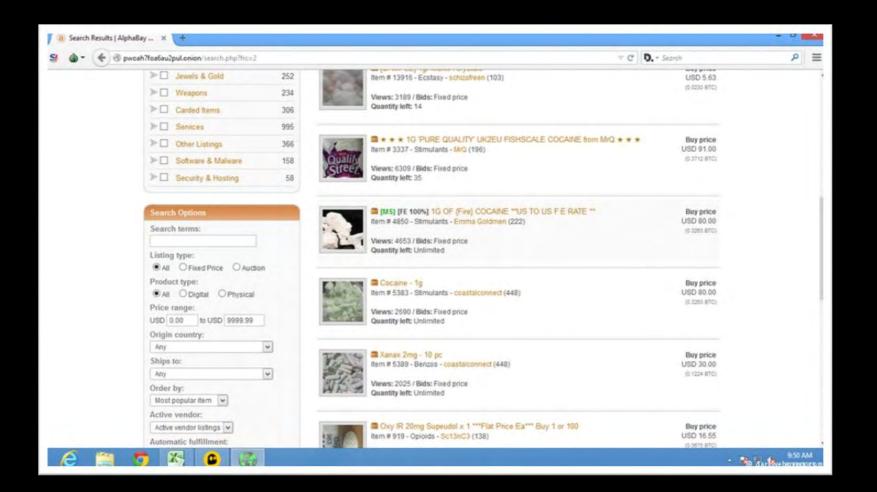




Fentanyl



Fentanyl Trends



Fentanyl Trends





Fentanyl: Dangers to Practitioners

- Be cautious when inventorying personal items in ED or the hospital
- Be cautious when touching patients
- Be cautions when going through a patient's personal items
- Don't ever take back a patient's medications



Methamphetamine

- Stimulant that speeds up body's system
- Pill or powder form
- Available as prescription as Desoxyn® to treat obesity or ADHD
- Illegally altered form of prescription (crystal meth) resembles glass fragments
- Effects
 - Highly addictive
 - Agitation, increased heart rate, blood pressure
 - Increased respiration and body temperature
 - Anxiety, paranoia
 - High doses can cause convulsions, cardiovascular collapse, stroke, or death







Methods of Diversion

Methods of Diversion

- Employee pilferageHospitals/ambulance services
 - Practitioners' offices
 - Nursing homes
 - Retail pharmacies
 - Manufacturing/distribution facilities

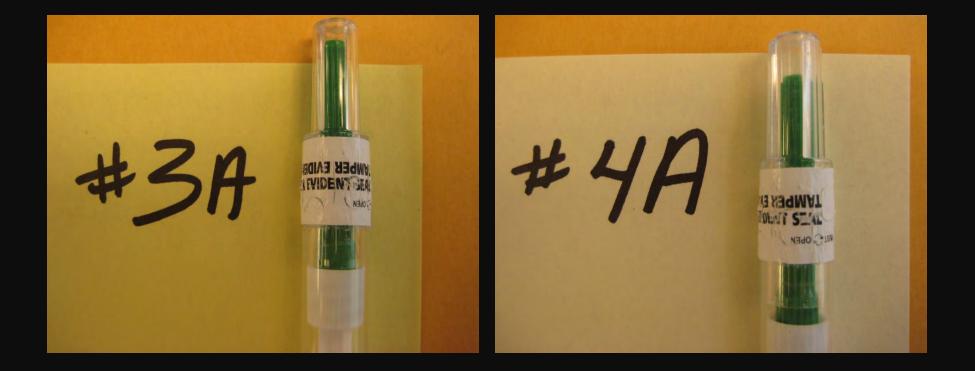




Intact Seal



Tampered Morphine



Methods of Diversion

- Pharmacy / other theft
 - Armed robbery/ night break-ins
 - In-transit loss (hijacking)
 - Smurfing (pseudoephedrine)
 - Various schemes to divert from Pharmacy



Methods of Diversion

- Practitioners / Pharmacists
 - Self abuse
 - Illegal distribution
 - Trading drugs for sex
 - Faking inventory







Tampered Boxes



Tampered Midazolam Box



Don't Forget the Bottom...







Egregious Activity

Diversion Red Flags: Patients



Wanting appointments late/after hours



Demands immediate attention



Uninterested in exam/diagnostic tests



Refusal to obtain past medical records



Recites textbook symptoms



Very vague medical history



Exaggerates medical condition



Claims medication, lost or stolen

Diversion Red Flags: Patients



Claims that past hospital /clinic is out of business or burned down



Deceives alternate practitioners while normal physician is out



Solicits Medicaid recipients to use Medicaid cards as payment method



Targets a lax doctor



Takes some, sells remaining medication



Offers to buy other patients' pills



Looks for employment where drugs or prescriptions are exposed



Alters prescriptions

Potential Diversion: Practitioners*



State laws ignored



Cursory medical exams



Lack of diagnostic testing/referrals



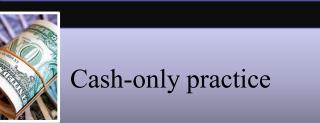
Extremely high patient volume

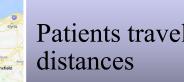


Brief visits



Multiple drugs within the same drug category





Patients travel long

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not allinclusive.

Potential Diversion: Practitioners*



Starting patients on high doses



Prescribing ineffective controlled substances continually



Non-medical staff determining prescription



Coaching patients what to say



Treating patients with controlled substances only



Excessive quantities or inappropriate meds relative to condition





*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not allinclusive.

Potential Diversion: Practitioners*



Violation of own pain management policies and guidelines



Warnings from insurance companies, law enforcement, other practitioners, etc.



Receiving compensation for narcotic prescriptions (sex, guns, drugs, etc)



Charging excessive fees for office visits and/or prescriptions



Patient deaths



Practitioner using inventory for personal use



Patient suggests/directs medication to be prescribed



Patient trades services for prescriptions

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not allinclusive.

Does the Practitioner Ignore Signs of Abuse?



Starting patients on high doses



Patient under the influence



Patient asks for controlled substances by name



Patient is doctor shopping



Warnings by patient's family members



Ignoring toxicology reports



No medical history requested/obtained

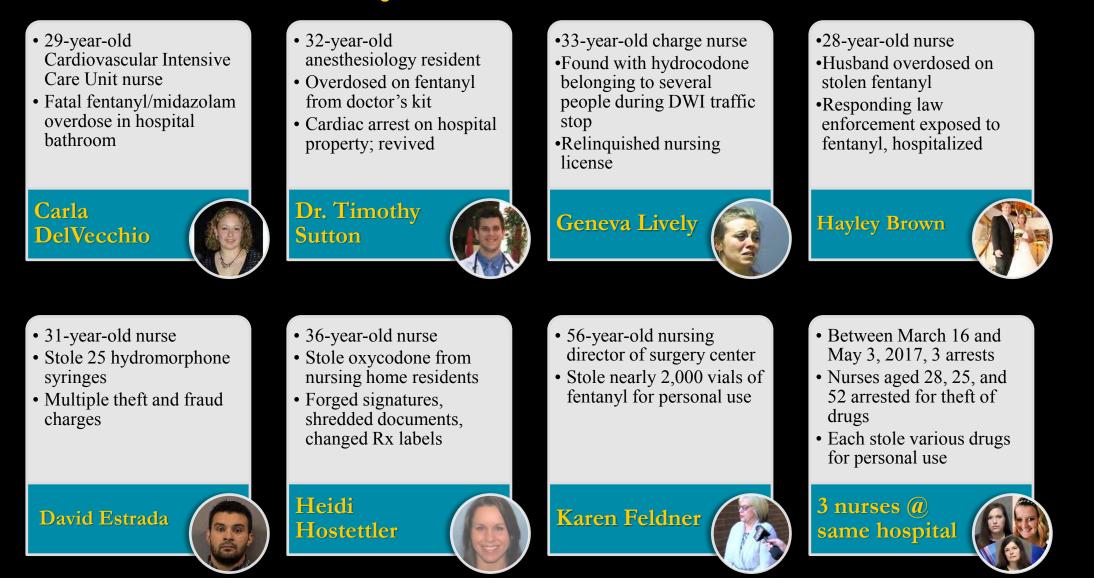


Prescribe to patients who admit to buying pills off the street





Diversion by Healthcare Providers





Egregious Activity: MI Physicians



Dr. Sam Awada

•Warren, MI

•Ran 16-month "pill mill"

•Conspired with another doctor and "marketer" to write 80,000 prescriptions for oxycodone and roxicodone

•Fraudulently billed Medicare and BCBS for services



Dr. Fanny dela Cruz

•Livonia, MI

- •Signed blank prescription forms for controlled substances
- •Medical testing, office visits billed to Medicare
- •No medical examinations

•Pills prescribed by dela Cruz sold in metro Detroit



•Detroit, MI

•Wrote controlled substance prescription "cocktails" to patients without legitimate medical needs at a coconspirator's home

•Fraudulently billed Medicare and Blue Cross



Dr. Mark Buzzard

- •W Bloomfield, MI
- •Involved in \$13 million prescription drug ring diverting drugs within Michigan and to Tennessee
- •Wrote prescriptions for cash payments
- •Wrote more than 2 million dosage units of controlled substances

Egregious Activity: Physician Assistants



Kelly Beelman

•Bay City, MI

•Wrote and sold bogus prescriptions for "patients" to sell

•Addiction to Ambien

•Wrote Ambien prescriptions; "patients" would fill prescription and sell Beelman the pills



Mark Flores

•San Ramon, CA

•Promoted self as "personal medical quarterback"

•Sold multiple controlled substances to undercover agents

•Told undercover agent that he didn't usually offer prescriptions to strangers unless they were "hot"



Leonard Marchetta

•Staten Island, NY

•Ran large oxycodone distribution ring

•Wrote approximately 4,109 oxycodone prescriptions over twoyear period

•Received \$250 cash from "patients" in addition to billing Medicaid/insurance



Michael Troyan

•Riverhead, NY

•Operated two urgent care clinics

•Issued prescriptions for thousands of oxycodone pills for illegal re-sale

•Involved in 4-year drug conspiracy with 20 others to support pill habit



Marketing Scheme

Marketer:

- Brings "patients" to conspiring doctor, receives payment from doctor
 - Often by van or busload
 - Multiple patients per day
 - May solicit "patients" from soup kitchens and shelters
 - Looks for patients with "red white and blue" cards
- Purchases prescription drugs from "patients" to sell on the street

Patient":

- Insurance/Medicare/Medicaid billed by doctor, pharmacy
- Sells prescription pills to marketer

Contact Information

Complaints

- Local Police: Immediate threats to human health/safety
- Consumer complaints (LARA): 517-373-9196; BPLhelp@michigan.gov
- <u>DEA</u>: Report prescription drug diversion by doctor/pharmacy www.deadiversion.usdoj.gov/tips_online.htm
- <u>HHS</u>: Hotline 1-800-HHS-TIPS; <u>OIG.HHS.gov/report-fraud</u>
- State PDMP
 - <u>Michigan Automated Prescription System</u> (MAPS) help: www.michigan.gov/mimapsinfo
- Recovery
 - 1-800-662-HELP (4357)
 - https://findtreatment.samhsa.gov