DEA Update & Perspectives on Prescription Drug Trafficking & Abuse Trends

March 4, 2013
HDMA 2013 Distribution Management Conference & Technology Expo, Tampa, Florida

Alan G. Santos, Associate Deputy Assistant Administrator, Operations Division, Office of Diversion Control, U.S. Drug Enforcement Administration
Outline

• Scope of the Problem
• The Costs
• What People are Abusing
• The “CSA” – Checks & Balances
• Where People are Getting Their Drugs
Prescription Drug Abuse & Trafficking Trends

OR

Responding to America’s Prescription Drug Abuse Crisis

“When Two Addictions Collide”
SCOPE OF THE PROBLEM
The 1960/70s/80s

- Uppers - Dexedrine
- Downers - Seconal
- Meprobamate
- Hydromorphone
- Oxycodone/APAP
- "Ts and Blues"
- "Fours and Doors"
The 1990s

OxyContin

10 mg
20 mg
40 mg
80 mg
160 mg

Controlled-Release Tablets

(oxycodone HCl)
In 2010, approximately 38,329 unintentional drug overdose deaths occurred in the United States, one death every 14 minutes.

Of this number, 22,134 of these deaths were attributed to Prescription Drugs (16,651 attributed to opioid overdoses / 75.2 %).

Prescription drug abuse is the fastest growing drug problem in the United States.

Source: CDC Drug Overdose Deaths in the United States, 2010  (October 2012)
U.S. Drug Overdose Deaths by Major Drug Type, 1999-2010

Source: CDC/NCHS, NVSS
U.S. Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, 1999-2010

Source: National Vital Statistics System (NVSS), DEA’s Automation of Reports and Consolidated Orders System, SAMHSA’s Treatment Episode Data Set
Today’s Perfect Storm

- Industry is producing a wider variety of controlled substance pharmaceuticals

- Use of Medicare / Medicaid or insurance to fund drug habits

- The Information / Electronic era (i.e., web sites such as Erowid & Bluelight, social networking, blogging, twitter, text messaging, & chat rooms for instant exchanges of information)
<table>
<thead>
<tr>
<th>Drug Type</th>
<th>2010 Current Users</th>
<th>2011 Current Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Illicit Drug</td>
<td>22.6 million</td>
<td>22.5 million</td>
</tr>
<tr>
<td>Marijuana</td>
<td>17.4 million</td>
<td>18.1 million</td>
</tr>
<tr>
<td>Psychotherapeutic Drugs</td>
<td>7 million</td>
<td>6.1 million</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.5 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>353,000</td>
<td>439,000</td>
</tr>
<tr>
<td>Heroin</td>
<td>239,000</td>
<td>281,000</td>
</tr>
</tbody>
</table>

Source: 2010 & 2011 NSDUH
More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Methamphetamine & Heroin abusers

COMBINED!!
Scope and Extent of Problem


U.S. Drug Enforcement Administration / Operations Division / Office of Diversion Control
Number of Forensic Cases (January 2001 – June 2012)

NFLIS
Estimated U.S. Law Enforcement Encounters

<table>
<thead>
<tr>
<th>Year/Period</th>
<th>Methadone</th>
<th>Oxycodone</th>
<th>Hydrocodone</th>
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<tbody>
<tr>
<td>2001 Jan-Jun</td>
<td></td>
<td></td>
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<tr>
<td>2002 Jan-Jun</td>
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<td>2003 Jan-Jun</td>
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<td>2004 Jan-Jun</td>
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<td>2005 Jan-Jun</td>
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<td>2006 Jan-Jun</td>
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<tr>
<td>2007 Jan-Jun</td>
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<td>2008 Jan-Jun</td>
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<td>2009 Jan-Jun</td>
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<td></td>
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<tr>
<td>2010 Jan-Jun</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2011 Jan-Jun</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012 Jan-Jun</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Past Year Initiates 2011 -- Ages 12 and Older

Is the gateway gone?

Note: Numbers refer to persons who used a specific drug for the first time in the past year, regardless of whether initiation of other drug use occurred prior to the past year.

Source: 2011 NSDUH

U.S. Drug Enforcement Administration / Operations Division / Office of Diversion Control
National Abuse Facts

• In 2011, there were 2.3 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, approximately 6,400 new initiates per day.*

• Close to one in five teens (17%) say they have used a prescription drug at least once in their lifetime to get high or change their mood [NOTE: Slightly, although not significantly, down from 2010 (22%) and 2009 (20%)]. **

SOURCE: * 2011 National Survey on Drug Use and Health (NSDUH) published September 24, 2012 by the Dept of HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA)
** The Partnership at Drugfree.org / MetLife Foundation Attitude Tracking Studies 2011
Parents & Their Attitudes

Parents are not discussing the risks of abusing prescription drugs

Source: 2011 Partnership Attitude Tracking Study
Parents & Their Actions

Parents and their abuse of prescription drugs

Source: 2011 Partnership Attitude Tracking Study
What are kids listening to... Eminem?

- Rap star Eminem has a Vicodin® tattoo on his arm and a picture of a Vicodin® tablet on one of his CDs

'Vike'

© Shady Records
Westchase teachers learn a lesson: Say 'no' to mints in pill bottles

By JOSÉ PATIÑO GIRONA | The Tampa Tribune
Published: February 8, 2010

What two fourth-grade teachers at Westchase Elementary School apparently thought was a creative way to calm students about to take the FCAT made at least one caregiver fear the teachers were sending a different message – that taking drugs while under stress is OK.

Sandy Young walked into her grandson’s fourth-grade classroom last Thursday and saw pill bottles on each students’ desk. Her mind raced with questions and thoughts of disbelief.

Young said she immediately questioned Westchase Elementary fourth-grade teacher Beth Watson about the pill bottles, which were filled with pieces of small mint candy.

"She said it was nothing but some mints; it was just something special for the kids, for the FCAT to mellow them out," Young said.

Young said she was shocked and speechless and walked out of the room when Watson started the students on a math assignment.

Young said the pill bottles go against the lessons of teaching children to say no to drugs.

"We turn around and we have our teachers giving them drugs," said Young, 60, of Tampa. "I don't care if it's mints or not. ... If it's in a prescription bottle, it's a drug."

Young said the bottle reads in part: "Watson's Whiz Kid Pharmacy. Take 1 tablet by mouth EVERY 5 MINUTES to cure FCAT jitters. Repeated use may cause craft to spontaneously ooze from pores. No refills. Ms. (Deborah) Falcon's authorization required."

The school received one complaint since pill bottles were distributed on Thursday, said Linda Cobbe, a school district spokeswoman. It's believed only two fourth-grade teachers at the school distributed the pill bottles.

The principal met with the students on Monday to confirm the pill bottles contained mints that were safe to eat. The students were asked to dump the mints in a separate container and the pill bottles were thrown away, Cobbe said.

She said the bottle idea was tied to the children’s book the students recently read, “George’s Marvelous Medicine,” about a boy who concocts potions to try to change the disposition of his cranky grandmother.

The teachers were just trying to use a creative way to get across to the students not to be stressed with the FCAT writing examination that will be administered to fourth-, eighth- and 10th-graders beginning today, Cobbe said.

"Elementary teachers do creative things to make learning fun," Cobbe said.

The teachers won’t be disciplined, and it wasn’t their intention to promote drug use, Cobbe said.

"I know that is not the intent of the teachers," Cobbe said. "That is not the outcome they would wish for."

Young said her grandson has been at Westchase Elementary for a year, and she hasn't had any complaints. But this experience has soured her.

It concerns her that now someone might hand her grandson a pill bottle with drugs and he might think it’s OK to consume its contents.

"We as parents and grandparents have to drill it into them that this is unacceptable and hope and pray that they don’t accept drugs from someone else," Young said.
Rush Limbaugh Arrested On Drug Charges

Rush Limbaugh and prosecutors in the long-running prescription fraud case against him have reached a deal calling for the only charge against the conservative commentator to be dropped without a guilty plea if he continues treatment.

Limbaugh turned himself in to authorities on a warrant filed Friday charging him with conspiracy. He has been charged with fraud, conspiring to distribute controlled substances, and for not registering as a drug distributor.

Prosecutors' three-year investigation of Limbaugh began after he publicly acknowledged recovery from prescription pill addiction. The case was reported in The Palm Beach County Jail. He and his attorney were fingerprinted and posted $5,000 bail, Barbera said.

Limbaugh, who pleaded not guilty Friday, has steadfastly denied drug shopping but has repeatedly denied the crimes.

Rangers' Boogaard died of alcohol, oxycodone mix

Updated 5/20/2011 11:09 PM

MINNEAPOLIS (AP) — The death of New York Rangers enforcer Derek Boogaard was an accident, due to a toxic mix of alcohol and the powerful painkiller oxycodone.

The Hennepin County Medical Examiner announced Boogaard's cause of death Friday, saying it was unclear exactly when the 28-year-old died. Boogaard was found dead in his Minneapolis apartment last Sunday after he sustained a concussion.

Thomas Kinkade cause of death: alcohol, Valium

An autopsy has concluded that Thomas Kinkade's death was caused by an accidental overdose.

NBC Bay Area News reported late Monday that the Santa Clara County medical examiner's autopsy is complete and reveals that Kinkade died April 6 at his California home from a combination of alcohol and prescription drugs. He was 54.

Coheed and Cambria Bassist Arrested Before Gig

Originally posted Jul 10th 2011 5:18 PM PDT by TMZ Staff

Michael Todd, the bassist for the band Coheed and Cambria, was arrested for armed robbery after he allegedly held up a Walgreens by claiming he had a bomb ... and this all went down right before they played a show!

Jack Camp, Senior Federal Judge, Arrested On Drug, Gun Charges

ATLANTA — A veteran federal judge faces drug and firearms charges after an exotic dancer at an Atlanta strip club told authorities he used cocaine, marijuana and other illegal drugs with her.

Senior U.S. District Judge Jack T. Camp was arrested Friday minutes after he handed an undercover law enforcement agent $160 for cocaine and Roxycodone, a narcotic pain medication, that he intended to use with the exotic dancer, authorities said in a court document released Monday. They said they also found two firearms in the front seat of his vehicle.

Camp, 67, who has presided over some high-profile cases, was released Monday on a $50,000 bond. His attorney, William Morrison, said after a brief hearing that the judge intends to plead not guilty. Morrison said Camp would probably take a leave of absence and would not preside over any more cases until the charges are resolved.
The toxicology tests also showed therapeutic amounts of painkillers hydrocodone, oxycodone and tramadol, and anti-anxiety drugs alprazolam and diazepam. Mays had suffered hip problems and was scheduled for hip-replacement surgery the day after he was found dead.
The Costs
Economic Costs

• $55.7 billion in costs for prescription drug abuse in 2007\(^1\)

  ➢ $24.7 billion in direct healthcare costs

• Opioid abusers generate, on average, annual direct healthcare costs 8.7 times higher than non-abusers\(^2\)


Addicted infants triple in a decade

3.4 out of 1,000 suffer painkiller withdrawal

By Liz Szabo
USA TODAY

The number of babies born addicted to the class of drugs that includes prescription painkillers has nearly tripled in the past decade, according to the first national study of its kind.

About 3.4 of every 1,000 infants born in a hospital in 2009 suffered from a type of drug withdrawal commonly seen in the babies of pregnant women who abuse narcotic pain medications, the study says. It's published today in The Journal of the American Medical Association.

Source: Journal of the American Medical Association

By Frank Pompa, USA TODAY
Economic Costs

• Maternal opioid dependence can affect birth costs

• A recent study showed in 2009, the average hospital stay for opioid exposed infants with neonatal abstinence syndrome (NAS) was 16 days\(^1\)

• The hospitalization cost of treating each baby with NAS averaged $53,400\(^2\)

• State Medicaid programs paid for 77.6% of these births\(^3\)

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2. Ibid.
3. Ibid.
National Poison Data Center Number of U.S. Poison Exposure Case Mentions 2004 - 2008

Source: American Association of Poison Control Centers (AAPCC) Annual Reports, 2004-2008
## National Poison Data System (Formerly known as Toxic Exposure Surveillance System) – Total Annual Mentions of Toxic Exposures

<table>
<thead>
<tr>
<th>Year</th>
<th>Hydrocodone</th>
<th>Oxycodone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>15,191</td>
<td>9,480</td>
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<tr>
<td>2002</td>
<td>17,429</td>
<td>10,515</td>
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<tr>
<td>2003</td>
<td>19,578</td>
<td>11,254</td>
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<td>2004</td>
<td>22,654</td>
<td>12,603</td>
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<tr>
<td>2005</td>
<td>22,229</td>
<td>13,191</td>
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<tr>
<td>2006</td>
<td>22,319</td>
<td>13,473</td>
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<tr>
<td>2007</td>
<td>24,558</td>
<td>15,069</td>
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<td>2008</td>
<td>26,306</td>
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<td>2009</td>
<td>27,753</td>
<td>18,396</td>
</tr>
<tr>
<td>2010</td>
<td>28,310</td>
<td>19,363</td>
</tr>
<tr>
<td>2011</td>
<td>30,792</td>
<td>19,423</td>
</tr>
</tbody>
</table>
Emergency Room Visits (2004-2010)

- **Increase of 115%**: ER visits attributable to pharmaceuticals (*i.e.*, with no other type of drug or alcohol) (626,472 \( \to \) 1,345,645)

- No Significant Change: ER visits attributable to cocaine, heroin, marijuana, or methamphetamine
Emergency Department Visits (2004-2009)

Emergency Department Visits Involving Illicit Drugs or Non-medical Use of Pharmaceuticals, 2004-2009


Source: CDC National Center for Health Statistics (NCHS) Data Brief, December 2011, updated with 2009 and 2010 mortality data.
Drug-Induced Deaths vs. Other Injury Deaths (1999–2009)

Causes of death attributable to drugs include accidental or intentional poisonings by drugs and deaths from medical conditions resulting from chronic drug use. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all injury cause categories are mutually exclusive.

For every 1 unintentional opioid overdose death in 2009, there were…

- Abuse treatment admissions: 11
- ED visits for misuse or abuse: 41
- People with abuse/dependence: 148
- Nonmedical users: 419

Mortality figure is for unintentional overdose deaths due to opioid analgesics in 2009, from CDC/Wonder.
Treatment admissions are for with a primary cause of synthetic opioid abuse in 2009, from TEDS.
Emergency department (ED) visits related to opioid analgesics in 2009, from DAWN.
Abuse/dependence and nonmedical use of pain relievers in the past month are from the 2009 National Survey on Drug Use and Health.
Baucus, Grassley Seek Answers about Opioid Manufacturers’ Ties to Medical Groups

Finance Leaders Investigate Whether Pharmaceutical Companies Encouraged Non-Profit Beneficiaries to Promote Marketing Information about Narcotic Painkillers

Washington, DC – Senate Finance Committee Chairman Max Baucus (D-Mont.) and senior Committee member Chuck Grassley (R-Iowa) initiated an investigation today into the connections of drug manufacturers Purdue Pharma, Endo Pharmaceuticals, and Johnson & Johnson with medical groups and physicians who have advocated the increased use of narcotic painkillers, or opioids. The Senators also asked seven other medical groups to produce information about their financial ties and collaborations with opioid manufacturers. In letters sent to each yesterday, Baucus and Grassley requested documents and financial information from the companies and noted that deaths resulting from opioid overdoses have recently skyrocketed, growing nearly 400 percent between 1999 and 2009, the most recent year data was available. They also highlighted news reports suggesting the increase may be driven by misinformation and dubious marketing practices used by the pharmaceutical companies and the medical organizations they fund.

“Overdoses on narcotic painkillers have become an epidemic, and it’s becoming clear that patients aren’t getting a full and clear picture of the risks posed by these medications,” Baucus said. “When it comes to these highly-addictive painkillers, improper relationships between pharmaceutical companies and the organizations that promote their drugs can put lives at risk. These painkillers have an important role in health care when prescribed and used properly, but pushing misinformation on consumers to boost profits is not only wrong, it’s dangerous.”

“The problem of opioid abuse is bad and getting worse,” Grassley said. “Something has to change. A greater understanding of the extent to which drug makers underwrite literature on opioids is a good start. Doctors and patients should know if the medical literature and groups that guide the drugs’ use are paid for by the drugs’ manufacturers and if so, how much. Education on the proper use of pain medication is a key step in preventing abuse and misuse, so it’s important to understand what material is out there.”

The Centers for Disease Control and Prevention have declared overdoses from opioid painkillers to be a public health epidemic. Deaths from painkiller overdoses have tripled over the last decade and led to the deaths of 14,000 Americans in 2008, exceeding those caused by heroin and cocaine combined.
“Recent investigative reporting from the Milwaukee Journal Sentinel/Medpage Today and ProPublica revealed extensive ties between companies that manufacture opioids and non-profit organizations such as the American Pain Foundation....and the Joint Commission.”
A Pain-Drug Champion Has Second Thoughts

By Thomas Catanzaro and Evan Perez

It has been his life's work. Now, Russell Portenoy appears to be having second thoughts.

Two decades ago, the prominent New York pain-care specialist drove a movement to help people with chronic pain. He campaigned to rehabilitate a group of painkillers derived from the opium poppy that were long shunned by physicians because of their addictiveness.

Dr. Portenoy’s message was wildly successful. Today, drugs containing opioids like Vicodin, OxyContin and Percocet are among the most widely prescribed pharmaceuticals in America.

Opioids are also behind the country’s deadliest drug epidemic. More than 16,500 people die of overdoses annually, more than all illegal drugs combined.

Now, Dr. Portenoy and other pain doctors who promoted the drugs say they erred by overstating the drugs’ benefits and glossing over risks. “Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did,” Dr. Portenoy said in an interview with The Wall Street Journal. “We didn’t know then what we know now.”

Recent research suggests a significantly higher risk of addiction than previously thought, and questions whether opioids are effective against long-term chronic pain.

The change of heart among former champions of opioid use has happened quietly, largely beyond the notice of many doctors. New York psychiatrist Joseph Carruthers said he was “shocked” after attending a recent lecture outlining the latest findings on opioid risk.

“It goes in the face of everything you’ve learned,” he said. “You saw other doctors come around to it and saying, ‘Oh my God, what are we doing?’”

Because doctors feared they were dangerous and addictive, opioids were long reserved mainly for cancer patients. But Dr. Portenoy argued that they could be also safely be taken for months or years by people suffering from chronic pain. Among the assertions he and his fellows made in the 1990s: Less than 1% of opioid users became addicted, the drugs...
Dr. Portenoy said it was “quite scary” to think how the growth in opioid prescribing driven by people like him had contributed to soaring rates of addiction and overdose deaths.
WHAT PEOPLE ARE ABUSING
Commonly Abused Controlled Pharmaceuticals

Oxymorphone

Carisoprodol
C-IV as of 1/11/2012

Hydrocodone

Oxycodone 30 mg

Alprazolam
Most commonly prescribed prescription medicine?

Hydrocodone/acetaminophen
## Total U.S. Retail* Distribution of Selected Drugs
January 1, 2008 – December 31, 2011

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Oxymorphone</td>
<td>44,504,196</td>
<td>61,460,619</td>
<td>38.1</td>
<td>76,568,644</td>
<td>24.6</td>
<td>105,024,164</td>
<td>37.16</td>
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<tr>
<td>Hydromorphone</td>
<td>225,831,932</td>
<td>265,510,090</td>
<td>17.6</td>
<td>279,378,580</td>
<td>5.2</td>
<td>315,984,778</td>
<td>13.10</td>
<td>39.9</td>
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<tr>
<td>Oxycodone</td>
<td>3,898,997,777</td>
<td>4,296,656,963</td>
<td>10.2</td>
<td>4,804,706,841</td>
<td>11.8</td>
<td>5,081,454,204</td>
<td>5.76</td>
<td>30.3</td>
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<tr>
<td>Morphine</td>
<td>614,426,834</td>
<td>690,086,907</td>
<td>12.3</td>
<td>713,057,804</td>
<td>3.3</td>
<td>757,745,492</td>
<td>6.27</td>
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<tr>
<td>Hydrocodone</td>
<td>7,636,202,369</td>
<td>8,033,970,178</td>
<td>5.2</td>
<td>8,316,766,366</td>
<td>3.5</td>
<td>9,042,964,708</td>
<td>8.73</td>
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<tr>
<td>Methadone</td>
<td>813,470,977</td>
<td>823,101,474</td>
<td>1.2</td>
<td>814,652,297</td>
<td>(1.0)</td>
<td>788,532,871</td>
<td>(3.21)</td>
<td>(3.1)</td>
</tr>
</tbody>
</table>

*Retail includes pharmacies, hospitals, practitioners, mid-level practitioners, teaching institutions, and narcotic treatment programs.

Source: ARCOS
Date Prepared: 08/28/2012
Hydrocodone / Acetaminophen (toxicity)

Similarities:
- Structurally related to codeine
- Equal to morphine in producing opiate-like effects

Brand Names: Vicodin®, Lortab®, Lorcet®

Currently a Schedule III (combination products)

“Cocktail” or “Trinity”
- Hydrocodone
- Soma® / carisoprodol
- Alprazolam / Xanax®

Street prices: $2 to $10+ per tablet depending on strength & region
The Trinity

Hydrocodone

Opiate

Carisoprodol
Muscle Relaxant

C-IV as of 1/11/2012

Alprazolam
Benzodiazepine

Hydrocodone

Opiate

Carisoprodol
Muscle Relaxant

C-IV as of 1/11/2012

Alprazolam
Benzodiazepine
# State Ranking - Hydrocodone
## Total Dosage Units Sold to Retail
### January 1, 2010 – December 31, 2011

<table>
<thead>
<tr>
<th>State</th>
<th>2011 Rank</th>
<th>2011 Total Dosage Units</th>
<th>2010 Rank</th>
<th>2010 Total Dosage Units</th>
<th>% Change 2010 to 2011</th>
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<tbody>
<tr>
<td>CA</td>
<td>1</td>
<td>1,070,071,036</td>
<td>1</td>
<td>1,008,085,597</td>
<td>6%</td>
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<tr>
<td>TX</td>
<td>2</td>
<td>881,240,377</td>
<td>2</td>
<td>825,923,242</td>
<td>6%</td>
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<tr>
<td>TN</td>
<td>3</td>
<td>439,728,700</td>
<td>3</td>
<td>475,681,320</td>
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<tr>
<td>MI</td>
<td>4</td>
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<td>397,828,308</td>
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<td>FL</td>
<td>5</td>
<td>412,449,314</td>
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<td>402,021,110</td>
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<tr>
<td>OH</td>
<td>6</td>
<td>319,235,352</td>
<td>6</td>
<td>303,268,137</td>
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<tr>
<td>IL</td>
<td>7</td>
<td>316,944,665</td>
<td>7</td>
<td>288,359,428</td>
<td>9%</td>
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<tr>
<td>IN</td>
<td>8</td>
<td>294,538,688</td>
<td>9</td>
<td>269,256,309</td>
<td>9%</td>
</tr>
<tr>
<td>NY</td>
<td>9</td>
<td>283,936,955</td>
<td>8</td>
<td>287,237,385</td>
<td>-1%</td>
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<tr>
<td>GA</td>
<td>10</td>
<td>274,651,122</td>
<td>10</td>
<td>255,493,723</td>
<td>7%</td>
</tr>
<tr>
<td>SC</td>
<td>11</td>
<td>262,995,007</td>
<td>11</td>
<td>247,722,550</td>
<td>6%</td>
</tr>
<tr>
<td>AL</td>
<td>12</td>
<td>252,871,816</td>
<td>14</td>
<td>231,802,448</td>
<td>8%</td>
</tr>
<tr>
<td>KY</td>
<td>13</td>
<td>248,071,282</td>
<td>13</td>
<td>234,303,755</td>
<td>6%</td>
</tr>
<tr>
<td>PA</td>
<td>14</td>
<td>246,555,534</td>
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<th>2010 Rank</th>
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<td>61,551,852</td>
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<td>100%</td>
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**TOTAL DU's**: 8,767,548,031 (2011) vs. 8,316,766,366 (2010) - 5%

---

Source: ARCOS
Date Prepared: 03/06/2012

Drug Enforcement Administration, Office of Diversion Control, Office of the Deputy Assistant Administrator
Oxycodone

- OxyContin controlled release formulation of Schedule II oxycodone
  - The controlled release method of delivery allowed for a longer duration of drug action so it contained much larger doses of oxycodone
  - Abusers easily compromised the controlled release formulation by crushing the tablets for a powerful morphine-like high
  - 10, 15, 20, 30, 40, 60, 80mg available

- Effects:
  - Similar to morphine in effects and potential for abuse/dependence
  - Sold in “Cocktails” or the “Holy Trinity” (Oxycodone, Soma® / carisoprodol, Alprazolam / Xanax®)

- Street price: Approx. $80 per 80mg tablet

- NOTE: New formulation introduced into the marketplace in 2010 that is more difficult to circumvent for insufflation (snorting) or injection. Does nothing to prevent oral abuse.
OxyContin® Change
# State Ranking - Oxycodone
## Total Dosage Units Sold to Retail
### January 1, 2010 – December 31, 2011

**Source:** ARCOS

**Date Prepared:** 03/06/2012

<table>
<thead>
<tr>
<th>STATE</th>
<th>RANK</th>
<th>TOTAL DOSAGE UNITS</th>
<th>% CHANGE 2010 to 2011</th>
<th>RANK</th>
<th>TOTAL DOSAGE UNITS</th>
<th>% CHANGE 2010 to 2011</th>
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<td>52,363,292</td>
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**TOTAL DU's**

- **2011:** 5,055,904,995
- **2010:** 4,804,706,841

**% Change 2010 to 2011:** 5%
Other Oxycodone Products

Percocet

Percodan

Tylox

Roxicodone
Oxycodone & Hydrocodone v. Heroin
Circle of Addiction & the Next Generation

- **Hydrocodone**
  - Lorcet®
  - $5-$7/tab

- **Oxycodone Combinations**
  - Percocet®
  - $7-$10/tab

- **OxyContin®**
  - $80/tab

- **Roxicodone®**
  - Oxycodone IR
  - 15mg, 30mg
  - $30-$40/tab

- **Heroin**
  - $15/bag
More suburban teens turning from pills to heroin, authorities say

By Ed Fletcher
McClatchy Newspapers

Brandon Scott, 19, of Auburn, Calif., leads a workshop at the Auburn Library regarding drugs and how they affect teens. Brandon transitioned from RX to heroin but has since gone through the Full Circle Treatment Center program and has been clean for about two years.

SACRAMENTO, Calif. - Heroin, a drug most often associated with the gritty back alleys of big cities, is making a surprising surge in suburban, affluent places.

Many new heroin addicts started as teens, abusing prescription painkillers they found in their homes, say law enforcement and public health officials.
HEROIN: NO LONGER CONFINED TO URBAN AREAS
HEROIN: NO LONGER CONFINED TO URBAN AREAS

Traffic in heroin, cocaine and other drugs in the District and Montgomery and Prince George’s counties.

About 4.2 percent of Maryland high school students reported trying heroin at least once in a 2011 statewide survey, up from 2.4 percent in 2007.

Former heroin addict Mike Gimbel has spent the past three decades working on substance abuse education and treatment in Maryland. He called the suburban heroin shift a “big-time trend” in the Washington area and elsewhere.

"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs," he said. "It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."

The resurgence is tied to the booming market for prescription painkillers like OxyContin and Vicodin — experts say painkiller abusers often move on to heroin due to its availability and their craving for a stronger high.

Beth Kan Davidson, director of the Addiction Treatment Center at Suburban Hospital in Bethesda, Maryland.

Montgomery and Fairfax counties have both reported spikes in heroin use.

"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs. It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."

- Mike Gimbel, former heroin addict

"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs. It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."

- Mike Gimbel, former heroin addict

"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs. It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."

- Mike Gimbel, former heroin addict

"And then there were times when I thought I was living in hell."

Dan Torsch died of a heroin overdose at age 24 in December 2010. Since then, his mother set up GRASP, an organization for grieving family members to connect after losing a loved one to substance abuse, along with a foundation in Dan’s name to help families pay for addiction treat-
Opana ER (Oxymorphone) (Schedule II)

- Treats constant, around the clock, moderate to severe pain
- Becoming popular and is abused in similar fashion to oxycodone products
- Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
- Street: $10.00 – $80.00

DEA logo
Methadone
Methadone History

• Methadone was developed in 1937 in Germany as a field painkiller, in anticipation of the potential loss of the raw opium supply for drugs like morphine in the event of war.

• The Controlled Substances Act and corresponding regulations established strict rules for methadone clinics, or Narcotic Treatment Programs (NTPs).
Methadone - 5mg & 10mg

Mallinckrodt Pharmaceuticals 5 mg & 10mg

Methadone 40 mg

Mallinckrodt Pharmaceuticals

Methadone Hydrochloride Tablets for Oral Suspension USP

METHADOSE Dispersible Tablets

Each tablet contains Methadone Hydrochloride USP, 40 mg

Mallinckrodt
WHY IS IT ALSO USED AS AN ANALGESIC??????

Cheapest narcotic pain reliever – synthetic

Insurance companies

What’s the problem?
One Pill can Kill

THE METHADONE POISONING “Epidemic”

By Jonathan J. Lipman, PhD

Increasing use of Methadone as a pain killer may be fueling a disturbing increase in deaths related to this potent drug.

Name __________________________ Address __________________________ Date ______________

Death and morbidity associated with methadone treatment has increased dramatically in recent years, largely in the population prescribed this drug for pain control rather than addiction maintenance. Inadvertent overdose is becoming increasingly common, likely in part because the drug’s acute pain-relieving effect lasts only 4 to 6 hours, yet it has a very long and variable plasma half-life of 24 to 36 (in some studies 15 to 55) hours, is stored in body tissues, and toxic accumulation occurs with too-frequent consumption. Adverse effects are most common in patients treated with methadone in combination with other drugs. Both cardiac and respiratory systems are vulnerable targets for the drug’s toxic actions, and other co-administered drugs can interactively increase the risk of death through a variety of mechanisms including direct central nervous system depression of respiration, idiosyncratic respiratory vulnerabilities, and lethal cardiac arrhythmias. Idiosyncratic factors also play a part in methadone’s cardiac toxicity, and risk factors are well characterized, though perhaps not sufficiently widely known and understood by key stakeholders. The recent change in FDA labeling requirements for the drug—and the November 2006 posting of a government warning regarding its use in pain treatment—has not yet reduced morbidity and mortality associated with methadone as reported in the MedWatch database for the first quarter of 2007.
Bluefield Daily Telegraph

Overdose deaths
Prescription drugs take deadly toll in WV

An alarming new study has found that prescription drugs killed more people in West Virginia in 2022 than illegal drugs. According to the report, one out of the 10 accidental overdose deaths reported in the Mountain State involved prescription drugs. Researchers in a joint state-federal study came to the troubling conclusion after studying 52% of accidental overdose autopsy reports, excluding suicides and overdoses, the Associated Press reported.

The report found that one-third of the prescription drugs taken during the fatal incidents were being used as a result of a prescription issued by a doctor within the last 30 days. The report found fewer than one in 10 of the deaths involved illegal narcotics.

Alan Hall, a Centers for Disease Control and Prevention Intelligence Service Officer for the West Virginia Department of Health and Human Resources, said there is a perception among some citizens that just because narcotics are legal and prescribed drugs, they are somehow safer.

The report found that methadone contributed to one of three deaths, or more than any other prescription drug. However, the report found that only 10 of the overdose victims were enrolled in a methadone clinic for drug-abuse treatment.

The report found that other opioid drugs frequently linked to accidental overdose deaths included hydrocodone and oxycodone. The two narcotics contributed to one of five deaths. Morphine contributed to about one in seven deaths, the report found. Anti-anxiety drugs were found in 43 percent of the deaths.

While law enforcement officials have been fighting the illegal drug scourge in our region for years, accidental overdose deaths associated with the misuse of prescription narcotics now represent an emerging epidemic for the Mountain State.

The alarming new study from the West Virginia Department of Health and Human Resources should be viewed as a call to action for our community. We must take steps now to educate citizens of the growing number of accidental overdose deaths in the state associated with the misuse of legally prescribed drugs. We must act now to educate our community. If we fail to act, the number of accidental overdose deaths in the state and the region could continue to rise. It will take a combined effort of public education and law enforcement cooperation to reduce these alarming statistics.
Rising methadone deaths

Our view: Baltimore public health officials are trying to find out if treatment for chronic pain sufferers accounts for increase in methadone overdoses

The June letter from the Baltimore Health Department alerted physicians, nurses and other providers to a significant increase in methadone-related overdose deaths. The letter from Dr. Laura Herrera, a deputy city health commissioner, raised the possibility that the overdoses involved prescriptions for pain. It was a cautionary reminder that health care providers should educate their patients about the proper use of methadone and the lethal risks of taking extra doses.

Dr. Herrera was right to be concerned: Methadone overdose deaths of city residents have risen from seven in 1995 to 74 in 2007. In 2007, the last year for which statistics are available, there was a 23 percent increase in such deaths over the previous year. The city deaths coincide with a similarly disturbing fivefold increase in methadone-related deaths nationally between 1999 and 2005. But proving that the use of methadone as a pain reliever caused these deaths isn’t easy -- no one tracks how many physicians prescribe methadone to relieve chronic pain from cancer or arthritis, for example.

Prescribing methadone has been an accepted form of treatment for chronic pain for some time, according to pain specialists at Johns Hopkins Hospital and the University of Maryland Medical Center. They add that they have seen no methadone-related deaths among their patients. Methadone used for pain treatment is prescribed in pill form, its risk stems from the drug's potency and its lingering presence in the body once its pain-relieving function has ceased. An extra dose could slow down a patient's breathing, resulting in coma or death.

To identify the extent of the problem and the patients most at risk, the city Health Department has reviewed data from the medical examiner's office. It also has asked the quasi-public city agency that oversees drug treatment in Baltimore to cross-check methadone overdose victims against its patient rosters. That's a critical aspect of the review because it could uncover misuse, abuse or diversion of methadone from drug treatment centers. Or it could lend credence to the prevailing view that more training is required for private physicians who prescribe methadone for pain.

At least 28 states have prescription monitoring programs that would identify indiscriminate prescribing, doctor-shopping and other abuses. A task force established this year in Maryland is studying the possibility of establishing a similar tracking system for methadone and other controlled substances.

Until then, Dr. Herrera and her colleagues at the Health Department have moved expeditiously and forthrightly to unravel this mystery. The results of their findings are the key to understanding and reversing this disturbing trend.
Report finds trends in child deaths

By ALISHA WYMAN
The Union Democrat

Prescription drug abuse, suicide and vehicle accidents were the most prevalent causes of death last year among children and young adults in Tuolumne County, according to a recently-released report.

The Child Death Review Team, made up of officials from the Sheriff’s Office, the Sonora Police Department, the Public Health Department, Child Welfare Services and other agencies, examined 11 deaths of youths through age 25. Most were teens and young adults.

One of the concerning trends was a rise in abuse of prescription drugs, particularly methadone, Sheriff’s spokesman Lt. Dan Bressler said.

“What we’re finding is even small amounts of methadone mixed with alcohol can cause death,” he said. “It doesn’t take much.”

Three young people died of accidental overdose in 2007, two of which involved a mixture of alcohol and methadone, a painkiller also used to help with withdrawals of harsher drugs such as heroin.

Tuolumne County isn’t the only area to see a rise in prescription drug abuse, said Dr. Todd Stolp, county public health officer.

“It’s a national issue, but we’re in the process of identifying the extent of the problem and how to address the problem,” he said.

There were three suicides in 2007. The number could be higher, however, because there were some drug-related deaths in which there wasn’t enough information to properly classify them as drug deaths.

See DEATHS/P for more.
Family: N.C. quarterback died from methadone overdose
From staff and wire reports

- Family members say a North Carolina high school quarterback died after a big victory last month after accidentally overdosing on some of his grandmother's pain medication.

The family of Williams (Burlington) quarterback Harry Cohen said he apparently took methadone the day after leading the team to a 27-17 victory Aug. 26 against Southern Alamance (Graham, N.C.). Cohen ran for 241 yards and passed for 107 in that game.

Stepfather Richard Kaffenberger said Cohen's 150-pound frame and low body fat meant the pain-fighting methadone he ingested had nowhere to go but his organs.

Cohen was hospitalized the morning of Aug. 28 and was pronounced dead the next day.

"What our family would want, people to take from all of this is if this stops or helps one child or one adult, friend or stranger not to accidentally take someone else's medication, and it keeps them from doing that and being wise enough not to ever do that, than this death, Harry's accidental death. would not be in vain," Kaffenberger told WFMY-TV in Greensboro, N.C.

*The Times-News* of Burlington reported that Cohen's death certificate lists his cause of death as cardiopulmonary arrest because his heart stopped beating. The secondary cause is listed as methadone poisoning resulting from an accident.
Overdose...Why?

• Patients not taking the drug as directed
• Physicians not properly prescribing the drug
• Non-medical users ingesting with other substances
• Opiate naive
ER Visits Involving Nonmedical Use of Methadone

Source: Drug Abuse Warning Network (DAWN) 2010 National Estimates of Drug-Related Emergency Department Visits, 2004-2010
Other Narcotics

Fentanyl

Hydromorphone

Meperidine

Morphine

Codeine

Propoxyphene
Fentanyl

- Fentanyl Patches
- Fentanyl Citrate dispensed in a berry flavored lollipop-type unit
- Fentanyl is 100 times more potent than morphine
- 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
Other Controlled Substances

- Phentermine C-IV
- Phendimetrazine C-III
  - Bontril®
- Amphetamines
  - Adderall C-II
  - Methylphenidate C-II
    - Ritalin®
    - Concerta®
ADHD Drugs: Ritalin®, Concerta®, & Adderall®

- Used legitimately to treat ADHD
- Abuse prevalent among college students; can be snorted, injected or smoked; nicknamed “College Crack”
- $5.00 to $10.00 per pill on illicit market
- Adderall® Abusers are 5 times more likely to also abuse prescription pain relievers, 8 times more likely to abuse Benzodiazepines

Source: NSDUH Report; Non-Medical Use of Adderall Among Full-Time College Students, published April 2009
Required Reading

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS
FOURTH EDITION
TEXT REVISION

DSM-IV-TR®

AMERICAN PSYCHIATRIC ASSOCIATION
Some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age 7 years, although many individuals are diagnosed after the symptoms have been present for a number of years, especially in the case of individuals with the Predominantly Inattentive Type (Criterion B).

(h) is often easily distracted by extraneous stimuli
(i) is often forgetful in daily activities

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity
(a) often fidgets with hands or feet or squirms in seat
(b) often leaves seat in classroom or in other situations in which remaining

Fidgets
Can’t remain seated
Restlessness
Difficulty awaiting turn
Often interrupts or intrudes

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school or work and at home).
There are no laboratory tests, neurological assessments, or attentional assessments that have been established as diagnostic in the clinical assessment of Attention-Deficit/Hyperactivity Disorder.
Non-Controlled Substances

- **Analgesic:**
  - Tramadol (Ultram®, Ultracet®)

- **Muscle Relaxant:**
  - Cyclobenzaprine (Flexeril®)
Cyclobenzaprine
(Amrix®, Flexeril®, Fexmid®)

• A skeletal muscle relaxant prescribed for acute temporary muscle spasms caused by local trauma or strain.

• Currently non-controlled under the CSA.

• Cyclobenzaprine, similar to other skeletal muscle relaxants, is being diverted and abused
THE CSA: CHECKS & BALANCES

U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control
The CSA’s Closed System of Distribution

1,469,821 DEA REGISTRANTS
The CSA’s
Closed System of Distribution

Cyclic Investigations
Established Schedules
Record Keeping Requirements
Registration
Security Requirements
Established Quotas
ARCOS
The Flow of Pharmaceuticals

- Raw Material
  - Imp - Manufacturers
    - Dosage Form Manufacturers
  - Importers
    - Manufacturers
      - Dosage Form Manufacturers

- Physicians (Rx and drugs)
- Pharmacies
- Hospitals
- Wholesalers - Distributors
  - Smaller Distributors

- QUOTAS

- Manufacturers

- Importers

- Physicians

- NTPs

- Raw Material (Thebaine)

- Raw Material

21 USC 823(c)(1)
21 USC 823(d)(1)
21 CFR 1301.71

21 USC 823(b)(1)
21 USC 823(e)(1)
21 CFR 1301.71
21 CFR 1301.74 (Suspicious Orders)

21 CFR 1306.04
• Distributors of controlled substances

“The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances... Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.” (21 CFR §1301.74)
Checks and Balances
Under the CSA

• Practitioners

“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.” (21 CFR §1306.04(a))

United States v Moore 423 US 122 (1975)
Checks and Balances
Under the CSA

- **Pharmacists** – The Last Line of Defense

“The responsibility for the proper prescribing and dispensing of controlled substances is upon the practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.” (21 CFR §1306.04(a))
How Do You Lose Your Registration?

The Order to Show Cause Process
21 USC § 824

a) Grounds –
1. Falsification of Application
2. Felony Conviction
3. State License or Registration suspended, revoked or denied, or no longer authorized by State law
4. Inconsistent with Public Interest

b) AG discretion, may suspend any registration simultaneously with Order to Show Cause upon a finding of Imminent Danger to Public Health and Safety
System of Checks and Balances

The Last Line of Defense
What can happen when these checks and balances collapse?
• In 2009, the average purchase for all oxycodone products for all pharmacies in US – 63,294 d.u.

• In 2010, the average was – 69,449 d.u.

• In 2009, the average purchase for all oxycodone products for the top 100 pharmacies in Florida – 1,226,460 d.u.

• In 2010, the average was – 1,261,908 d.u.
Purchases of Oxycodone 30mg

- In 2009, 44% of all oxycodone 30mg products were distributed to Florida
- In 2010, 43% of all oxycodone 30mg products were distributed to Florida
WHERE PEOPLE ARE GETTING THEIR DRUGS
Methods of Diversion

- The Medicine Cabinet
- The Internet
- Rogue Pain Clinics
- Doctor Shopping
  - Drug rings
  - Forged / fraudulent / altered prescriptions
- Practitioners / Pharmacists
  - Illegal distribution
  - Self abuse
  - Trading drugs for sex
- Pharmacy / Other Theft
  - Armed robbery
  - Burglary (Night Break-ins)
  - In Transit Loss (Hijacking)
  - Smurfing
- Employee Pilferage
  - Hospitals
  - Practitioners’ offices
  - Nursing homes
  - Retail pharmacies
  - Manufacturing / distribution facilities
Most Frequent Method of Obtaining a Pharmaceutical Controlled Substance for Non Medical Use

Friends and Family…For Free!!
The Problem – Easy Access
“Treat Prescription Drugs At Your Home As A Loaded Weapon”
So Many Drugs in the Household – Why?

- Unreasonable quantities being prescribed
- Insurance rules
Ultimate User Disposal of Medicines

**National Take-Back Events:** Take-back events are a good way to remove expired, unwanted, or unused medicines from the home.

**Law Enforcement Collection Bins:** Collection bins installed by our Law Enforcement Partners are a good way to remove expired, unwanted, or unused medicines from the home.

**Disposal in Household Trash:** Mix medicines (do not crush tablets or capsules) with substances such as kitty litter or used coffee grounds and place the mixture in a container such as a sealed plastic bag and throw the container in your household trash.

**Disposal by Flushing:** Some medicines have specific disposal instructions that indicate they should be flushed down the sink or toilet when they are no longer needed.
National Take Back Initiatives

*Over 2 million pounds (1,018 tons) collected*

September 30, 2010: 242,383 pounds (121 tons)

April 30, 2011: 376,593 pounds (188 tons)

October 29, 2011: 377,086 pounds (189 tons)

April 28, 2012: 552,161 pounds (276 tons)

September 29, 2012: 488,395 pounds (244 tons)

*Next: April 27, 2013*
Take-Back Event

Boxed, Sealed, Counted, Weighed, Consolidated, Secured, and Incinerated
The Secure and Responsible Drug Disposal Act of 2010

• On October 12, 2010, the President signed the “Secure and Responsible Drug Disposal Act of 2010.”

• This Act allows DEA to draft new regulations which permits ultimate users to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner consistent with effective controls against diversion.
The Secure and Responsible Drug Disposal Act of 2010

As DEA has been working to promulgate regulations to implement the Act, we are required to consider:

- Public health and safety
- Ease and cost of program implementation
- Participation by various communities
- Diversion Control

Doctor Shopping
Doctor Shopping

Individual “Patients” & “Criminal Organizations”

- Target Physicians
  - Obtain prescriptions from multiple physicians
  - Physicians who are willing to prescribe controlled substances over an extended period of time with little or no follow-up

- Target Pharmacies
  - Utilize multiple pharmacies to fill the orders to avoid suspicion
  - Pharmacies known to dispense controlled substances without asking questions are targeted
Prescriptions like candy

The story of a Duarte doctor makes it clear a lot can go wrong between the handcuffs and the prison time.

SANDY BANKS

We're getting tough on drug dealers in Los Angeles these days, sweeping crack sellers off the street, shutting down marijuana dispensaries, prosecuting doctors who peddle prescriptions like candy to patient addicts.

But the story of Dr. Daniel Healy makes it clear that a lot can go wrong between the handcuffs and the prison time.

Healy, according to prosecutors, is a prolific drug dealer. In 2008 alone, he illegally distributed enough prescription drugs to constitute the federal government's equivalent of more than 50,000 kilograms of cocaine or 37,000 pounds of marijuana.

The Duarte physician ordered more Vicodin than any doctor in the nation — 1 million pills in 2008. That's 10 times the stockpile of an average pharmacy; more than his local CVS, Wal-Mart, Target and City of Hope pharmacies combined.

According to federal legal briefs, Healy made so many over-the-counter sales from his "Kind Care" medical clinic, the office had its own money-counting machine and Healy pocketed $3,000 to $6,000 a day.

On the day he was arrested, police pulled over a

ghetto street dealer with a wad of cash and pocketful of crack cocaine.

That guy would have received a mandatory five years in prison for selling as little as five grams of crack.

Healy's lawyer argued that a lengthy term in jail was "not necessary to deter Dr. Healy from engaging in future criminal conduct, or to protect the public from his future criminal acts."

Attorney Roger Rosen called his client a "gifted healer who provided quality medical care" to a working-class community with few options for affordable care.

The prosecutors, drawing an investigation by Monrovia police and the Drug Enforcement Administration, painted a far different picture.

Healy operated in two ways: "writing prescriptions for his customers to fill, or more commonly by selling pills to them from his clinic to any customers who could pay." Those customers often dealt the medication on the street and came back for more.

Legal papers said Healy's dealings became so blatant, local pharmacies refused to fill prescriptions he wrote for his patients' prescriptions because they came in so often, involved large quantities of controlled substances and patients tended to pay in cash for the drugs.

In 2006, Healy was matching his inventory against his pharmacy orders and prescription records couldn't account for 890,296 of the pills he ordered the year before he was arrested, court papers said.

Healy's Kind Care clinic was little more than a "narcotics mill" that netted him almost $700,000 in one year: "a cash-and-carry narcotics store under the guise of providing legitimate medical treatment."

The prosecutor in the case stopped short of saying he's disappointed when I interviewed him Monday.

"Forty-eight months is a significant sentence, by any measure," said Assistant U.S. Atty. David Herzog.

The felony conviction means Healy will lose his license. "The end result is that this defendant is no longer able to distribute narcotics into the community and never will again."

But 48 months is considerably less than the 310-month minimum term the probation report recommended. It's less, even, than the 57 months Healy's lawyer suggested would be fair.

That's a blow to DEA efforts to crack down on abuse of prescription drugs, which is rising among teens and young adults.

Nearly 7 million Americans are abusing pharmaceutical drugs — up from 3.8 million 10 years ago, and more than the number addicted to cocaine, heroin and hallucinogens. Opioid painkillers — the kind Healy dispensed — cause more overdose deaths than cocaine and heroin combined.

Blatant drug-dealing by doctors is "well-recognized" by doctors is common is doctor-shopping by patients, thefts from pharmacies, trading meds by addicts and sales by drug dealers.

That's why Healy's sentence is so disappointing.

Here's a chance to send a message to fill prescriptions like Healy who might be tempted by easy money and to suffering patients without realizing that the mild-mannered guy with the stethoscope might have more than their well-being in mind.

sandy.banks@latimes.com
Illinois Doctor Sentenced to Four Consecutive Life Sentences

Dr. Paul H. Volkman was sentenced in the Southern District of Ohio on February 14, 2012 to four consecutive life sentences and ordered to forfeit $1.2 million. Volkman was convicted on 12 counts of illegal distribution of controlled substances, four of which resulted in a death; one count of conspiracy to distribute controlled substances; four counts of maintaining a drug premise; and one count of possession of a firearm in furtherance of a drug trafficking crime.

From 2003 to 2005, Volkman illegally distributed over 2.5 million dosage units of Schedule II drugs, primarily oxycodone, outside the course of professional practice which resulted in the death of four people. Of the approximate one million practitioner registrants in the United States in 2004, Volkman ranked first in purchases of oxycodone.
Status of Prescription Drug Monitoring Programs (PDMPs)

To view PDMP contact information, hover the mouse pointer over the state abbreviation.

- Operational PDMPs
- Enacted PDMP legislation, but program not yet operational

Research is current as of December 19, 2012
Diversion via the Internet
1. Consumer in Montana orders hydrocodone on the Internet

2. Request goes through Website Server in San Antonio, TX

3. Web Company (located in Miami, FL) adds request to queue for Physician approval

4. Order is approved by Physician in New Jersey and returned to Web Company

5. Approved order then sent by Web Company to an affiliated Pharmacy

6. Pharmacy in Iowa fills order and ships to Consumer via Shipper

Domestic ‘Rx’ Flow
# Purchases of Hydrocodone by Known and Suspected Rogue Internet Pharmacies

January 1, 2006 – December 31, 2006

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Total: 98,566,711

Date Prepared: 03/07/2007 Source: ARCOS
One Internet Case Example
Minneapolis, Minnesota
Seizures
Total Forfeiture:

$4,370,258.80
Ryan Haight Online Pharmacy Act: New Felony Offense Internet Trafficking

21 USC 841(h)(1): It shall be unlawful for any person to knowingly or intentionally:

(A) deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized by this title; or

(B) aid or abet any violation in (A)
Violations

Automatic Violation of the CSA if any of the following occurs:

- No in-person medical evaluation by prescribing practitioner
- Online pharmacy not properly registered with *modified* registration.
- Website fails to display required information.
## Current CSA Registrant Population

**Total Population: 1,469,821**

- Practitioner: 1,148,956
- Mid-Level Practitioner: 222,773
- Pharmacy: 68,526
- Hospital/Clinic: 15,860
- Teaching Institution: 315
- Manufacturer: 544
- Distributor: 919
- Researcher: 9,642
- Analytical Labs: 1,511
- NTP: 1,310
- Importer/Exporter: 474
- ADS Machine: 404
- Chemicals: 1,056

*Date: 2/08/2013*
What took the place of Internet Medical Care and Internet CS pharmaceutical Distribution?
Where is it all going?
Checks and Balances
Under the CSA

• Practitioners

“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.” (21 CFR §1306.04(a))

United States v Moore 423 US 122 (1975)
The Florida “Migration”

- Vast majority of the “patients” visiting Florida “pain clinics” come from out-of-state:
  - Georgia
  - Kentucky
  - Tennessee
  - Ohio
  - Massachusetts
  - New Jersey
  - North and South Carolina
  - Virginia
  - West Virginia
“short waits or we will pay you”

“earn $$$ for patient referrals” (sic)
Either they don’t have any business or the “patients” aren’t seeing the doctor for very long.
POMPAKO BEACH • DOCTORS HOURS: MON–FRI 11-4PM / SAT 10-2PM
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IS YOUR CLINIC CLOSED?
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• SHORT WAIT TIMES
• WALK-INS WELCOME
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• LARGEST ON SITE DISPENSARY
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OPEN SATURDAYS
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MGMT, IMMIGRATION PHYSICALS,
GROWTH HORMONE THERAPY.
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Stop Hurting & Start Living!

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Utilizing FDA Approved Medications
Outpatient Detox Available

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DON'T DELAY! CALL TODAY!
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Confidential • Proven • Dedicated

[Contact Information Redacted]
Explosion of South Florida Pain Clinics

As of June 4, 2010, Florida has received 1,118 applications and has approved 1,026

*As of May 14, 2010, Broward 142; Miami-Dade 79; Palm Beach 111
Explosion of South Florida Pain Clinics – All Providers (Current and Closed)

- All/State of Florida: 1,501
- Broward County: 236
- Miami-Dade County: 156
- Palm Beach County: 161
- Hillsborough County (Tampa area): 214

As of February 12, 2013.
Top 100 Practitioner Purchasers of Oxycodone Nationwide
January 1, 2009 – September 30, 2009

97 Practitioners in Florida Purchased 20,760,567 units

1 Practitioner in Ohio Purchased 465,200 units – 2.2%

1 Practitioner in North Carolina Purchased 153,200 units – 0.7%

1 Practitioner in California Purchased 130,000 units – 0.6%

Source: ARCOS
Date Prepared: 01/12/2010
Pain Clinic Business Practices

• Typically, initial office visit is $250; each subsequent visit is $150 to $200

• An average ‘patient’ receives prescriptions or medications in combination (‘cocktail’ prescriptions of oxycodone and alprazolam go for $650 to $1,000)

• Average 120-180 30mg oxycodone tablets per visit
## Pain Clinic Drugs Prescribed

<table>
<thead>
<tr>
<th>Schedule II</th>
<th>Schedule III</th>
<th>Schedule IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone 15mg, 30mg</td>
<td>Vicodin (Hydrocodone)</td>
<td>Xanax (Alprazolam)</td>
</tr>
<tr>
<td>Roxicodone 15mg, 30mg</td>
<td>Lorcet</td>
<td>Valium (Diazepam)</td>
</tr>
<tr>
<td>Percocet</td>
<td>Lortab</td>
<td></td>
</tr>
<tr>
<td>Percodan</td>
<td>Tylenol #3 (codeine)</td>
<td></td>
</tr>
<tr>
<td>Demerol</td>
<td>Tylenol #4 (codeine)</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# What’s the Cost?
## Deaths Associated with Rx Drugs in Florida

<table>
<thead>
<tr>
<th>Reports of Rx Drugs Detected in Deceased Persons and Cause of Death</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>% Increase 2005-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRUG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>620</td>
<td>716</td>
<td>785</td>
<td>693</td>
<td>720</td>
<td>694</td>
<td>691</td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td>340</td>
<td>496</td>
<td>705</td>
<td>941</td>
<td>1,185</td>
<td>1,516</td>
<td>1,247</td>
<td>266.7%</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>221</td>
<td>236</td>
<td>264</td>
<td>270</td>
<td>265</td>
<td>315</td>
<td>307</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepenes</td>
<td>574</td>
<td>553</td>
<td>743</td>
<td>929</td>
<td>1,099</td>
<td>1,304</td>
<td>1,950*</td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>247</td>
<td>229</td>
<td>255</td>
<td>300</td>
<td>302</td>
<td>262</td>
<td>345</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,002</td>
<td>2,230</td>
<td>2,752</td>
<td>3,133</td>
<td>3,571</td>
<td>4,091</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Many of the deaths were found to have several drugs contributing to the cause of death, thus, the count of specific drugs is greater than the number of cases. In report years 2010 and earlier, drug categories as a whole had included the total number of deaths per category, as well as total deaths per each specific drug. For example, in 2010, benzodiazepenes were the cause of death in 1,304 cases. However, benzodiazepenes were present 1,726 times in those 1,304 deaths (i.e., a single death could have been caused by multiple benzodiazepenes). Report year 2011 does not provide a total per category.

SOURCE: Florida Medical Examiner’s Commission
Why is this happening?
Florida Pain Clinic Raid
May 20, 2010, Tampa, Florida
owner/operator of pain clinic dispensing oxycodone
$5,822,604.00 cash seized
Its All About Profit

• One case in Florida owner/operator of pain clinic allegedly generated $40 million in drug proceeds
• Houston investigation $41.5 million in assets
Another case in Florida - pain clinic operation paid his doctors (in 2009):

- $861,550
- $989,975
- $1,031,975
- $1,049,032
- $1,225,775
**PHYSICIAN NEEDED, START IMMEDIATELY** (WEST PALM BEACH, FLORIDA)

Date: 2010-03-03, 5:22PM EST
Reply to: job-gkbz-1627117891@craigslist.org
[Error when replying to ad?]

**PHYSICIAN NEEDED, START IMMEDIATELY**

M.D. / D.O. FOR CONTINUING CARE / PAIN MANAGEMENT CENTER

- FULL TIME & PART TIME POSITIONS ARE AVAILABLE – START IMMEDIATELY!
- Experience in Pain Management is preferred but NOT necessary. We will train if needed!
- GREAT Compensation ($12,000+ PER WEEK!!!)
- Position may include Medical Director for facility
- Doctor’s need to have their Dispensing License or can obtain one
- Perfect opportunity for a M.D. / D.O. / or Retiree
- Please send resume with salary requirements to: DPerezWPM@Gmail.com
ALL INQUIRES CONTACT: DPerezWPM@Gmail.com OR CALL 561-253-4038

DOCTOR'S NEEDED (MIAMI)

Date: 2010-02-21, 6:50PM EST
Reply to: doctor247@hotmail.com
[Error when replying to ad?]

CAN EARN OVER $500 DOLLARS AN HOUR
FLEXIBLE HOURS
WEEKDAYS, WEEKENDS OR BOTH
YOU MAKE YOUR OWN SCHEDULE
CONTACT ERIC TEL 305 710-0013
CAN SEND US YOUR CV AT doctor247@hotmail.com

- Location: MIAMI
- Compensation: can earn over $500 dollars an hour
- This is a part-time job.
- Principals only. Recruiters, please don't contact this job poster.
- Phone calls about this job are ok.
- Please do not contact job poster about other services, products or commercial interests.
State of Florida Legislative Actions

• Effective October 1, 2010
  – Pain clinics are banned from advertising that they sell narcotics
  – They can only dispense 72-hour supply of narcotics
  – Prohibits the registration of pain clinics unless they are owned by physicians or licensed by non-physicians as a health care clinic

• Effective July 1, 2011
  – Clinics must turn over their supply of C-II and C-III controlled substances
  – Clinics are no longer able to dispense these drugs
  – Clinics cannot have ANY affiliation with a doctor that has lost a DEA number
June 2010 DEA takes action against four wholesale distributors supplying doctors who were dispensing from rogue pain clinics.
Agents Raid Florida Clinics in Drug Crackdown
By DON VAN NATTA Jr.

MIAMI — Drug Enforcement Administration agents and other law enforcement officials on Wednesday raided six South Florida pain clinics accused of illegally dispensing potent prescription drugs across the United States. Twenty-two people, including the clinic owners and their associates, were arrested on racketeering, money laundering and trafficking charges.

11 arrested in Palm Beach County as part of multi-agency pill mill raid
In Palm Beach County, the raids focused on five doctors in four pain clinics.

By CYNTHIA ROLDAN AND MICHAEL LAFORGIA

Palm Beach Post Staff Writers

Updated: 11:20 a.m. Thursday, Feb. 24, 2011
Posted: 9:57 a.m. Wednesday, Feb. 23, 2011

Operators of four crooked pain clinics in Palm Beach County made millions of dollars by peddling pills to patients with trumped up injuries, rewarding themselves with boats, exotic cars and real estate while rates of overdose deaths and drug-dealing soared, state prosecutors alleged in court documents made public Wednesday.
Clinic response to the Florida legislation prohibiting the sale of CS from pain clinics?

Buy Pharmacies or Move to Other States!
Dealers creative in oxycodone bid

They try to open pharmacies after Florida targets ‘pill mills’

By Donna Leinwand Leger
USA TODAY

Drug dealers are finding creative ways around new laws that crack down on “pill mills” dispensing powerful painkillers such as oxycodone.

In Florida, hundreds of people tried to open pharmacies after the state barred doctors from dispensing the narcotics directly from their clinics and forced patients to fill their prescriptions at pharmacies. Others moved their operations to Georgia, state police and federal agents say.

“Traffickers adapt to situations,” says Mark Trouville, special agent in charge of the Drug Enforcement Administration’s field offices in Florida. “We knew once we put pressure on the pill mills, the wrong people would start opening pharmacies.”

Florida was the nation’s center of prescription-painkiller distribution until the state enacted laws last year aimed at pill mills — clinics where doctors perform cursory examinations on people with dubious injuries and dispense addictive painkillers.

Since then, the number of Florida doctors among the nation’s top 100 oxycodone-purchasing doctors has fallen. In 2010, 25 of the nation’s top 100 oxycodone-purchasing doctors lived in Florida; in 2011, there are none.

Dotcom’s flamboyant life of riches and creating one of the Web’s most popular and controversial sites — a site that came into the government’s cross-hairs two years ago after a complaint from the Motion Picture Association of America.

In the days after Dotcom’s arrest, the case has triggered an angry response from the hacker.

Please see COVER STORY next page ▶
# Pharmacy Applications for Registration

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011 (as of 9/22/11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Pharmacies in US</td>
<td>65,065</td>
<td>65,991</td>
<td>66,766</td>
<td>66,934</td>
</tr>
<tr>
<td></td>
<td>1.4%</td>
<td>1.2%</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>Registered Pharmacies in FL</td>
<td>4,343</td>
<td>4,403</td>
<td>4,741</td>
<td>4,809</td>
</tr>
<tr>
<td>New Applications in US (Independent Pharmacies)</td>
<td>2,230</td>
<td>2,192 &lt;1.73% &gt;</td>
<td>2,010 &lt;8.3%&gt;</td>
<td>1,840 &lt;8.5%&gt;</td>
</tr>
<tr>
<td>New Applications in FL (Independent Pharmacies)</td>
<td>271 &lt;7.7%&gt;</td>
<td>250 &lt;25.25%&gt;</td>
<td>388 55.2%</td>
<td>290 &lt;25.25%&gt;</td>
</tr>
<tr>
<td>New Applications in Miami area (Independent Pharmacies)</td>
<td>130 &lt;39.2%&gt;</td>
<td>79 &lt;49.4%&gt;</td>
<td>118 49.4%</td>
<td>126 6.8%</td>
</tr>
<tr>
<td>New Applications in Ft. Lauderdale area (Independent Pharmacies)</td>
<td>37 40.5%</td>
<td>52 55.8%</td>
<td>81 &lt;28.4%&gt;</td>
<td>58 &lt;28.4%&gt;</td>
</tr>
</tbody>
</table>
Who is Applying?

• An individual who is tied to Organized Crime
• An individual who works at Boston Market
• An individual whose father owns a pain clinic
• An individual whose mother works at a pain clinic
• An individual whose father is a doctor at a pain clinic
• An individual who is a bartender/exotic dancer
• An individual who is a truck driver
• An individual who is retired from the dry wall business
• An individual who is a secretary at a pain clinic
• An individual who runs a lawn care business
Georgia Example: Traditional Pain Management Clinics

Years prior to 2009-2010:
15-20 legitimate clinics

- Almost all owned by Physicians
- Accept insurance, Medicaid, Medicare, etc.
- Patients need appointments
- Follow pain management guidelines
-Patients get a complete physical workup & exam
- Use physical therapy, other treatment methods
- Prescribed drugs usually include non-narcotics
Rogue Pain Clinic/Pharmacy Scheme

Rogue Clinics/Practitioners
- Practitioners: DEA Registered doctors, nurse practitioners, PAs etc., who are authorized to issue prescriptions for controlled substances
- Drugs Dispensed.

Manufacturers
- DEA Registrants who are authorized to produce and distribute controlled substances. (1330 firms including all manufacturers and wholesale distributors)

Wholesale Distributors
- DEA Registrants who are authorized to distribute controlled substances.

Manufacturers
- [Re-packagers/Re-labelers]
  - DEA Registrants who are authorized to package bulk dosage units into consumer-use size packagers and distribute to pharmacies.

Prescription Issued to Drug Seeker

Brick and Mortar Pharmacies
- DEA Registrants who are authorized to dispense controlled substances to individual customers. (66,000 registered pharmacies)

Drug Seekers
Cutting off the Source of Supply
Realignment of DEA’s Diversion Control Efforts

- In October 2008, the then Acting Administrator authorized a two-pronged reorganization of the DEA Diversion Control Program.

- The first prong involved a substantial expansion in the number of Tactical Diversion Squads (TDS) and their deployment throughout the United States.

- This approach provides a significant increase in the number of Special Agents and Task Force Officers who possess the requisite law enforcement authorities needed when conducting criminal investigations, i.e., the ability to conduct surveillance, make arrests and execute search warrants.
First Prong: Increased Enforcement Efforts

• Currently 48 operational Tactical Diversion Squads (TDS) throughout the United States. Phase II implementation has begun with additional TDS groups being deployed across the U.S. (10 more recently approved)

• These TDS enforcement groups incorporate the skill sets of DEA Special Agents, Diversion Investigators, other federal law enforcement, and state and local Task Force Officers.
Second Prong: Renewed Focus on Regulatory Oversight

• The second prong of the reorganization plan called for a renewed focus on DEA’s regulatory oversight of more than 1.4 million DEA registrants.

• With more Diversion Investigators available to concentrate on the regulatory aspects of the Diversion Control Program, the lifeblood of the program, DEA increased the frequency of compliance inspections of specific registrant categories such as manufacturers (including bulk manufacturers); distributors; importers; exporters; narcotic treatment programs; DATA-waived practitioners; researchers; and chemical handlers.

• This renewed focus on oversight has enabled DEA to take a more proactive approach to educate registrants and ensure that DEA registrants understand and comply with the Controlled Substances Act and implementing regulations.
DEA snips licenses of pharmaceutical giant's customers

Cardinal Health says it didn't look the other way

By Donna Leinwand Leger
USA TODAY

The DEA has taken action against four pharmacies in Florida, including Cardinal Health, one of the nation's largest distributors of pharmaceuticals. The agency issued a news release saying it had suspended the licenses of the four pharmacies, which are located in Florida, over concerns about the dispensing of opioids.

According to the DEA, the four pharmacies have been involved in a scheme to illegally distribute opioids. The agency said it had received information from law enforcement and other sources that the pharmacies were involved in a scheme to illegally distribute opioids.

Cardinal Health said in a statement that it is cooperating with federal investigators and is working to resolve the issues identified by the DEA. The company said it is taking steps to ensure compliance with laws and regulations regarding the dispensing of opioids.

The DEA said it has been working with federal and state law enforcement agencies to investigate the pharmacies and has obtained warrants to search the premises.

Officials said the DEA has obtained warrants to search the premises of the pharmacies and has seized drugs and other evidence.

The DEA said it has been working with federal and state law enforcement agencies to investigate the pharmacies and has obtained warrants to search the premises.

Officials said the DEA has been working with federal and state law enforcement agencies to investigate the pharmacies and has obtained warrants to search the premises.
DEA Distributor Initiative

Purpose and format:

- Educate and inform distributors/manufacturers of their due diligence responsibilities under the CSA by discussing their Suspicious Order Monitoring System, reviewing their ARCOS data for sales and purchases of Schedules II and III controlled substances, and discussing national trends involving the abuse of prescription controlled substances.

August 2005 – Present:

- Briefings to 81 firms with 233 locations
Assassin

Chilling anatomy of drugstore massacre

Pain Killer

Husband and wife busted in Rx-slay horror
Robbery suspect, federal agent killed in Seaford

A robbery suspect and a federal agent who had dropped by to pick up a prescription for his ailing father both died of gunshot wounds Dec. 31, 2011, after police struggled with the suspect in the doorway of a Seaford pharmacy.

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