



Baton Rouge Pharmacy Diversion Awareness Conference



*DEA Perspective: Pharmaceutical
Use & Abuse*

August 3 & 4, 2013

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

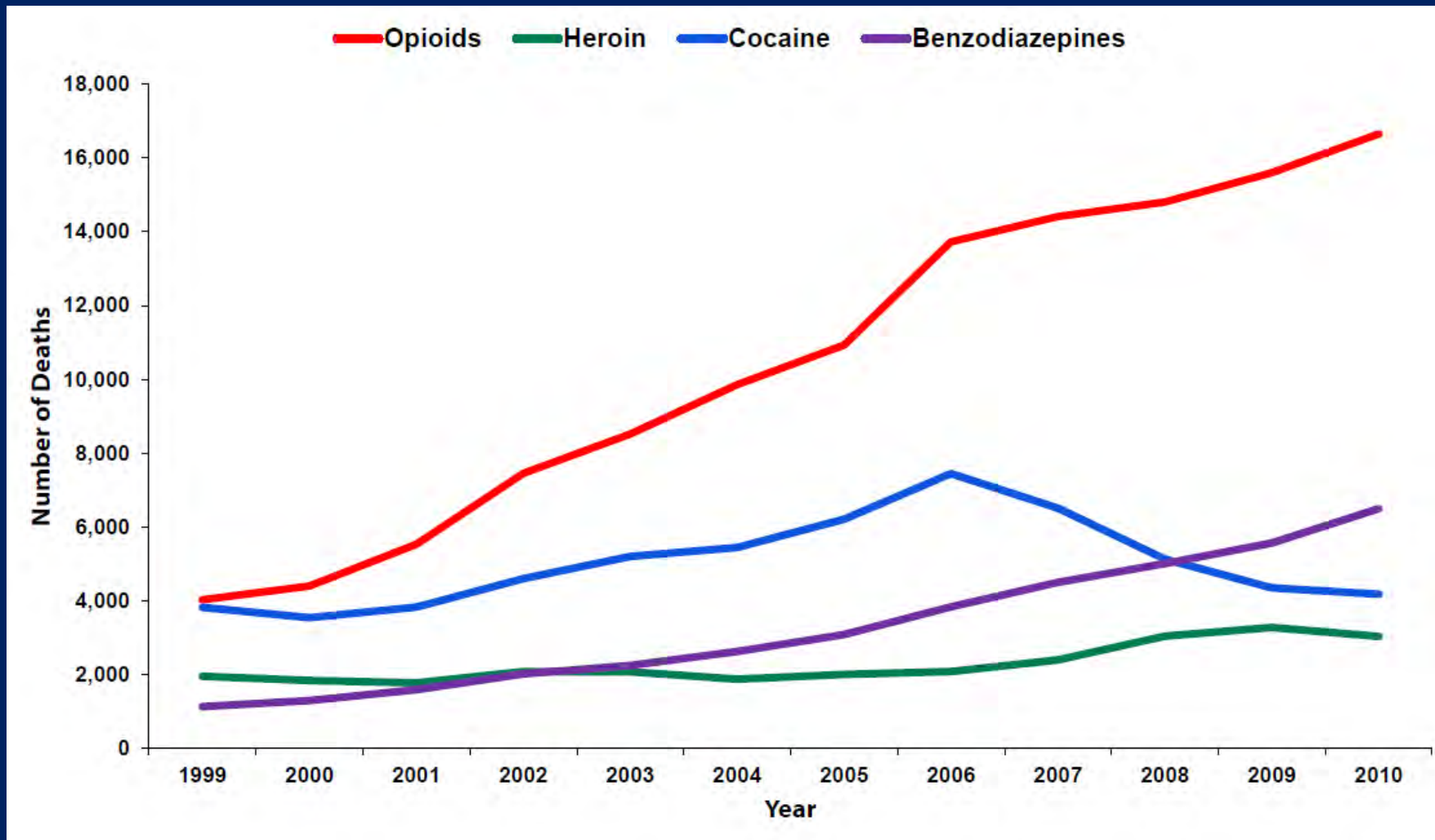
Of this number, 22,134 of these deaths were attributed to Prescription Drugs (16,651 attributed to opioid overdoses/ **75.2 %**).

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)



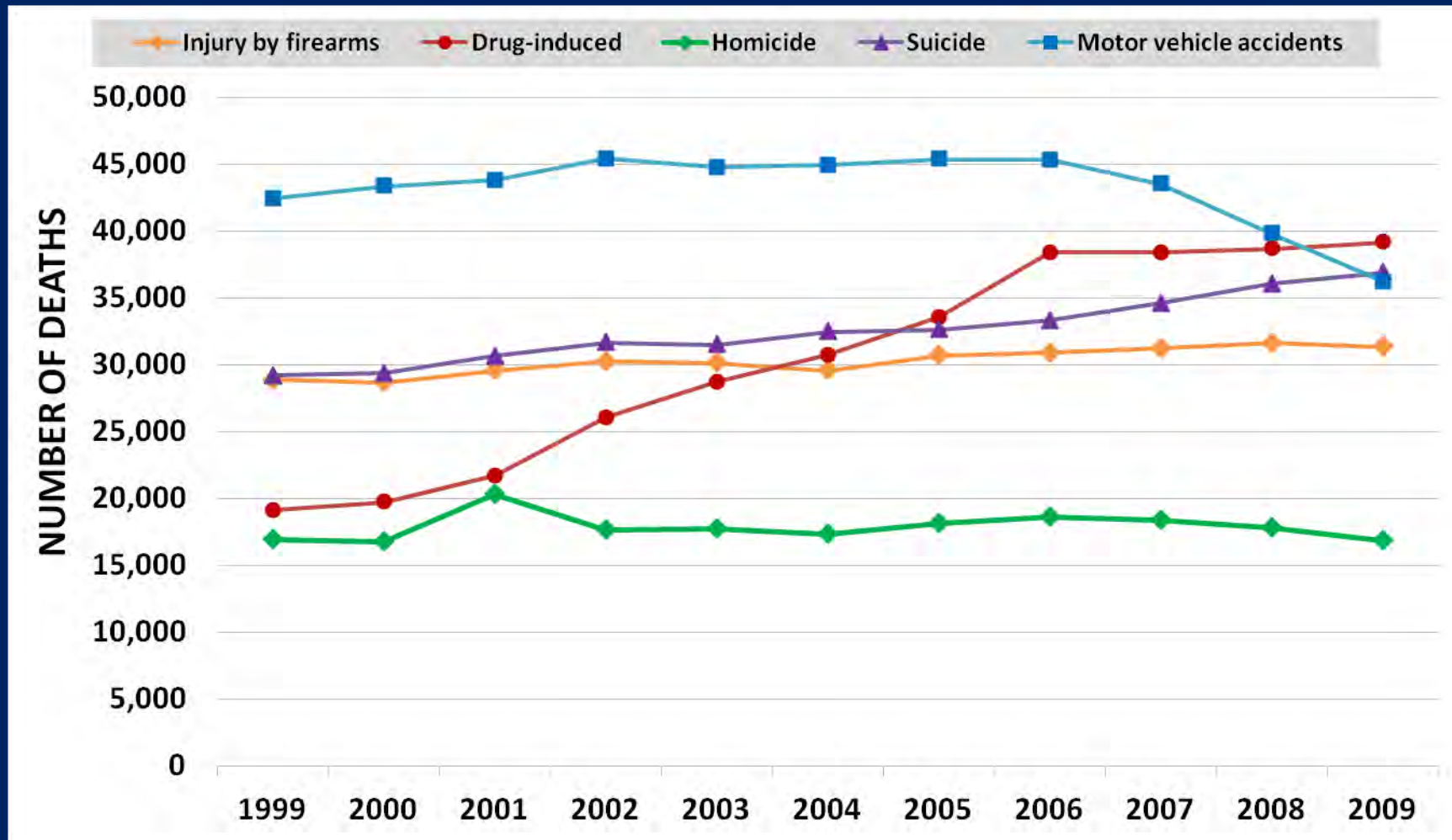
U.S. Drug Overdose Deaths by Major Drug Type, 1999-2010



*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*



Drug-Induced Deaths vs. Other Injury Deaths (1999–2009)

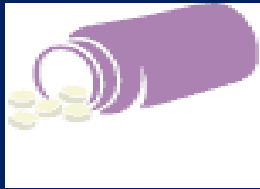


Causes of death attributable to drugs include accidental or intentional poisonings by drugs and deaths from medical conditions resulting from chronic drug use. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all injury cause categories are mutually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

Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics Reports *Deaths: Final Data* for the years 1999 to 2009 (January 2012).



A growing epidemic among women - Prescription Drug Overdoses



- Nearly **48,000** women died of prescription painkiller* overdoses between 1999 and 2010.



- Deaths from prescription painkiller overdoses among women have increased more than **400%** since 1999, compared to 265% among men.

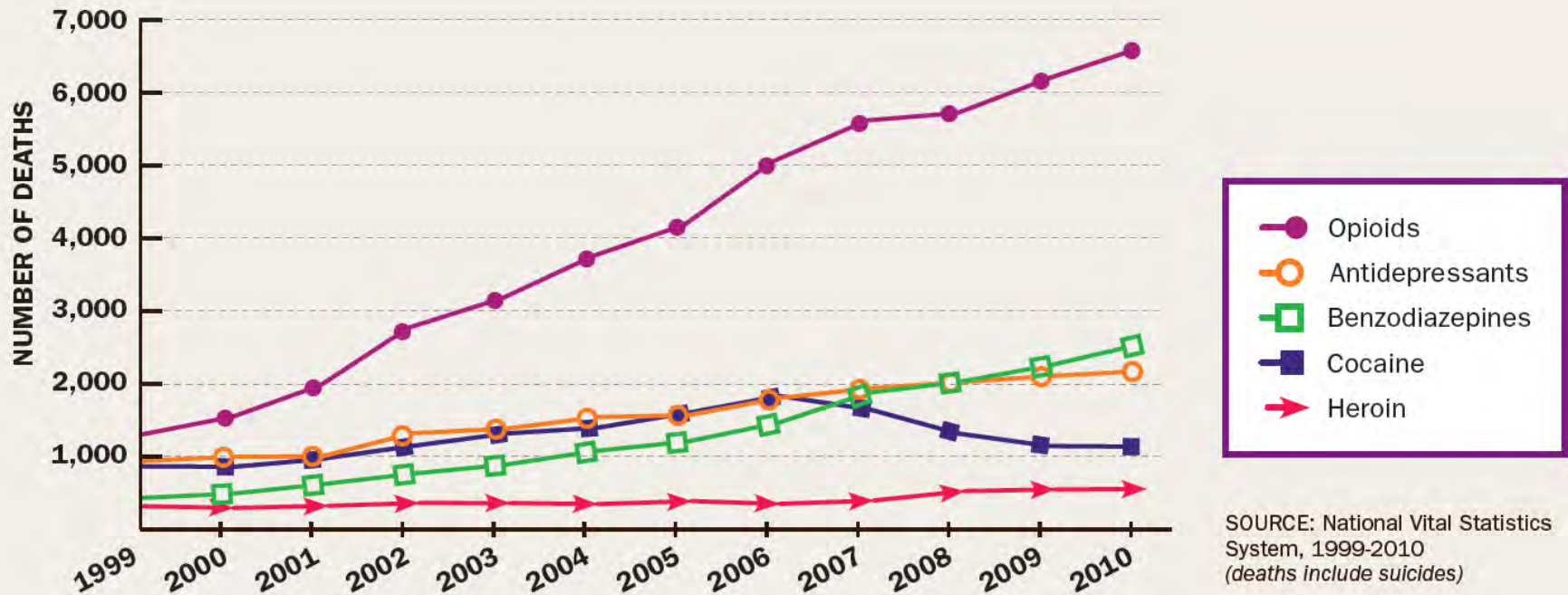


- For every woman who dies of a prescription painkiller overdose, **30** go to the emergency department for painkiller misuse or abuse.

Source: CDC VitalSigns July 2013



Prescription painkiller overdose deaths are a growing problem among women



SOURCE: National Vital Statistics System, 1999-2010 (deaths include suicides)



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)



Prescription Drug Abuse

More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Methamphetamine &
Heroin abusers

COMBINED!!



The Costs



Economic Costs

- \$55.7 billion in costs for prescription drug abuse in 2007¹
 - \$24.7 billion in direct healthcare costs
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers²

1. Birnbaum HG, White, AG, Schiller M, Waldman T, et al. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine*. 2011;12:657-667.

2. White AG, Birnbaum, HG, Mareva MN, et al. Direct Costs of Opioid Abuse in an Insured Population in the United States. *J Manag Care Pharm*. 11(6):469-479. 2005



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 days¹
- The hospitalization cost of treating each baby with NAS averaged \$53,400²
- State Medicaid programs paid for 77.6% of these births³

1. Patrick SW, Schumacher RE, Benneyworth BD, Krans EE, McAllister JM, Davis MM. Neonatal abstinence syndrome and associated health care expenditures: United States, 2000-2009. JAMA. 2012 May 9;307(18):1934-40. Epub 2012 Apr 30

2. Ibid.

3. Ibid.



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



WHERE PEOPLE ARE GETTING THEIR DRUGS

*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*

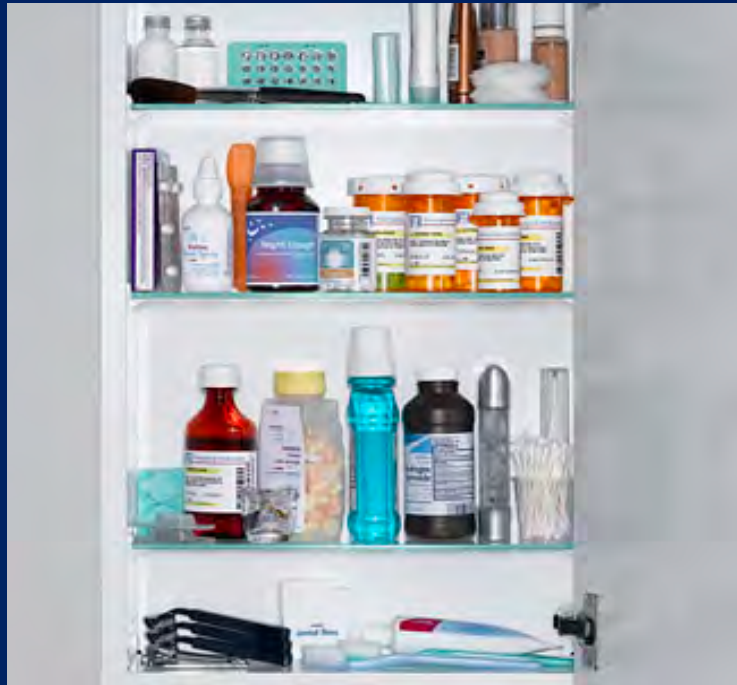


Most Frequent Method of Obtaining a Pharmaceutical Controlled Substance for Non Medical Use

Friends and Family...For Free!!



The Medicine Cabinet: The Problem of Easy Access

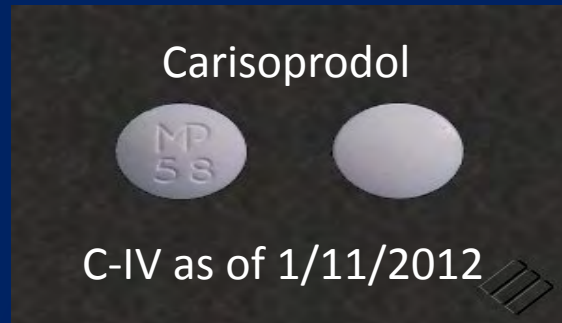




WHAT PEOPLE ARE ABUSING

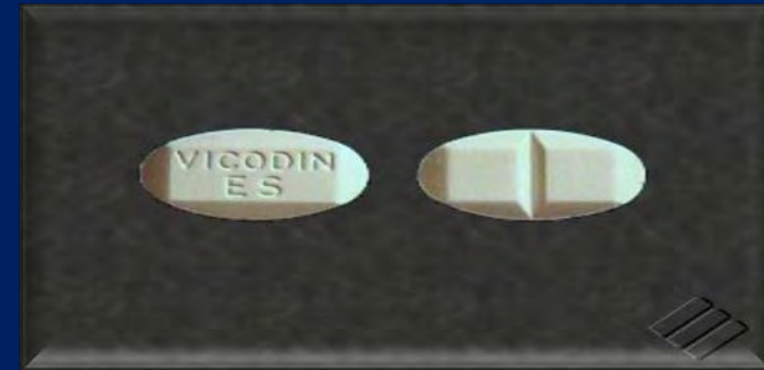


Commonly Abused Controlled Pharmaceuticals



Carisoprodol

C-IV as of 1/11/2012



Hydrocodone



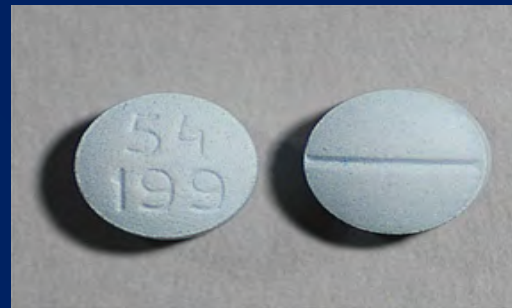
OxyContin 80mg



Oxymorphone



Oxycodone 30 mg



Alprazolam



Hydrocodone

- 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



OXYCODONE





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



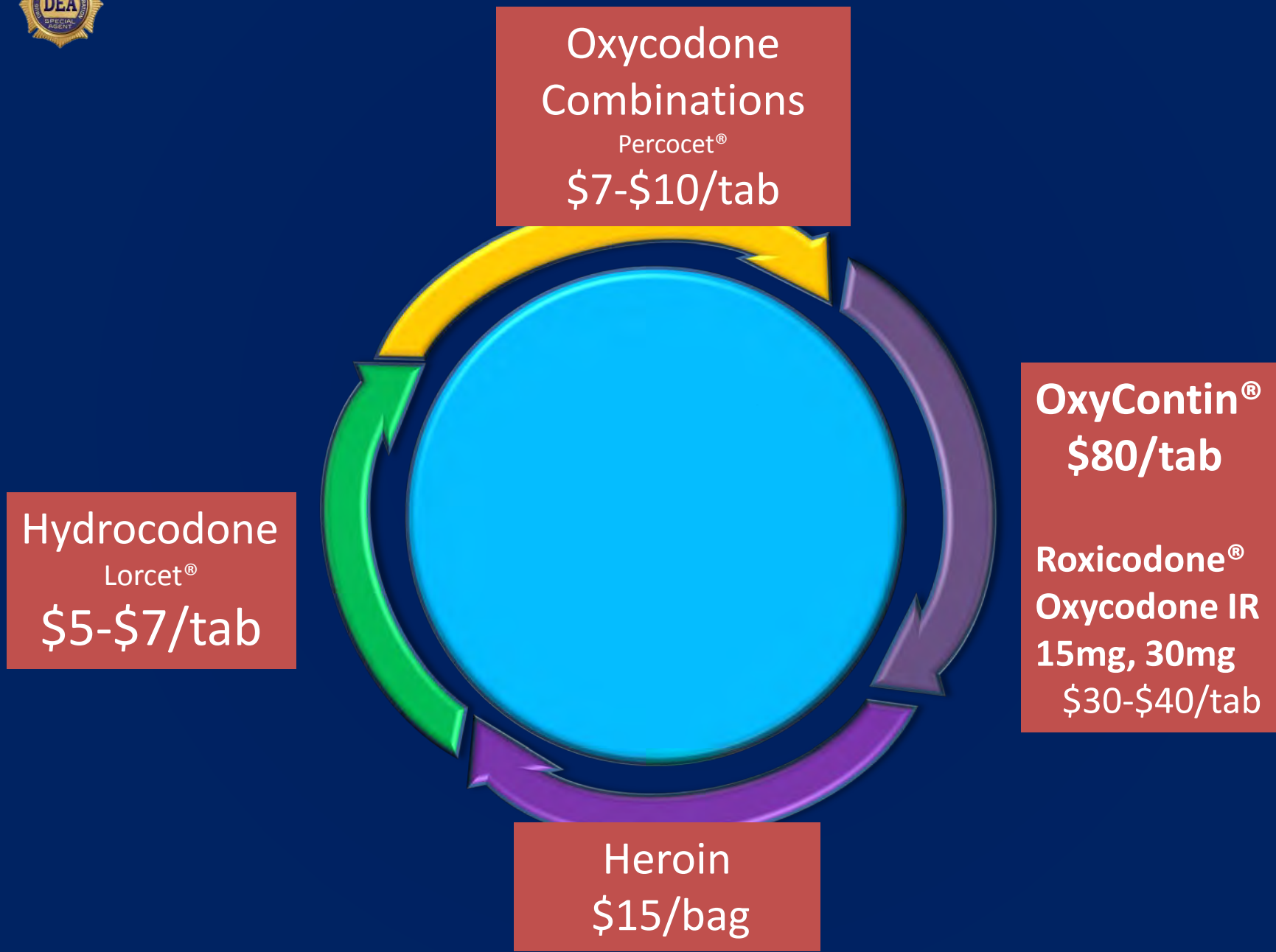


Prescription Opiates v. Heroin





Circle of Addiction & the Next Generation





Methadone





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

Cheapest narcotic pain reliever – synthetic

Insurance companies

What's the problem?



editorials

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



Methadone tablets in a cup. BALTIMORE SUN PHOTO: JED KIRSCHBAUM

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 29 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.



Overdose...Why?

- Patients not taking the drug as directed
- Physicians not properly prescribing the drug
- Non-medical users ingesting with other substances
- Opiate naive

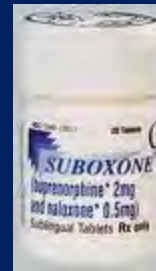
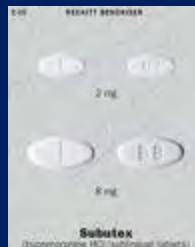




Other FDA Approved Drugs for Narcotic Addiction Treatment

Schedule III

- Buprenorphine – Drug Code 9064
 - Subutex (sublingual, single entity tablet)
 - Suboxone (sublingual, buprenorphine/naloxone tablet)



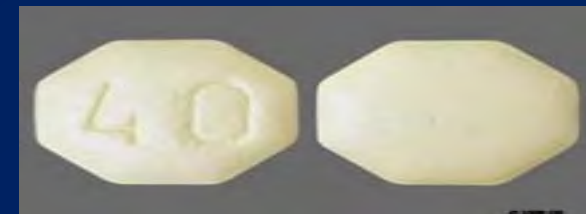
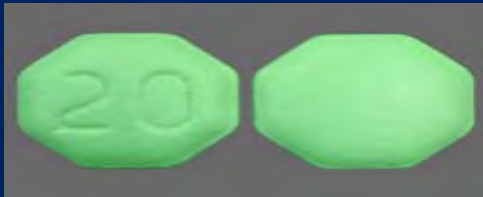
Suboxone – Schedule III

- Used to treat opiate addiction (new Methadone)
- Contains both Buprenorphine and Naloxone
 - Buprenorphine similar to other opioids and produces less euphonic effects
 - Naloxone blocks the effects of opioids
- Taken: orally
- Abused as a replacement for other opioids; general hold over
- Popular in prisons, “prison heroin”
- Prices: \$2.00 to \$15.00



Opana ER (Oxymorphone) (Schedule II)

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





Other Narcotics

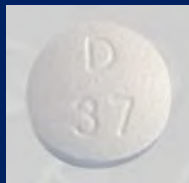
Fentanyl



Hydromorphone



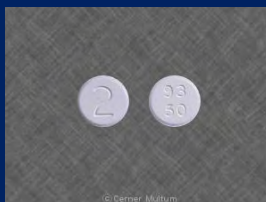
Meperidine



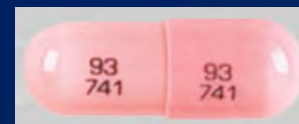
Morphine



Codeine



Propoxyphene



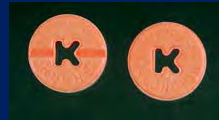


Benzodiazepines

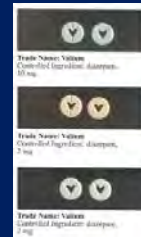
Alprazolam



Clonazepam



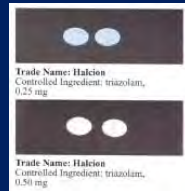
Diazepam



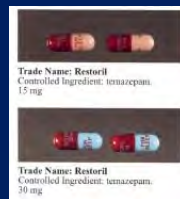
Lorazepam



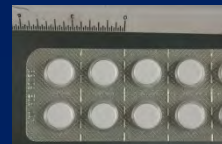
Triazolam



Temazepam



Flunitrazepam



Midazolam



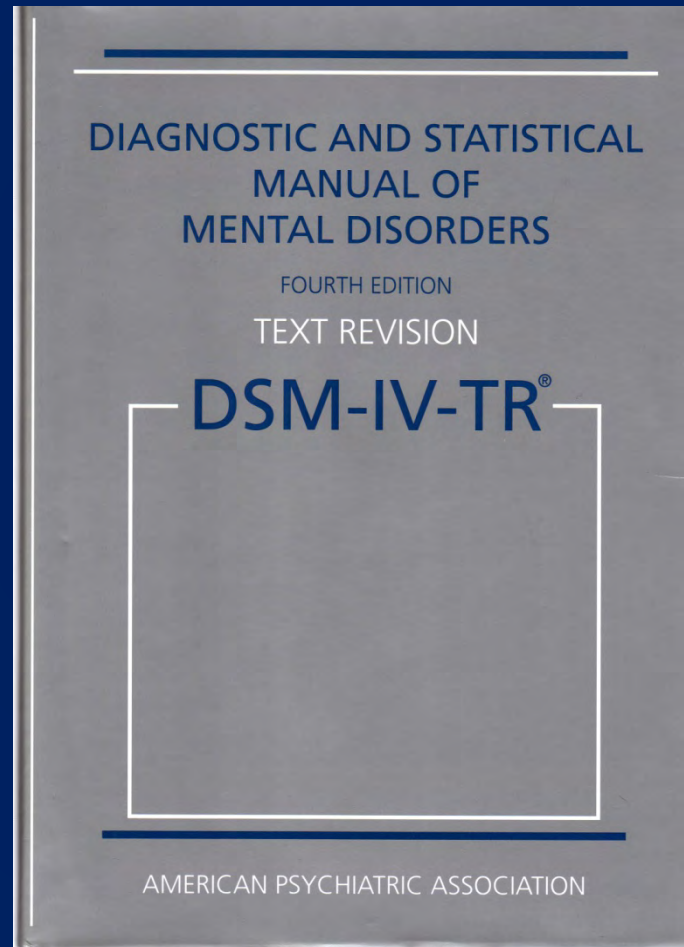


Ritalin® / Concerta® / Adderall®

- 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



Required Reading





Dextromethorphan (DXM)

- Cough suppressant in over 125 OTC medications (e.g., Robitussin and Coricidin)
- Bulk form on the Internet
- At high doses, has Ketamine- and PCP-like effects
- Produces physical and psychological dependence
- Deaths associated with DXM abuse





Cough Syrup Cocktails

- “Syrup and Soda”
- “Seven and Syrup”
- “Purple Drank”



PURPLE DRANK
ima grip and sip





Non-Controlled Substances

- Analgesic:
 - Tramadol (Ultram®, Ultracet®)
- Muscle Relaxant:
 - Cyclobenzaprine (Flexeril®)



Tramadol Prescriptions



Source: IMS Health National Prescription Audit Plus downloaded 6/5/2012



Cyclobenzaprine

(Amrix®, Flexeril®, Fexmid®)

- A skeletal muscle relaxant prescribed for acute temporary muscle spasms caused by local trauma or strain.
- Marketed in the United States since 1977 (by Merck Com.).
- Currently non-controlled under the CSA.
- Chemical structure related to tricyclic antidepressant drugs (e.g., amitriptyline)
- Cyclobenzaprine, similar to other skeletal muscle relaxants, is being diverted and abused



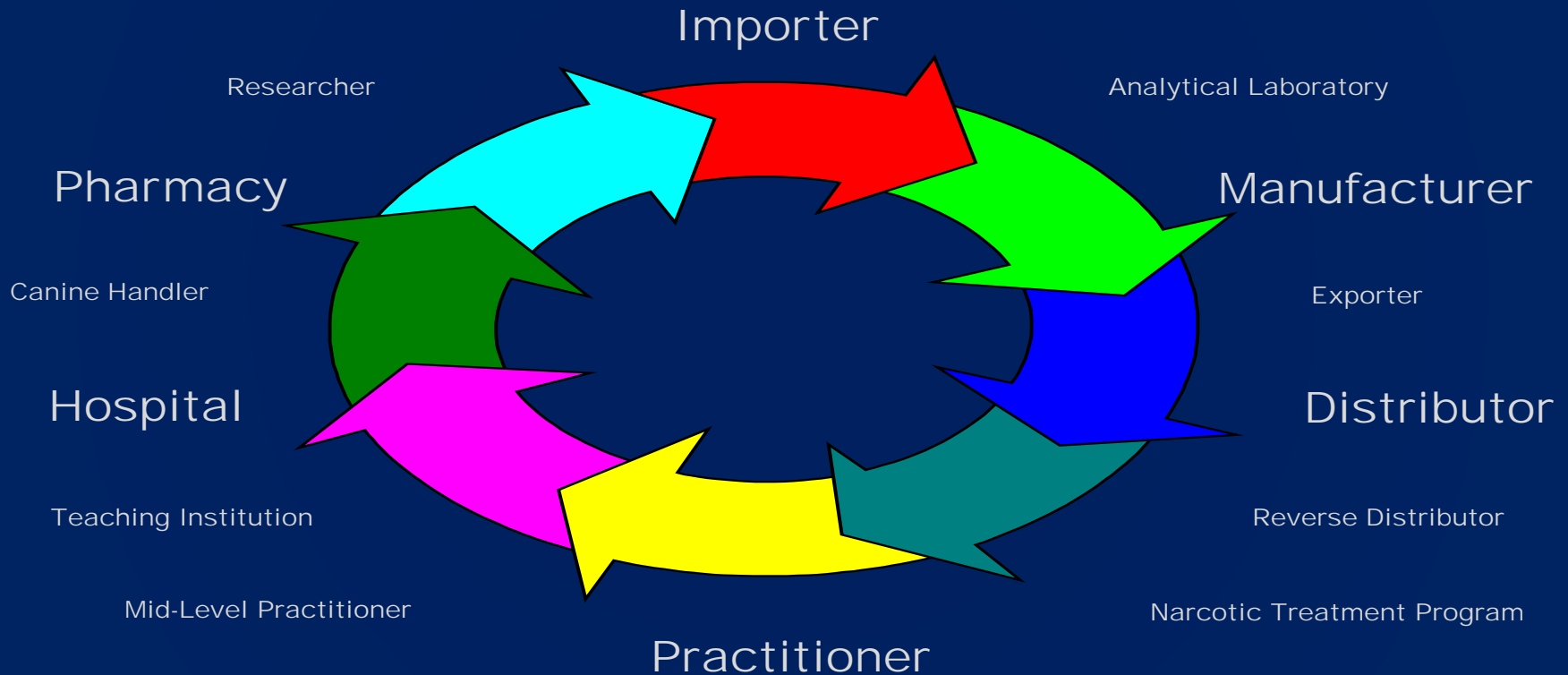
THE CSA: CHECKS & BALANCES



*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*



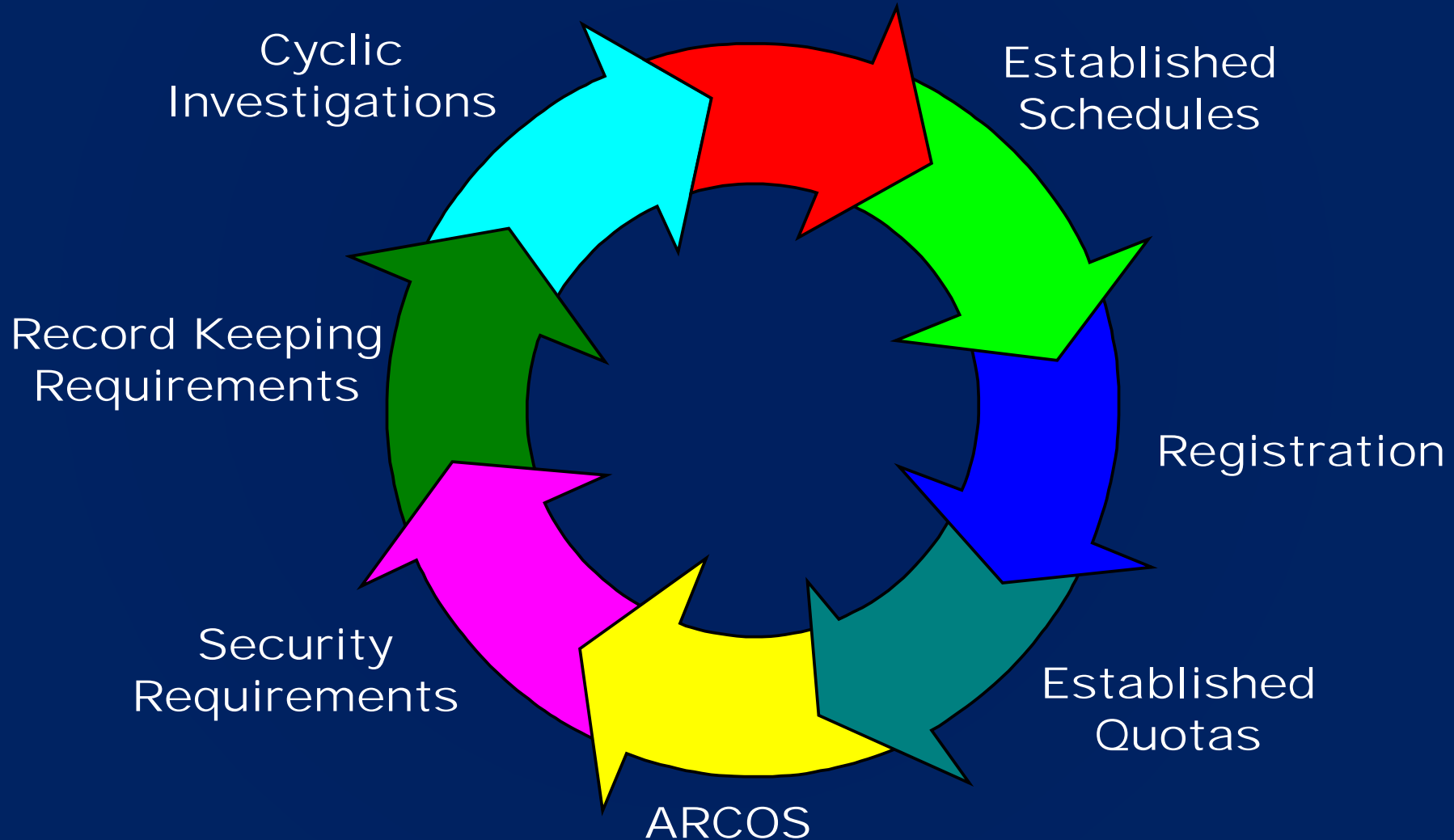
The CSA's Closed System of Distribution



1,469,821 DEA Registrants

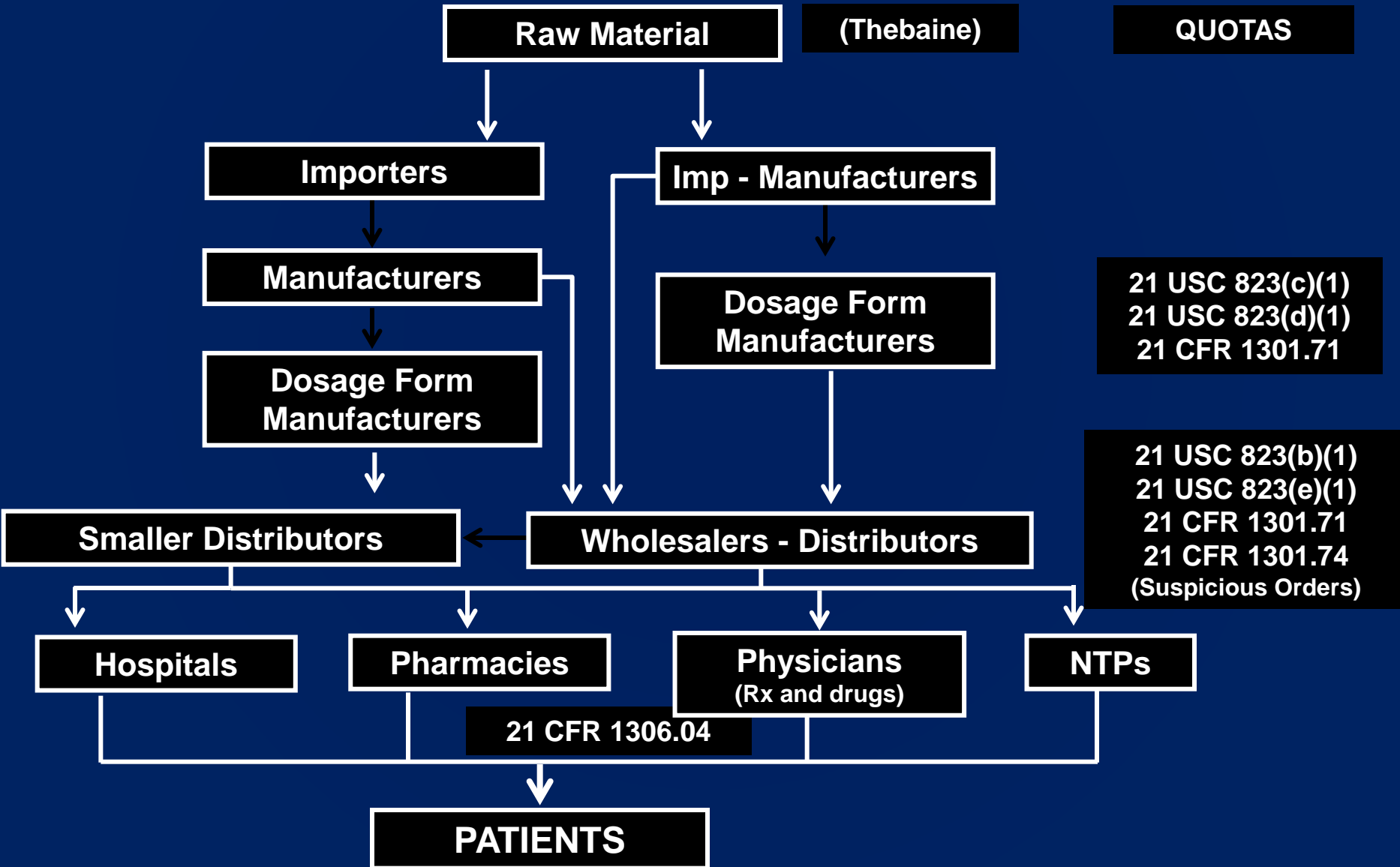


The CSA's Closed System of Distribution





The Flow of Pharmaceuticals





Checks and Balances of the CSA and the Regulatory Scheme

- 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))



System of Checks and Balances



The Last Line of Defense





What can happen when these
checks and balances
collapse ?



WHAT'S A ROGUE “PAIN CLINIC” OR “PILL MILL” LOOK LIKE ??



First – Lets go Find your Clinic !!

*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*



Large-Scale Diversion

- 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.



The Florida “Migration”: Was this Normal ??

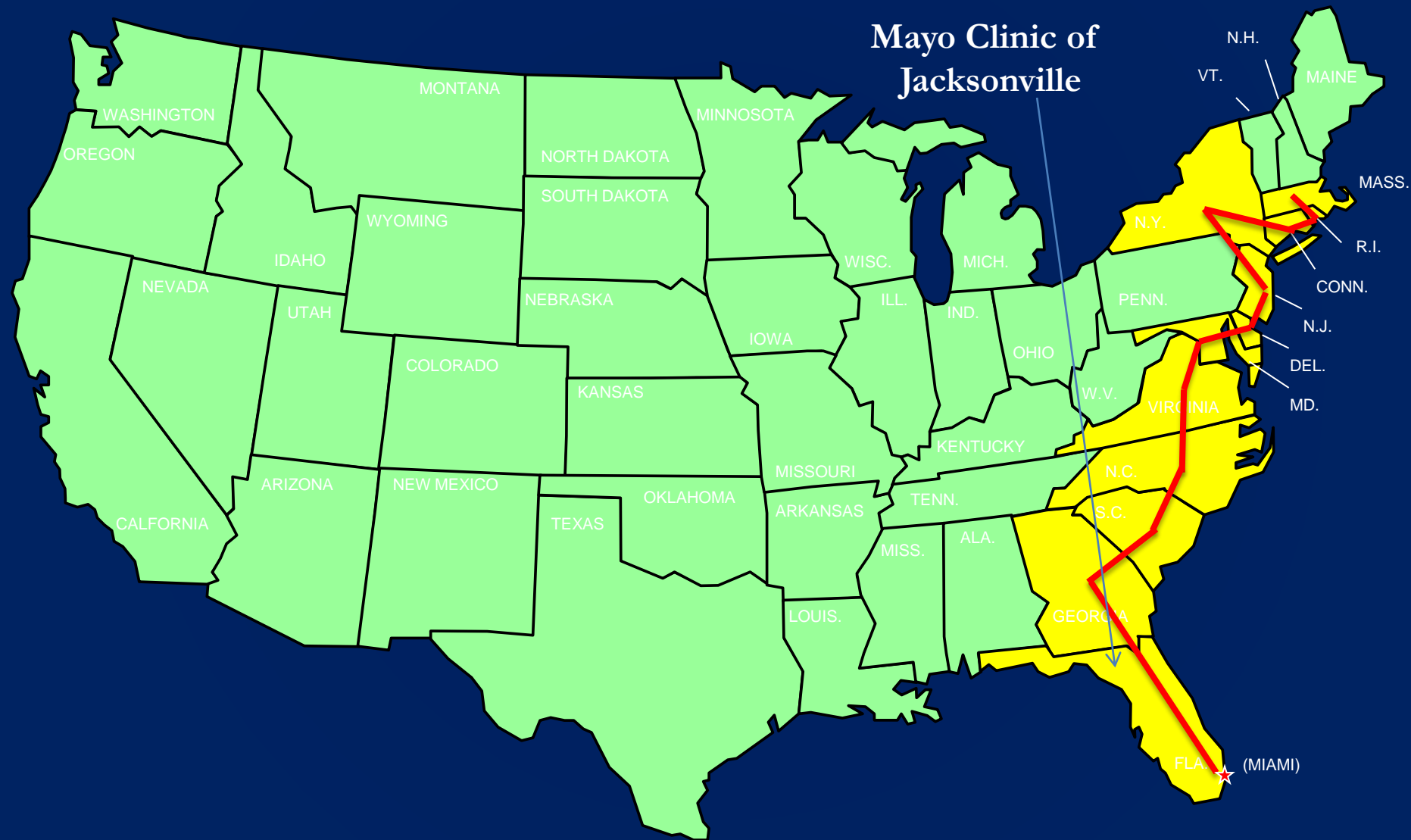
Vast majority of the “patients” visiting Florida “pain clinics” came from out-of-state:

- Georgia
- Kentucky
- Tennessee
- Ohio
- Massachusetts
- New Jersey
- North and South Carolina
- Virginia
- West Virginia



THE MIGRATION

Mayo Clinic of
Jacksonville





Average Charges for a Clinic Visit

- Price varies if medication is dispensed or if customers receive prescriptions
- Some clinics advertise in alternative newspapers citing discounts for new patients such as 'buy one get one free' or "50% off with this ad"
- Typically, initial office visit is \$250; each subsequent visit is \$150 to \$200
- Average 120-180 30mg oxycodone tablets per visit

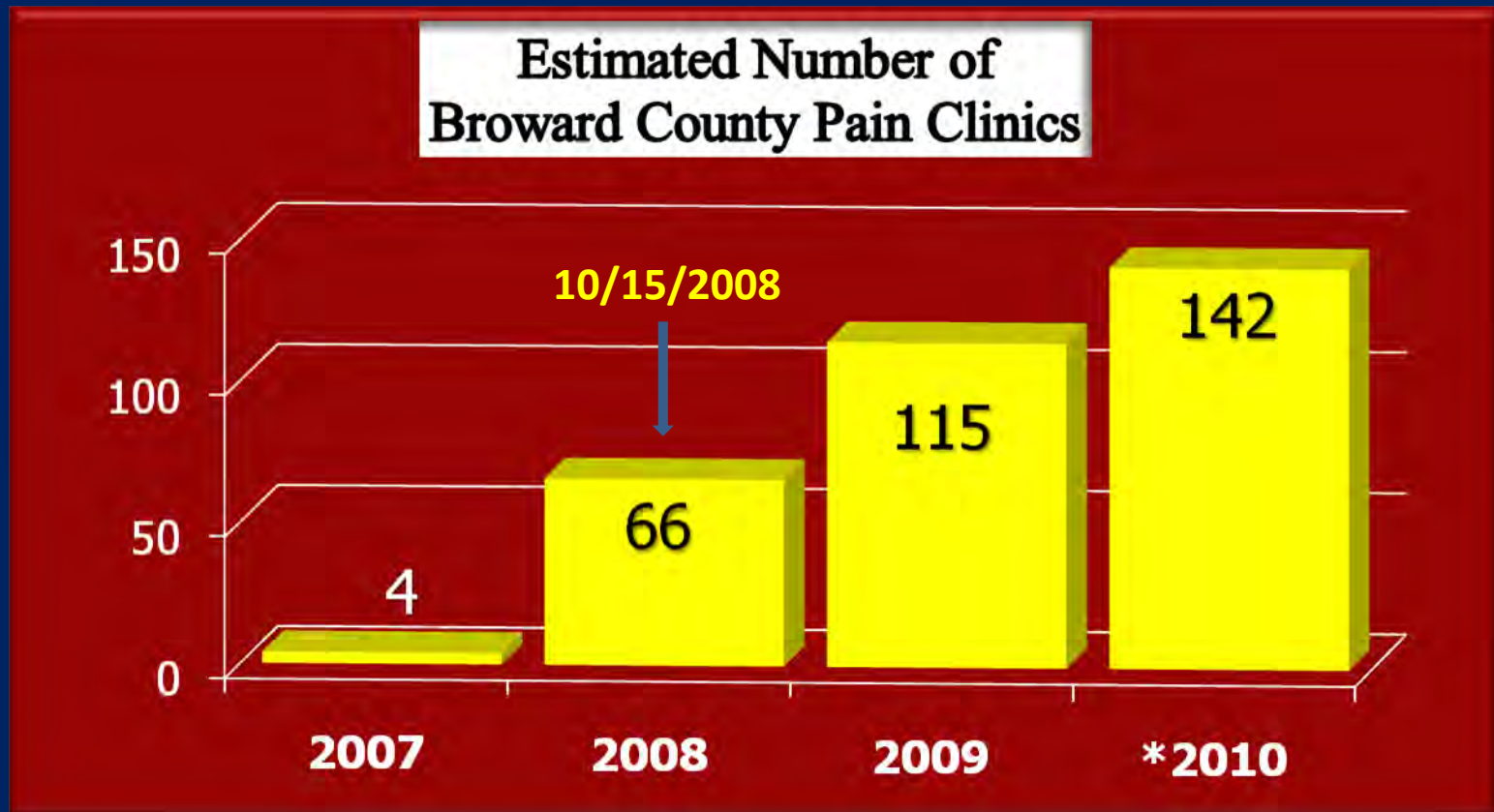


Cost of Drugs

- The 'cocktail' prescriptions go for \$650 to \$1,000
- According to medical experts, most clinics do not require sufficient medical history and tests for proper prescribing of Schedule II substances
- Each oxycodone 30mg tablet costs \$1.75 to \$2.50 at the clinics
 - On the street in Florida, that pill can be re-sold for \$7 to \$15
 - Outside of Florida, it can be re-sold for \$25 to \$30 (\$1 per mg)



Explosion of South Florida Pain Clinics



As of June 4, 2010, Florida has received 1,118 applications and has approved 1026

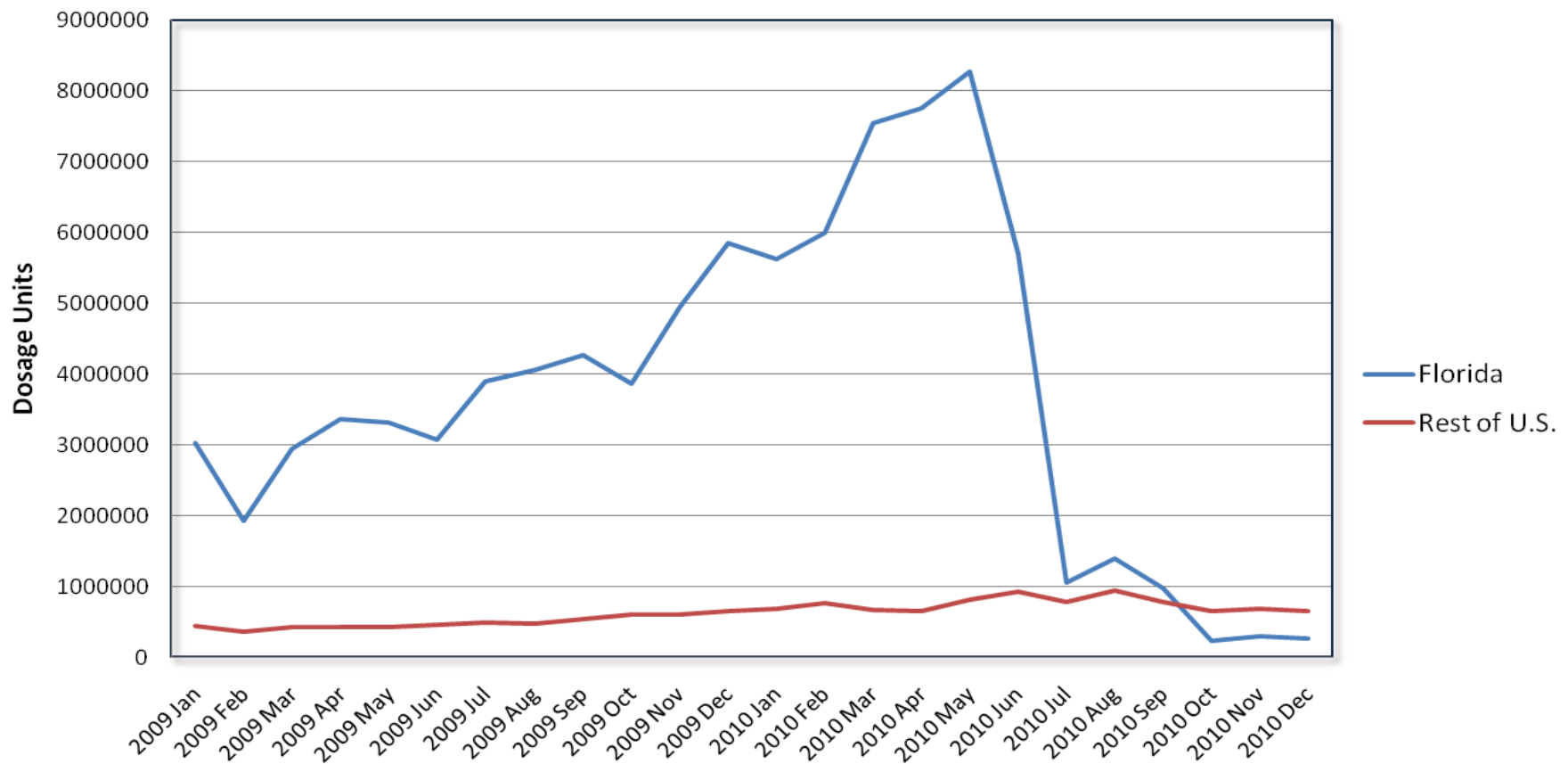
*As of May 14, 2010, Broward 142; Miami-Dade 79; Palm Beach 111



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

Monthly Oxycodone Sales to Practitioners 2009 - 2010



June 2010 DEA takes action against four wholesale distributors supplying doctors who were dispensing from rogue pain clinics.



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February 23, 2011

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 trafficking charges.

The Washington Post

Feds raid Fla. pill mills; arrest docs, owners

By CURT ANDERSON

The Associated Press

Wednesday, February 23, 2011; 5:23 PM

WESTON, Fla. -- U.S. Drug Enforcement Administration agents and local police swept across South Florida on Wednesday making arrests as part of a lengthy undercover operation into illegal pill mills that dispense huge amounts of powerful prescription drugs across the nation.

The Palm Beach Post

[Print this page](#) [Close](#)

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 Enforcement Actions
& the Florida legislation prohibiting
the sale of CS from pain clinics?**

Buy Pharmacies or
Move to Other
States!

Beef prices on the way up

Low cattle supplies, strong foreign demand for U.S. beef help fuel price boost. 1B.

Preserving pets after death growing popular as an option

Taxidermist Daniel Ross acknowledges it's a controversial topic, but says the owners "aren't weird, they just really love their pets." 3A.

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Editorial/Forum 6-7A
Market trends 6B
Marketplace Today 5D
State-by-state 7A
TV listings 6D

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USA TODAY Snapshots®

A bite into dental costs

Average out-of-pocket costs Americans say they pay for dental procedures:



By Rachel Huggins and Karl Gelles, USA TODAY

cartoonish persona, self-promotion and a criminal record of pump-and-dump stock fraud.

The former computer hacker is the principle figure behind Megaupload, which U.S. prosecutors charge was a global empire that reaped a mega-fortune from illegal digital distribution of movies, songs and other copyright works.

In a New Zealand jail awaiting extradition to the USA on charges of racketeering, money-

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 ►

Dealers creative in oxycodone bid

They try to open pharmacies after Florida target

By Donna Leinwand Leger
USA TODAY

Drug dealers are finding ways around new laws that shut down on "pill mills" dispensing powerful painkillers such as oxycodone.

In Florida, hundreds of people have opened pharmacies after barred doctors from dispensing narcotics directly from their offices and forced patients to fill prescriptions at pharmacies moved their operations to state police and federal agents.

"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 physicians has fallen to 13 from 90 in 2010, DEA Special Agent David Melenkevitz says.

Applications for non-chain pharmacies jumped about 80% in 2011 — to 381 — from a typical year before the crackdown, Trouville says.

"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."

er with the DEA and beset by a spate of controlled substance prescriptions. The DEA can deny an application if an applicant has a history of a drug-related conviction or a connection to a criminal activity that poses a threat to public health and safety.

pharmacy applicants in applications in 2011. "They feel the squeeze," he says.

Some pharmacies are opening in areas where pills to people recruited by doctors to get prescriptions. "They're not selling aspirin," Trouville says. "They're nothing but an empty bulletproof window." Applicants turned down by the DEA to try their luck in Georgia. Allen, director of the state's Department of Health and Narcotics Agency.

Of new non-chain drugstore applications, about 95% have some connection to Florida, he says.

"The people come completely out of left field without any pharmacy background and open a pharmacy in a sleazy strip mall right down the road from a pain clinic," Allen says. "You do a cursory background on them, and they're living in a doublewide in Pembroke Pines, Fla."

The DEA is working with the state to inspect pharmacies, says Barbara Heath of the DEA's Atlanta field division. She expects problem pharmacies to emerge in North Carolina and Tennessee as they are pushed out of Georgia.



"Year of the Woman"

since

cember; Gingrich has fallen by 8. Gingrich fares less well than Texas' Paul, who trails Obama by 7 points, 51-44%, former Pennsylvania senator Rick Warren, who also trails by 7 points, 51%-44%.

"Gingrich's efforts to win the nomination have set back his effort in the general election," says political scientist Jacobson of the University of Minnesota. "The appeal to Tea Party conservatives has him out of the mainstream of American politics."

The Swing States survey focuses on the most competitive battleground states: Florida, Iowa, Michigan, Nevada, New Hampshire, New Mexico, North Carolina, South Carolina, Virginia and Wisconsin.

The findings presumably reflect the attacks on Gingrich's temperament by Romney and other prominent figures from Arizona Sen. John McCain to the majority leader Bob Dole. The poll speaker has drawn fierce fire since South Carolina primary on Jan. 21 at the top of national polls.

In Florida, which holds its primary on Sunday, Romney led Gingrich in a Marist poll by 15 points, 42%-27%.

Gingrich blamed his fall on negative ads by Romney and his allies. "His policy of carpet bombing his opponents," said on Fox News Sunday. "It has an impact."

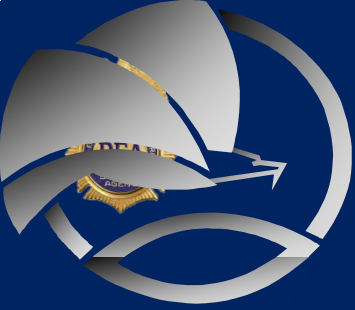
Romney, campaigning in Naples, Fla., said Gingrich should "look in the mirror" and his support has dropped.

Voters in both parties rate Romney higher than Gingrich on a series of positive issues.

Nearly six in 10 say Romney has the better leadership qualities; a preponderance, 42%, say Gingrich has those qualities. 42% call Romney sincere and a realist, while 34% say that of Gingrich.

Neither does particularly well on whether they understand the problems Americans face in their daily lives: 44% say that applies to each.

The survey of 737 registered voters through Saturday has a margin of error of 3 percentage points.



Methods of Diversion

- Practitioners / Pharmacists
 - Illegal distribution
 - Self abuse
 - Trading drugs for sex
- Employee pilferage
 - Hospitals
 - Practitioners' offices
 - Nursing homes
 - Retail pharmacies
 - Manufacturing / distribution facilities
- Pharmacy / Other Theft
 - Armed robbery
 - Burglary (Night Break-ins)
 - In Transit Loss (Hijacking)
 - Smurfing
- Patients
 - Drug rings
 - Doctor-shopping
 - Forged / fraudulent / altered prescriptions
- Internet availability



Doctor Shopping





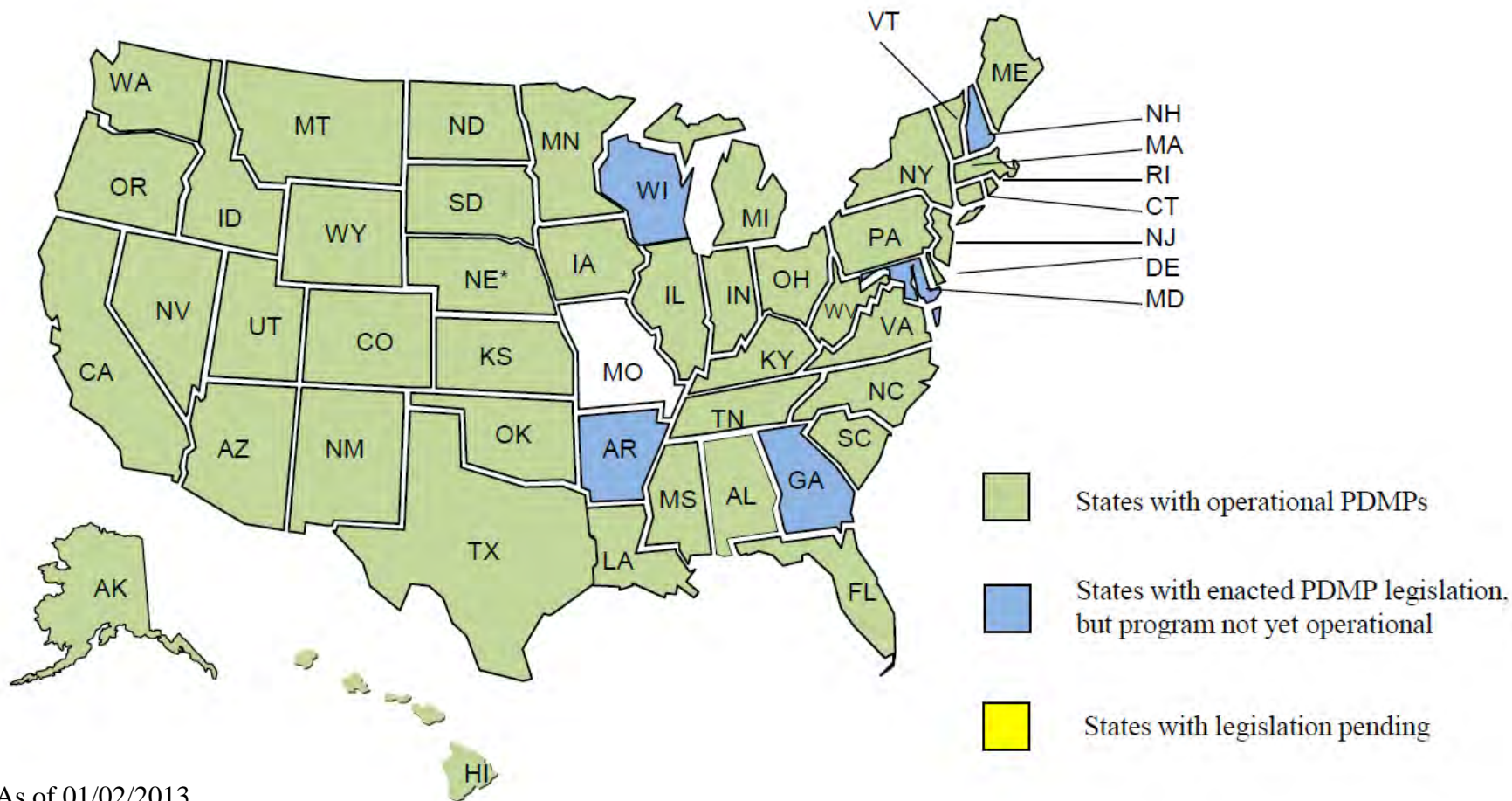
Doctor Shopping: What is it ?

Practiced by both Individual “Patients Drug Seekers” & Trafficking 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



Status of State Prescription Drug Monitoring Programs (PDMPs)



* The operation of Nebraska's PDMP is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

Pharmacy Run Sheets...

Contacts

Date	Discipline	Follow-up Out	Time
•	Auroa-2000 E. Layton-St Francis	483-3800	7:00
•	Auroa-8348 Washington Ave-Racine	262-884-4030	
•	Walmart-4701 S. 27th Franklin	761-9571	
•	Walmart-3355 S. 27th Milwaukee	383-1522	
•	Osco-11111 W. Greenfield-West Allis	778-0262	
•	CVS-9220 W. Greenfield Ave. West Allis	450-9119	
•	LaboHS-10424 W. Bluemond-Wauwatosa	257-0077	
•	Osco-5740 Washington Ave. Racine	53406-2643	9:10
•	Osco-7901 W. Layton Ave. Greenfield	53220-272-7664	
•	Walmart-S. Oakes rd. Sturtevant	262-598-8528	
•	Walmart-4500 S. 108th Greenfield	539-4669	
•	K-Mart-5600 108th St. Waukegan	844-529-0074	
•	K-Mart-5141 Douglas Ave. Racine	262-639-8117	
•	K-Mart-4601 S. 27th Greenfield	282-1085	
•	Target-4772 S. 27th St. Greenfield	282-0631	
•	Target-5984 S. Howell-Cock Creek	216-0002	
•	Secon Drugs-5.75 W. 17301 Jonesville Rd.		
	Madison 53150	262-678-1800	
•	Community Pharmacy-3807 Spring St.		
	Racine 53405	262-687-3430	
•	Shoppers-4801 Washington Ave Racine	637-8444	
•	Serv-U-7500 W. Oklahoma, West Allis	332-4450	
•	Swan Serv-U-4500 W. Amon Wauwatosa	258-1130	

Contacts

Name _____
 Company _____
 Address _____
 Phone _____
 Website/E-mail _____
 Referred by _____

Date	Discipline	Follow-up Out	Time
3-5-07	Back pain - O'Connor O'Connor	4-5-07	5:65 9:50
	Wheaton - Oxycodone ER 30mg (64)		90.
	Oxycontin 40mg (100mg)		417.
	↓ cyclobenzaprine 10mg (93)		Waukegan 40.
	Wheaton Franciscan Pharmacy-444-281-7500		
	2500 W. Layton, Milwaukee	53211	281-7500
2-3-07	Bhatti-AMBELINE-10625 W. North Ave		
	Suite 312 - Wauwatosa	53226	944-423-9990
		3-13-	258.
	The Pharmacy Shoppe	444-584-1666	9-4-4
	3201 S. 16th St. Milwaukee	53215	6611
	90 - Oxycodone ER 80mg		557.
	20 - Diazepam 5mg No pills		11.
	90 - Oxycodone 15mg		55.

PERSONAL

NOTES



Doctor Appointment Records

Dec 22 - 10:00 - Wetzler (586)

January 2007

Sunday	Monday	Tuesday	Wednesday
	1	2 (689.18) 3 Censky 9:00 Sylvia's script	
7	8	9 Smith 1:00	10
14	15 Bhatti 11:15	16 Driver License Workday - 1:00 Apr. 5	17
21	22 O'Conner 10:30 (686)	23	24
28	29	30	31

Dec 21 - Bhatti - (622.20)

Thursday	Friday	Saturday
4 P.O. Home visit 9:00 AM	5	6 Call Lane Bryant
11 Saw O'Conner 4:15 - house fire - 19 after Movie	12	13 7:00pm Wendys - wrong order - Will Get entire #? Spicy & Value meal (Spoke to Robert)
18	19	20 Bhatti 10:30 11:30
25 Censky 10:00	26	27 Wetzler 11:30

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV

		OX	ROX	LOR	X's	SOMMAS	
DR. COOPER		90		150	90		60
WORLD WIDE	500						
DR. PRATO		120	180		60		
JERRY'S	820						
DR. FAXLER		170	130		190		
P. L. STORE	740						
DR. WEED		240	270	150	90		
GENERIC DEPOT	1110						
DR. OSSORIO				120	60	100	
OFF PHAR	240						
DR. COSBY		40	90		30		
TOWN	540						
DR. MENDER			110	90	45	45	
OFF. PHAR.	288						
DR. SULKIN				90	22		
H. L. W. D.	180						
DR. MELLON		240	270	150	120		
ALPHA	1200						
DR. SMITH		120	120		60		
GARDEN DRUG.	772	(215)					
DR. LAZZO P. I. A.			120		60	120	
PRO-SCRIPT	315						



Healthcare Professionals in a Hospital setting



Methods of Diversion

- Theft (embezzlement) from automated dispensing systems – PYXIS, Lionville
- Substitution or adulteration of medications
- Theft of sample medications
- Theft of patient medications through charting manipulations
- Self-medication



Embezzlement

- When drugs are administered to the patient the nurse must manually document in patient's MAR (Medication Administration Record)
- Diversion can be discovered only through documentation review
 - ❖ PYXIS reports
 - ❖ Physician's orders
 - ❖ Medication Administration Record (MAR)
 - ❖ Work Schedule

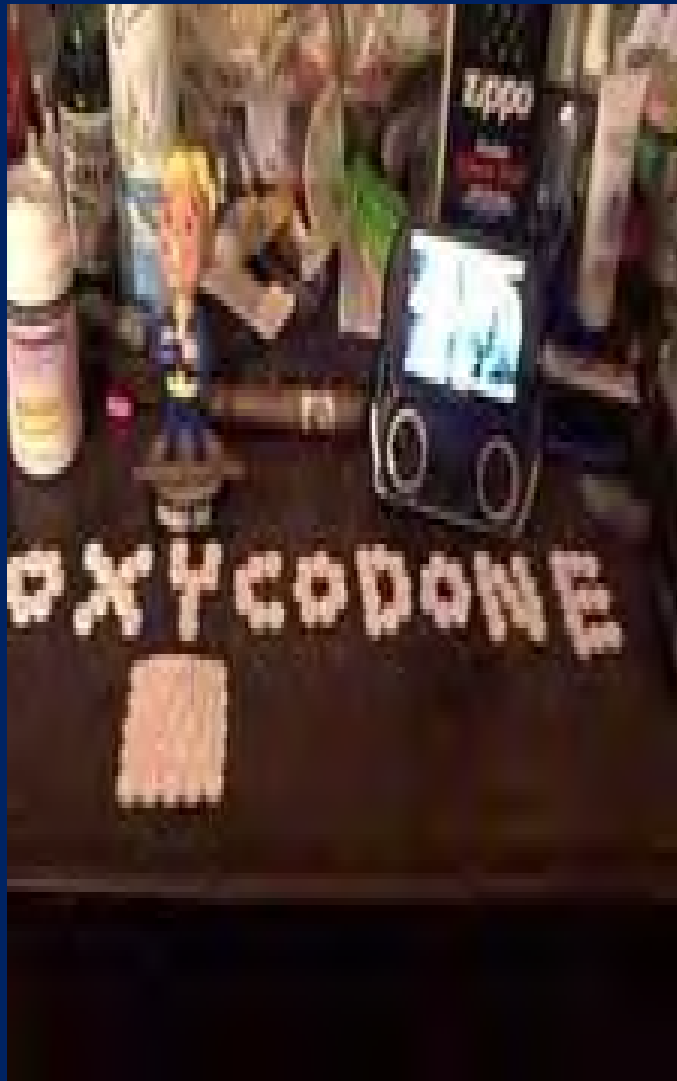


Embezzlement

- Shortages on PYXIS report
- Nurse withdraws drug for a patient not assigned to her or removes drug when not assigned to work
- Nurse withdraws drug that is not ordered by physician or after order was cancelled
- Nurse withdraws drug more frequently than what is prescribed by physician
- Nurse fails to document wastage when required or wastes entire vials of drug
- Administration of drug not documented on MAR



Lessons Learned





We will not arrest our way out of this problem!!!!!!

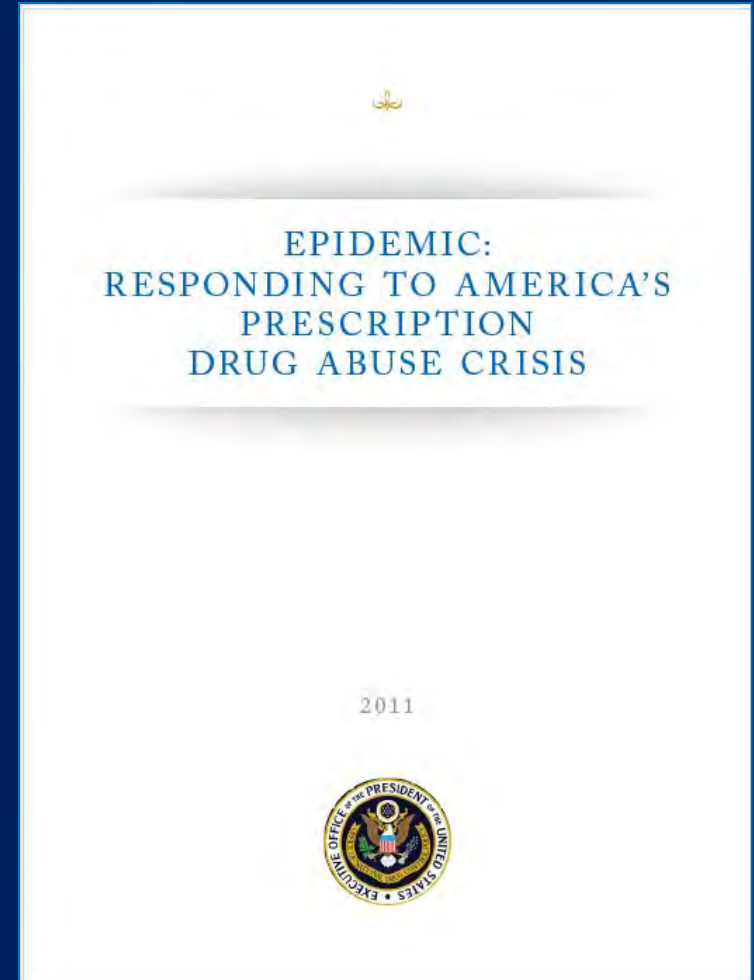
- Enforcement is just as important as....
- Prevention/Education
- Treatment





Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- Four focus areas
 - 1) Education
 - 2) Prescription Drug Monitoring Programs
 - 3) Proper Medication Disposal
 - 4) Enforcement





Cutting off the Source of Supply





DEA Legal Recourse

➤ Administrative

Immediate Suspension Order (ISO)

Memorandum of Agreement (MOA)

Order to Show Cause (OTSC)

➤ Civil

Fines

➤ Criminal

Arrests & Forfeiture of Assets



National Take Back Initiatives

Over 2.8 million pounds (1,409 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)

April 27, 2013: 742,497 pounds (371 tons)





Take-Back Event



Boxed, Sealed, Counted, Weighed,
Consolidated, Secured, and
Incinerated



Secure and Responsible Drug Disposal Act of 2010

- 12/21/2012 – Proposed Drug Disposal Regulations are published in Federal Register
- 2/19/2013 – Comment period on proposed regulations
- Review of comments, and hearings if requested
- Finalization of rules



What to Do?

- ✓ Take the time and talk to your patients about abuse and dependence potential for medications that have been prescribed;
- ✓ Securing their medications in their homes;
- ✓ Discuss how to properly dispose of expired or unused medications; and



Thank You / Questions



*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*