PRESCRIPTION DRUG
TRAFFICKING & ABUSE TRENDS

July 13 -14, 2013
Pharmacy Diversion Awareness Conference (PDAC)
Portland, OR.

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Operations Division, Office of Diversion Control,
U.S. Drug Enforcement Administration
Disclosure Information

I have no financial relationships to disclose !!
Rx Trends Outline

- Scope of the Problem
- The Costs
- What People are Abusing
- The “CSA” – Checks & Balances
- Where People are Getting Their Drugs (Evolution of Problem & Pill Mills)
OBJECTIVES

1. Identify current trends in pharmaceutical controlled substance abuse.

2. Describe the impact pharmacy diversion has on communities.
1. What is the most commonly prescribed controlled substance in the U.S.?
   a. Oxycodone
   b. Methylphenidate
   c. Hydrocodone/APAP
   d. Alprazolam
2. What controlled substance had the greatest number of U.S. poison exposure case mentions from 2004-2008?
   a. Heroin
   b. Hydrocodone
   c. Oxycodone
   d. Methadone
3. Name four common methods of diversion.
PRE-TEST

4. What combination of drugs is referred to as the “trinity”?

A) Hydrocodone, alprazolam, and carisoprodol
B) Promethazine with codeine, methylphenidate and carisoprodol
C) Hydromorphone, carisoprodol and buprenorphine
D) Methadone, diazepam and tramadol
Prescription Drug Abuse & Trafficking Trends

OR

Responding to America’s Prescription Drug Abuse Crisis

“When Two Addictions Collide”
SCOPE OF THE PROBLEM
JACKPOT!

Prescription drugs found in tap water.
Mayo Clinic Study on Prescription Drugs

• The three most common types of prescriptions are antibiotics, antidepressants, and painkiller opioids

• 70% of Americans are taking at least one prescription drug

• More than 50% are on at least two prescriptions

Source: Mayo Clinic Press Release, 6/19/2013
The 1960/70s/80s

- **Uppers** - Dexedrine
- **Downers** - Seconal
- **Meprobamate**
- **Hydromorphone**
- **Oxycodone/APAP**

"Ts and Blues"

"Fours and Doors"
The 1990s

OxyContin
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 (Past Month)</th>
<th>2011 Current Users (Past Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANY ILLICIT DRUG:</strong></td>
<td>22.6 million</td>
<td>22.5 million</td>
</tr>
<tr>
<td><strong>MARIJUANA:</strong></td>
<td>17.4 million</td>
<td>18.1 million</td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC DRUGS:</strong></td>
<td>7 million</td>
<td>6.1 million</td>
</tr>
<tr>
<td><strong>COCAINE:</strong></td>
<td>1.5 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td><strong>Methamphetamine</strong></td>
<td>353,000</td>
<td>439,000</td>
</tr>
<tr>
<td><strong>Heroin</strong></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!!

U.S. Drug Enforcement Administration / Operations Division / Office of Diversion Control
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
• 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
Where do kids get their information from?
Where do kids get their information from?

The Front Page

If this is your first visit, be sure to check out the FAQ.

You may have to register before you can post; click the register link above to proceed. To start viewing messages, select the forum that you want to visit from the selection below.

Features
- Bluelight Wiki
- Blogs
- Bluelight Mobile
- Staff List
- Twitter

The Front Page

A Letter to Bluelight and MAPS Forum members From Brad Burge (MAPS) and Sebastians_Ghost (BL)

by Sebastians_ghost Published on 05-04-2013 06:57

It is with great pride and enthusiasm that we announce today a major collaboration between Bluelight and the Multidisciplinary Association for Psychedelic Studies.

Through the efforts of Brad Burge, MAPS' Director of Communications, Rick Doblin, MAPS Founder and Executive Director, Sebastians_Ghost and The_Love_Bandit of Bluelight, we will soon undertake an exciting partnership to reinvigorate the MAPS forum and increase opportunities for public education about psychedelic science and medicine. The existing plaintext email MAPS Forum will be migrating to Bluelight, the world’s leading drug information website. We’re aiming to unveil the new MAPS Forums on Bluelight shortly before the Psychedelic Science 2013 Symposium in mid-April.

In the coming weeks, the MAPS Forum will no longer be linked from maps.org. Instead, MAPS will provide a link to the new MAPS Forum hosted at Bluelight. MAPS will work closely with Bluelight to encourage public participation in our new “home” at Bluelight as the migration of the MAPS Forum topics is completed.
Westchase teachers learn a lesson: Say 'no' to mints in pill bottles

One of the mint-filled pill bottles distributed to some fourth graders at Westchase Elementary.

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.
Wrestler Benoit's doctor gets 10 years in prison

NEWNAN, Ga. (AP) — The personal doctor to a professional wrestler who killed himself, his wife and their 7-year-old son was sentenced to 10 years in prison Tuesday for illegally distributing prescription drugs to patients.

Dr. Phil Astin, 54, had pleaded guilty Jan. 29 to a 175-count federal indictment.

Prosecutors said Astin prescribed painkillers and other drugs to known addicts for years. They said at least two of Astin's patients died because of his lax oversight of what medicines they were taking. However, the indictment was unclear about whether Chris Benoit, a wrestler for Stamford, Conn.-based World Wrestling Entertainment, was one of the two.

"I take full responsibility," Astin told the judge Tuesday. "I am sorry I hurt so many lives. I was thinking that I was looking after my patients."

U.S. District Judge Jack Camp said there was no doubt Astin tried to help hundreds of patients at his western Georgia clinic. But the judge said he could not overlook Astin's misconduct.

"The fact that two people did die outweighs other conditions that I must consider," Camp said.

A federal investigation found Astin wrote prescriptions without conducting physical exams and sometimes gave patients as many as four simultaneous prescriptions for Percocet. He also prescribed "cocktails" of drugs like Percocet, Oxycontin, Vicodin and Adderall.

"Medical doctors know that after a period of time, if the prescriptions are not working, you get them off," Assistant U.S. Attorney John Horn said during the hearing.

Investigators cited one case in which an unidentified female patient began receiving a combination of drugs that included Xanax from Astin in 2002. She died in June 2007, the same month authorities found Benoit and his family dead in their suburban Atlanta home.
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 four counts of prescription fraud. He and his attorney Robert Champion appeared before a judge Friday and were released on $5,000 bail. Limbaugh, who pleaded not guilty Friday, has steadfastly denied doctor shopping.

Prosecutors said they would drop the charge if Limbaugh completes treatment for prescription drug addiction and agrees to other terms of the plea deal, which is still being negotiated.

Rangers’ Boogaard died of alcohol, oxycodone mix

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 Tuesday, saying it was unclear exactly when the 28-year-old died. Boogaard was found dead in his Minneapolis apartment last weekend after he sustained a concussive blow.

Boogaard’s agent, Ron Saks, said it has been a difficult time for the family and the Rangers. Saks said Boogaard died on May 11, 2012.

Coheed and Cambria Bassist Arrested Before Gig

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 ...

Thomas Kinkade cause of death: alcohol, Valium

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

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.

Mays, 50, was a pop-culture fixture with his energetic commercials pitching gadgets and cleaning products like Orange Glo and OxiClean. Heart disease was the primary cause of death, and a report released Friday by the medical examiner listed cocaine as a “contributory cause of death.” The office said Mays last used cocaine in the few days before his death but was not under the influence of the drug when he died.

Hillsborough County spokeswoman Lori Hudson said nothing in the toxicology report indicated the frequency of Mays’ cocaine use. Cocaine can raise arterial blood pressure, directly cause thickening of the left wall of the ventricle and accelerate the formation of atherosclerosis in the coronary arteries, the release said.
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 health care costs 8.7 times higher than non-abusers\(^2\)

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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 this 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 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>
</tr>
<tr>
<td>2002</td>
<td>17,429</td>
<td>10,515</td>
</tr>
<tr>
<td>2003</td>
<td>19,578</td>
<td>11,254</td>
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<tr>
<td>2004</td>
<td>22,654</td>
<td>12,603</td>
</tr>
<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>
</tr>
<tr>
<td>2007</td>
<td>24,558</td>
<td>15,069</td>
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<td>2008</td>
<td>26,306</td>
<td>17,256</td>
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<tr>
<td>2009</td>
<td>27,753</td>
<td>18,396</td>
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<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


Source: CDC National Center for Health Statistics (NCHS) Data Brief, December 2011, updated with 2009 and 2010 mortality data
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 2010, there were...

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse treatment admissions</td>
<td>10</td>
</tr>
<tr>
<td>ED visits for misuse or abuse</td>
<td>28</td>
</tr>
<tr>
<td>People with abuse/dependence</td>
<td>108</td>
</tr>
<tr>
<td>Nonmedical users</td>
<td>733</td>
</tr>
</tbody>
</table>

Mortality figure is for unintentional overdose deaths due to opioid analgesics in 2010, from CDC/Wonder. Treatment admissions are for with a primary cause of synthetic opioid abuse in from TEDS. Emergency department (ED) visits related to opioid analgesics in from DAWN. Abuse/dependence and nonmedical use of pain relievers in the past month are from the National Survey on Drug Use and Health.
For Immediate Release
May 08, 2012

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 misleading information 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 manipulate 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 narcotic painkillers to be a public health epidemic. Deaths from painkiller overdoses have tripled over the last decade and led to the deaths of 16,000 Americans in 2009, exceeding those caused by heroin and cocaine 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.”
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.
Dollars for Doctors
How Industry Money Reaches Physicians

The Story So Far

Feature Stories

News App: Dollars for Docs
Dollars for Docs Mints a Millionaire
Med Schools Flunk at Keeping Faculty Off Pharma Speaking Circuit
Financial Ties Bind Medical Societies to Drug and Device Makers

Has Your Health Professional Received Drug Company Money?
Updated March 11, 2013

SEARCH
Name, institution or city:

Examples: Klein, Duke University, Miami

State
All States

SEARCH

Embed on your site   About this Data

Heart of Need Deskman: Why Updating Dollars for Docs is Costly
WHAT PEOPLE ARE ABUSING
Commonly Abused Controlled Pharmaceuticals

- Carisoprodol (C-IV as of 1/11/2012)
- Hydrocodone
- OxyContin 80mg
- Oxycodone 30 mg
- Oxymorphone
- Alprazolam
Most commonly prescribed prescription medicine?

Hydrocodone/acetaminophen
Top Five Prescription Drugs Sold in the U.S. (2006-2011)

(By Number of Prescriptions Sold)

Source: IMS Health

- Hydrocodone/Apap
- Lipitor
- Amoxicillin
- Lisinopril
- Simvastatin
- Levothyroxine
- Azithromycin
- Amlodipine besylate

(2006-2011)
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
The Trinity

Hydrocodone

Carisoprodol
Muscle Relaxant
C-IV as of 1/11/2012

Alprazolam
Benzodiazepine

Opiate
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
How to Abuse Oxycodone
Prescription Opiates  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

Tuesday, April 3, 2012

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 Kane Davidson, director of the Addiction Treatment Center at Suburban Hospital in Bethesda, said, “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-
Example: “Heroin a Growing Problem in St. George”

St. George, Utah is known as a good place to raise a family or to retire, but aside from the wholesome image, it's fighting a newfound heroin problem.

Police point to users like Karli Chambers: 27 year-old mother of two had been addicted to prescription drugs, then made an economic decision.

"I couldn't afford the pills," Chambers said in an interview at the Southwest Behavioral Health Center in St. George, where she is getting counseling. "It was too much. The only thing I could find was heroin."

¹SOURCE: Rick Egan, Salt Lake Tribune, October 8, 2010
Example: “Heroin use by Young Adults Devastates Outer Suburbs”

• There is a surge in heroin use in Michigan, where the number of people seeking treatment in state-sponsored programs has nearly doubled since 2003.

• More youths have turned to heroin after abusing "gateway" prescription drugs, said Dr. Mark Menestrina, an addiction medicine physician at St. John Providence Health System's Brighton Hospital in Livingston County.

• It may come down to economics: It's a quick, easy high at $10-$20 a hit.

SOURCE: Mark Hicks and Valerie Olander, The Detroit News, April 27, 2011
Methadone
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).
WHY IS IT ALSO USED AS AN ANALGESIC??????

Cheapest narcotic pain reliever – synthetic

Insurance companies

What’s the problem?
One Pill can Kill

By Jonathan J. Lipman, PhD

THE METHADONE POISONING "Epidemic"

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

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.
Overdose...Why?

• Patients not taking the drug as directed
• Physicians not properly prescribing the drug
• Non-medical users ingesting with other substances
• Opiate naive
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 2015 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 6% 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 opiod drugs frequently linked to accidental overdose deaths included hydrocodone and oxycodone. The two narcotics contributed to one in 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 represents 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 26 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.
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 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
Buprenorphine Prescriptions

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

Hydromorphine

Meperidine

Morphine

Codeine

Propoxyphene
Benzodiazepines

- Alprazolam
- Clonazepam
- Diazepam
- Lorazepam
- Midazolam
- Triazolam
- Temazepam
- Flunitrazepam
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).

**Diagnostic Features**

- Fails to give close attention to details...make careless mistakes in schoolwork, work
- Difficulty sustaining attention in tasks
- Does not seem to listen when spoken to
- Does not follow through on instructions
- Difficulty organizing tasks
- Often loses things necessary for tasks
- Easily distracted
- Forgetful

(h) is often easily distracted by extraneous stimuli
(l) 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.
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”
ROBITUSSIN

Because Gatorade doesn't make you a flying robot in space.
Non-Controlled Substances

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

- **Muscle Relaxant:**
  - Cyclobenzaprine (Flexeril®)
Tramadol Prescriptions

Source: IMS Health National Prescription Audit Plus downloaded 6/5/2012
# NFLIS Tramadol Reports & Percentage of Total Narcotic Analgesics
(January 2009 – June 2012)

<table>
<thead>
<tr>
<th>Year (Jan – June)</th>
<th>Estimated Reports</th>
<th>% of Total Narcotic Analgesics</th>
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<tr>
<td>2009</td>
<td>557</td>
<td>0.99%</td>
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<tr>
<td>2010</td>
<td>704</td>
<td>1.04%</td>
</tr>
<tr>
<td>2011</td>
<td>720</td>
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<tr>
<td>2012</td>
<td>957</td>
<td>1.50%</td>
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</table>

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
The CSA’s Closed System of Distribution

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

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

- Raw Material
  - (Thebaine)
  - QUOTAS
  - Importers
    - Manufacturers
      - Dosage Form Manufacturers

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

- Dosage Form Manufacturers

- Imp - Manufacturers

Legislation:
- 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
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?
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.
WHERE PEOPLE ARE GETTING THEIR DRUGS
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
So Many Drugs in the Household – Why?

• Unreasonable quantities being prescribed

• Insurance rules
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)
National Take Back Day: April 27, 2013
Total Law Enforcement Participation: 4312

Drug Enforcement Administration
Diversion Control Program

[Map showing participation by state]
National Take Back Day: April 27, 2013
Total Collection Sites: 5829

Drug Enforcement Administration Diversion Control Program
National Take Back Day: April 27, 2013
Total Weight Collected (pounds): 742,497

Drug Enforcement Administration
Diversion Control Program
Take-Back Event

Boxed, Sealed, Counted, Weighed, Consolidated, Secured, and Incinerated
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: 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
Doctor Shopping: What is it?

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 skid row streets, 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 most prolific drug dealer. In 2008 alone, he illegally distributed enough prescription drugs to constitute the federal government’s equivalent of more than 50 kios 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, Walmart, Target, and City of Hope pharmacies combined.

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, Walmart, Target, and City of Hope pharmacies combined.

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 rare. More common is doctor-shopping by patients, thefts from pharmacies, trading medicals to addicts and illegal street sales by drug dealers.

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

Here’s a chance to send a message to “well-meaning” doctors like Healy who might be tempted by easy money and to suffering patients who might not realize that the mild-mannered guy with the stethoscope might have more than their well-being in mind.

sandy.banks@latimes.com
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.
Pharmacy Run Sheets...

Contacts

Name
Company
Address
Phone
Website/Email

Date

3-5:07 Back pain - O'Connor 4-5-07 9:59
Oxycodone ER 30 mg (64) 90.
Oxycontin 40 mg (110 mg) 417.
Zolpidem 10 mg (61) 90.
Wheaton Franciscan Pharmacy 4-5-07 7:50
2800 W. Layton, Milwaukee 53215 281-7500

2-13-07 Bhatia Ambulance 10625 W. North Ave
Suite 112, Wauwatosa 53226 414-423-9910
The Pharmacy Shoppie 4-4-07 1664 W. 46th St.
3201 S. 16th St., Milwaukee 53215  (5477)
90 - Oxycodone ER 80 mg
20 - Diazepam 5 mg no pills
90 - Oxycodone 15 mg
55.
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<th>LNR</th>
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<td>Dr. Cooper</td>
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<td>150</td>
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<td>World Wide</td>
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<td>Dr. Faller, P. L. Store</td>
<td>240</td>
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<tr>
<td>Dr. Weed, Generic Depot</td>
<td>240</td>
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<td>Dr. Ossorio, Off. Phar.</td>
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<td>150</td>
<td>90</td>
<td>100</td>
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<td>Dr. Cosby, Town</td>
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<tr>
<td>Dr. Mendez, Off. Phar.</td>
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<td>Dr. Sulkin</td>
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<td>Dr. Mellon, Alphs</td>
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<td>Dr. Smith, Garden Drug.</td>
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<td>Dr. Lazaro, Pina, Pro. Script</td>
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<td></td>
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</table>
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.
many customers receiving the same combination of prescriptions

many customers receiving the same strength of controlled substances;

many customers paying cash for their prescriptions;

many customers with the same diagnosis codes written on their prescriptions;

individuals driving long distances to visit physicians and/or to fill prescriptions;

customers coming into the pharmacy in groups, each with the same prescriptions issued by the same physician; and

customers with prescriptions for controlled substances written by physicians not associated with pain management (i.e., pediatricians, gynecologists, ophthalmologists, etc.).
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
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)
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

2/08/2013
SOOOO... How many Internet Pharmacy Applications have met the requirements for approval ???

- NONE !!! (no applications approved to date)
- 39 applications have been filed / 20 withdrawn / 7 applications filed in error / 12 pending
What took the place of internet controlled substance distribution?

Where did it all go?
“ROGUE PAIN CLINICS” & “PILL MILLS”

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

(MIAMI)
### Drugs Prescribed

- A ‘cocktail’ of oxycodone and alprazolam (Xanax®)
- An average ‘patient’ receives prescriptions or medications in combination

<table>
<thead>
<tr>
<th>Schedule II</th>
<th>Schedule III</th>
<th>Schedule IV</th>
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<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>
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</tr>
<tr>
<td>Percodan</td>
<td>Tylenol #3 (codeine)</td>
<td></td>
</tr>
<tr>
<td>Demerol</td>
<td>Tylenol #4 (codeine)</td>
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</tbody>
</table>
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
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.
Where to Find Doctors - Craigslist

**PHYSICIAN NEEDED, START IMMEDIATELY** *(WEST PALM BEACH, FLORIDA )*

Date: 2010-03-03, 5:22PM EST
Reply to: job-gekbz-1627117891@craigslist.org

**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

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
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 doctors and pharmacy owners, were arrested on charges ranging from racketeering to illegal drug trafficking.

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.
This operation involved the mobilization of eleven Tactical Diversion Squads from across the United States to marshal with the Miami TDS and other state and local agencies in a concerted effort to attack and dismantle the hundreds of rogue pain clinics that continue to plague South Florida.

- On February 23, 2011, as part of *Operation Pill Nation* DEA conducted a coordinated effort with more than 500 state and local law enforcement officers in a massive takedown which included:
  - 21 search warrants executed at clinics, residences, and other locations in south Florida;
  - 25 arrested on various federal and state drug and money laundering charges, of which 5 were medical doctors and 5 were pain clinic owners;
  - Seizure of approximately $9.5 million in assets. ($3 million dollars in US currency, a variety of other real property, jewelry, and assets including 68 vehicles, some of which were exotic cars; and
  - Immediate Suspension Orders issued against 14 DEA registrations, 1 Order to Show Cause issued against 3 DEA registrations, and the surrender of 6 DEA registrations.
To date, *Operation Pill Nation* has resulted in:

- The surrender of 92 DEA registrations (80 physicians, 8 pharmacies and 4 wholesale distributors);
  - 1 wholesale distributor’s civil fine was $8 million
- Immediate Suspension Orders issued against 63 DEA registrations (62 physicians, 1 distributor);
- Orders to Show Cause issued against 6 DEA registrations;
- 40 clinics closed;
- 47 arrests (27 physicians, 5 clinic owners and 15 clinic employees)
- Seizure of more than $18.9 million in assets ($12.1 million in US currency and approximately $6.8 million in vehicles, jewelry, real property, and other assets).
Pain Clinic "Crackdown"
Clinic response to Enforcement Actions & the Florida legislation prohibiting the sale of CS from pain clinics?

Buy Pharmacies or Move to Other States!
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.

Drug dealers are finding new ways around local laws. They move their operations to states where they can operate without state or federal oversight. They open pharmacies that dispense oxycodone and other drugs that are controlled substances.

Drug enforcement officials say that traffickers are now using pharmacies to distribute oxycodone and other controlled substances. They move their operations to states where they can operate without state or federal oversight. They open pharmacies that dispense oxycodone and other drugs that are controlled substances.

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## Pharmacy Applications for Registration

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<td>40.5%</td>
<td>55.8%</td>
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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.

• 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.
First Prong: Increased Enforcement Efforts

- Currently 51 operational Tactical Diversion Squads (TDS) throughout the United States (66 total 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

- Increased regulatory efforts throughout the U.S. (to include increases in frequency of inspections)

- Investigating/Inspecting all new and renewal pharmacy applications submitted in Florida.

- Investigating/Inspecting existing pharmacies registrations
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
- Examples of civil action against distributors:
  - Cardinal Health, $34 million civil fine
  - McKesson, $13.25 million civil fine
  - Harvard, $6 million civil fine
- Examples of suspension, surrender or revocation of DEA registration
  - Keysource, loss of DEA registration
  - Sunrise, loss of DEA registration
DEA aims big to stem painkiller black market

Cardinal Health says it didn’t look the other way

By Donna Lemwand Leger
USA TODAY

Vincent Moeller, a psychologist who has been treating people for painkiller addiction, said he was surprised to learn that the company had been selling painkillers to prescription drug dealers. ‘This is a huge problem,’ he said. ‘It’s not just a local problem, it’s a national problem.’

The DEA has been targeting painkillers for years, but the agency’s efforts have not been enough to stem the flow of the drugs onto the streets. In 2010, the DEA conducted a raid on a pain clinic in Florida that was distributing painkillers to prescription drug dealers. The raid resulted in the arrest of the clinic’s owner and the seizure of thousands of painkillers. However, the clinic was able to continue distributing painkillers online, and the DEA was unable to penetrate the online market.

The DEA’s efforts have been hampered by the fact that many pain clinics are located in states with loose regulations on painkillers. For example, in Texas, it is legal to prescribe painkillers to patients who have been diagnosed with chronic pain, even if they have not been treated by a doctor. This has allowed pain clinics to flourish in the state, and the DEA has been unable to shut them down.

The DEA is currently working on a new strategy to combat the painkiller problem. The agency is looking at ways to improve its enforcement efforts and to work more closely with other government agencies. The DEA is also seeking to increase public awareness about the dangers of painkiller abuse.

Cover Story

Oxycodone purchases

The DEA suspended the license of a Florida pharmacy that was ordering oxycodone from a distributor that the agency had warned about.

The DEA’s investigation into the pharmacy began after the agency received a tip from a whistleblower. The whistleblower claimed that the pharmacy was ordering oxycodone from a distributor that had been warned by the DEA not to do business with the pharmacy. The DEA began an investigation into the pharmacy and discovered that the pharmacy had been ordering oxycodone from the distributor.

The DEA suspended the pharmacy’s license in April 2010. The agency said that the pharmacy had been ordering oxycodone from a distributor that had been warned not to do business with the pharmacy.

Cover Story

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Pharmacy Chain to Pay $80 Million Fine in D.E.A. Inquiry

By BARRY MEIER

The Walgreen Company, the nation's biggest pharmacy operator, agreed on Tuesday to pay $80 million to resolve federal charges that it failed to properly control the sales of narcotic painkillers at some of its outlets.

Officials at the Drug Enforcement Administration described the fine as the biggest ever paid by a pharmacy chain. As part of the settlement, the license of a Florida facility used by Walgreen to distribute controlled drugs was revoked for two years.

D.E.A. officials said that many of the drugs dispensed at the facility made their way to the black market, including oxycodone, a strong narcotic that is also the active ingredient in OxyContin.

Under the agreement, Walgreen committed to establish better internal controls. It acknowledged that practices at a distribution facility and some of its pharmacies in Florida did not meet standards.

Over the last year, federal officials have acted against several major wholesalers of prescription painkillers, like Cardinal Health, as well as drugstores. Such drugs are involved in some 16,000 overdose deaths annually.

Federal officials have said that the black market has been rampant in Florida, where until recently hundreds of so-called pain clinics operated, including many where patients received prescriptions for opioids after cursory examinations. Since 2008, federal officials have brought charges against 59 doctors in connection with prescribing of painkillers.

Agents said Walgreen distributed the drugs in violation of Florida law and federal regulations. Florida once served as the largest supplier of prescription painkillers to pharmacies in that state, they said.

"National pharmaceutical chains are not exempt from federal law," said Assistant Attorney General Tony West of the D.E.A. "Today's agreement underscores that pharmacy chains are not immune to their obligation to properly control the sales of narcotics."
We will not arrest our way out of this problem!!!!!!

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

U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control
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
Violence Related to Controlled Substance Pharmaceuticals
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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Cops: Fatal shooting at Seaford drugstore
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Maybe you’ve heard it’s made of the same stuff as cold medicine. Well, that’s not all. Some of the ingredients used to make meth include battery acid, gasoline, and drain cleaner.

GET THE FACTS ABOUT METHAMPHETAMINE »

MARIJUANA  COCAINE  METH

Did You Know? Combine toxic chemicals with neglected hygiene, and you get a condition called “meth mouth”—rotten and decaying teeth.
DEA Web-based Resources

www.GetSmartAboutDrugs.com
Thank You / Questions