



Philadelphia Pharmacy Diversion Awareness Conference



*DEA Perspective: Pharmaceutical
Use & Abuse
July 12 & 13, 2014*

Thomas W. Prevoznik
Staff Coordinator Liaison
Office of Diversion Control
(202-)-598-2513



Goals and Objectives

- Explain the current prescription drug abuse problem and the impact on society.
- Discuss legal obligations of the DEA registrant
- Identify methods of pharmaceutical diversion and discuss how the pharmacist can prevent diversion in the retail setting
- The “CSA” – Checks and Balances
- DEA’s response



Prescription Drug Abuse & Trafficking Trends

OR

Responding to America's Prescription Drug
Abuse Crisis

“When Two Addictions Collide”



Mayo Clinic Study on Prescription Drugs

atlanta.cbslocal.com/2013/06/19/study-70-percent-of-americans-on-prescription-drugs-one-fifth

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NEWS

Study: 70 Percent Of Americans On Prescription Drugs

June 19, 2013 12:59 PM

Like 17k Share 1.8K View Comments



Rochester, Minn. (CBS ATLANTA) – Researchers find that nearly 70 percent of Americans are on at least one prescription drug, and more than half receive at least two prescriptions.

Mayo Clinic [researchers report](#) that antibiotics, antidepressants and painkiller opioids are the most common prescriptions given to Americans. Twenty percent of U.S. patients were also found to be on five or more prescription medications.

The [study](#) is uncovering valuable information

Research finds that nearly 70 percent of Americans are on at least one prescription drug, and more than half receive at least two prescriptions. (Getty Images)

- 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

Rx Drug Ads on TV –

Educational or Influential ?

Overweight? Suffering from anxiety or erectile dysfunction? Well, relief is just a prescription pill away according to the endless television ads promoting prescription drugs.





Teachers Calm Students With 'Prescription' Mints

By SANDYMAPLE | February 10th, 2010 at 1:48 pm

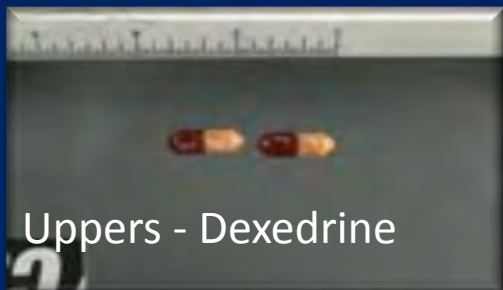
The drug bottles were made more realistic with labels that read in part: “Watson’s Whiz Kid Pharmacy. Take 1 tablet by mouth EVERY 5 MINUTES to cure FCAT jitters. Repeated use may cause craft to spontaneously ooze from pores. No refills. Ms. Falcon’s authorization required.”

The teachers' unusual calming tactic was discovered by Sandy Young, who was greeted with the sight of a pill bottle on each student's desk when she visited her grandson's classroom. The teacher assured her that the pills were fake and just a lighthearted attempt at reducing the stress of the test-taking students.

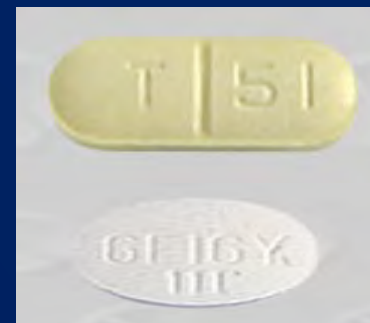
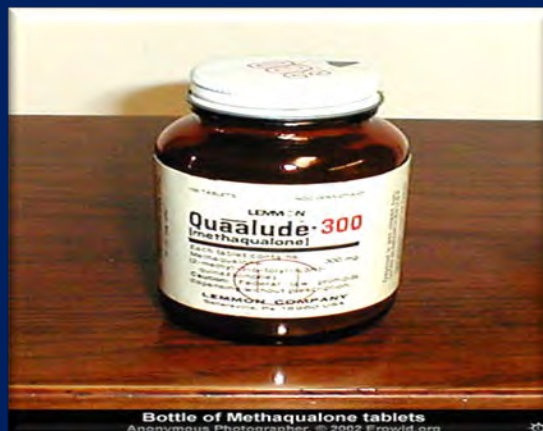
**In Florida two
Westchase
teachers learn
a lesson:
Say 'no' to
mints in pill
bottles**



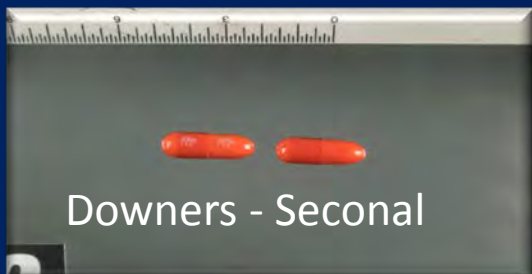
The 1960/70s/80s



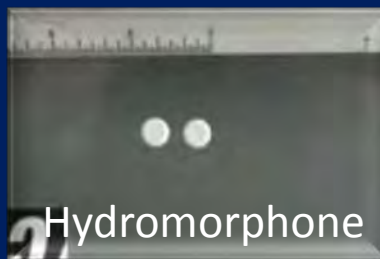
Uppers - Dexedrine



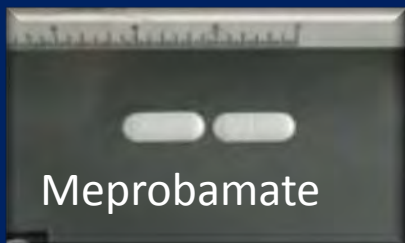
“Ts and Blues”



Downers - Seconal



Hydromorphone



Meprobamate



Oxycodone/APAP

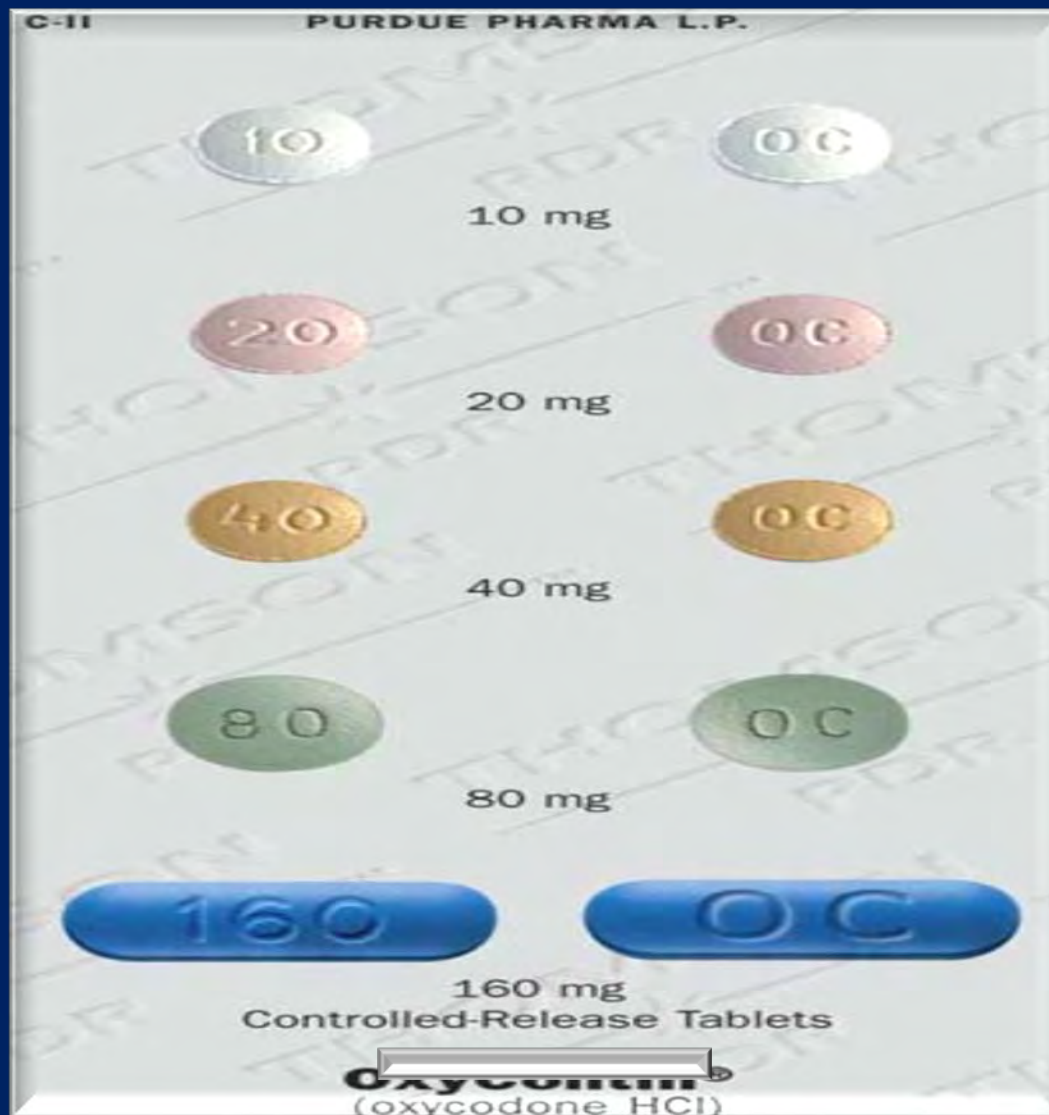


“Fours and Doors”



The 1990s

OxyContin





Consequences

In 2011, approximately 41,340 unintentional drug overdose deaths occurred in the United States, **one** death every 13 minutes.

16,917 (**41%**) of these deaths were attributed to opioid overdoses. Equates to 46 deaths every day--almost 2 per hour.

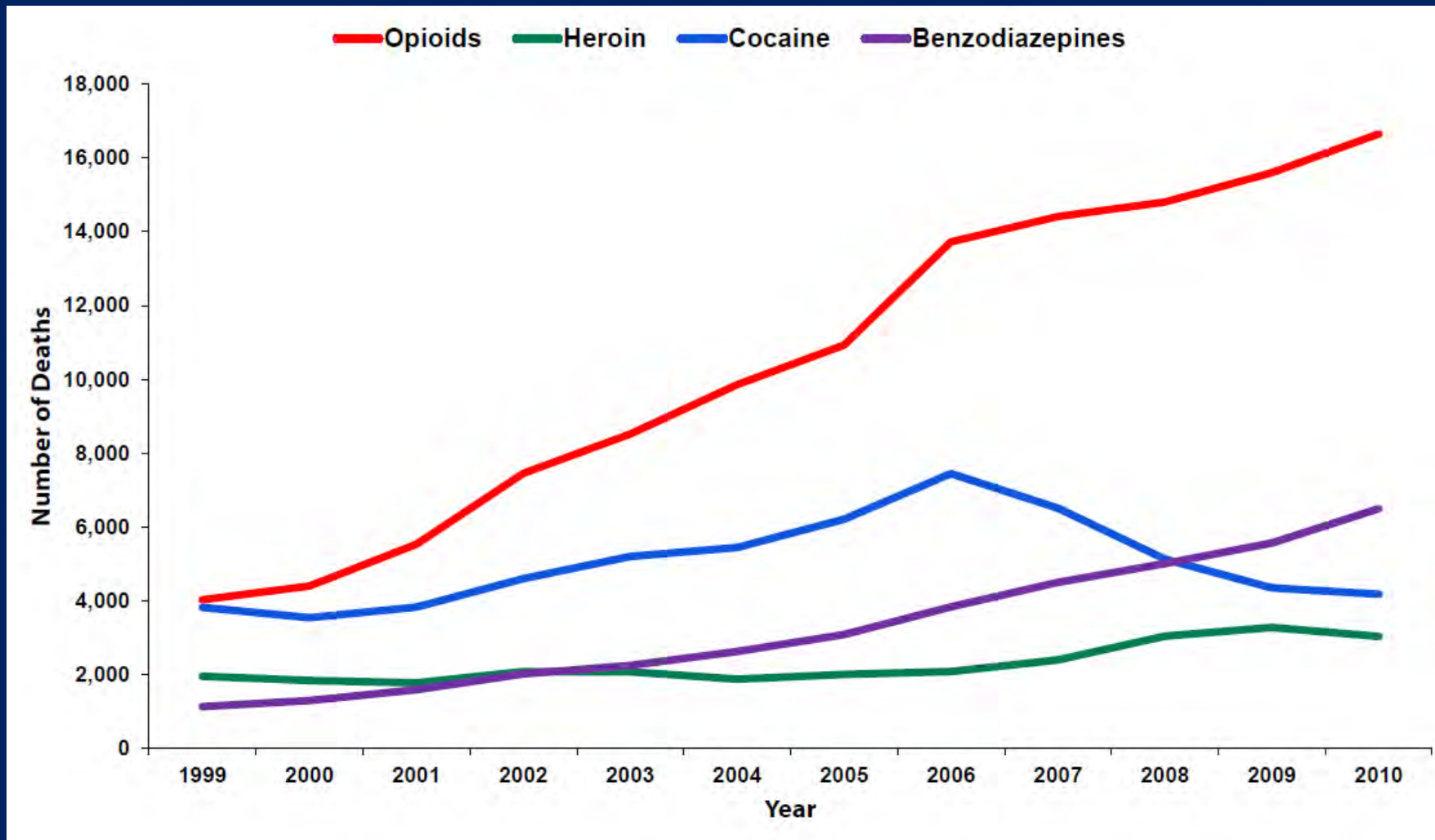
In **31%** of these deaths benzodiazepines were cited as a contributing cause.

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

Sources: CDC Vital signs: Opioid Painkiller Prescribing (July 2014) and
CDC Morbidity and Mortality Weekly Report (July 1, 2014)



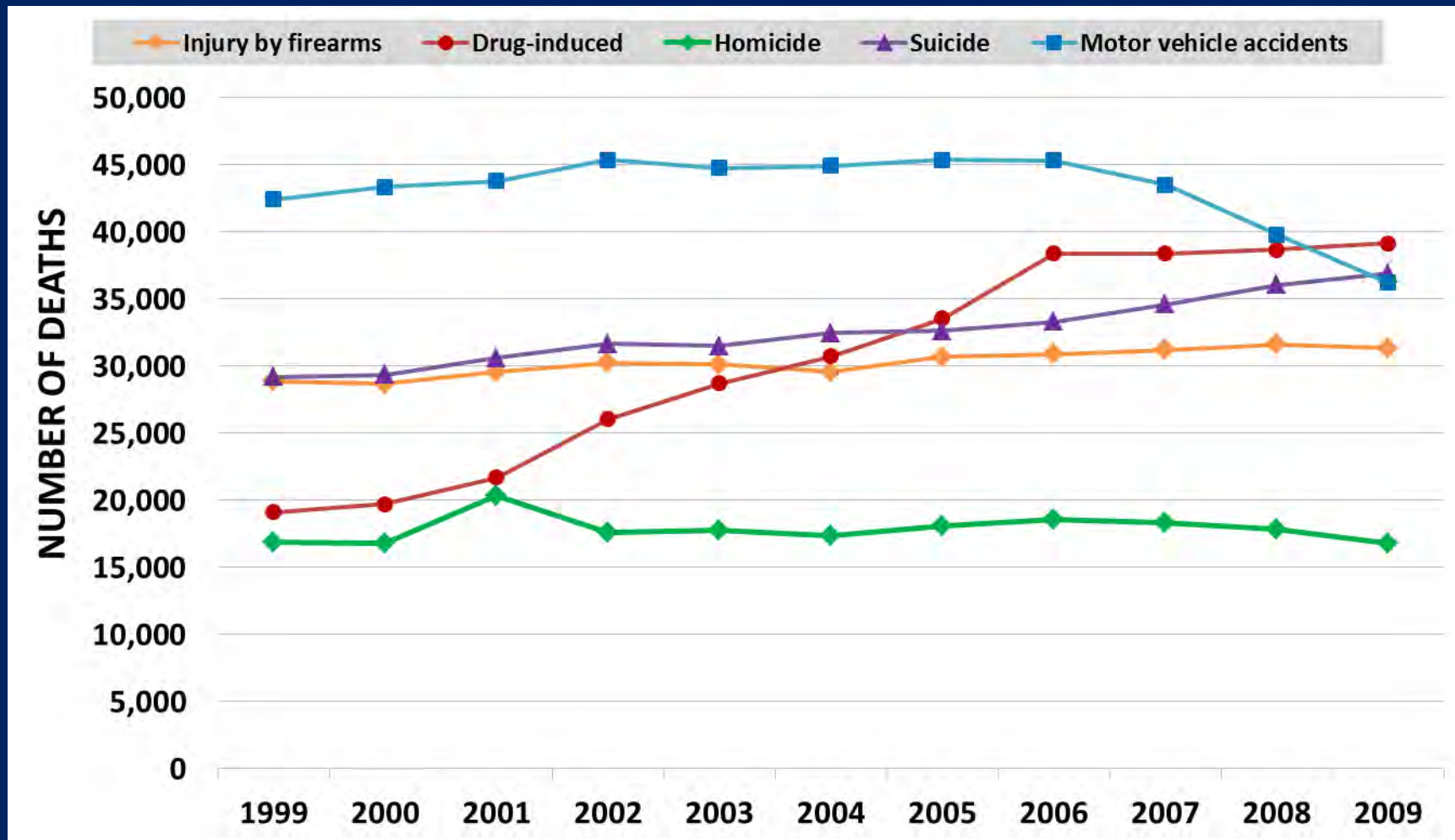
U.S. Drug Overdose Deaths by Major Drug Type, 1999-2010



*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).



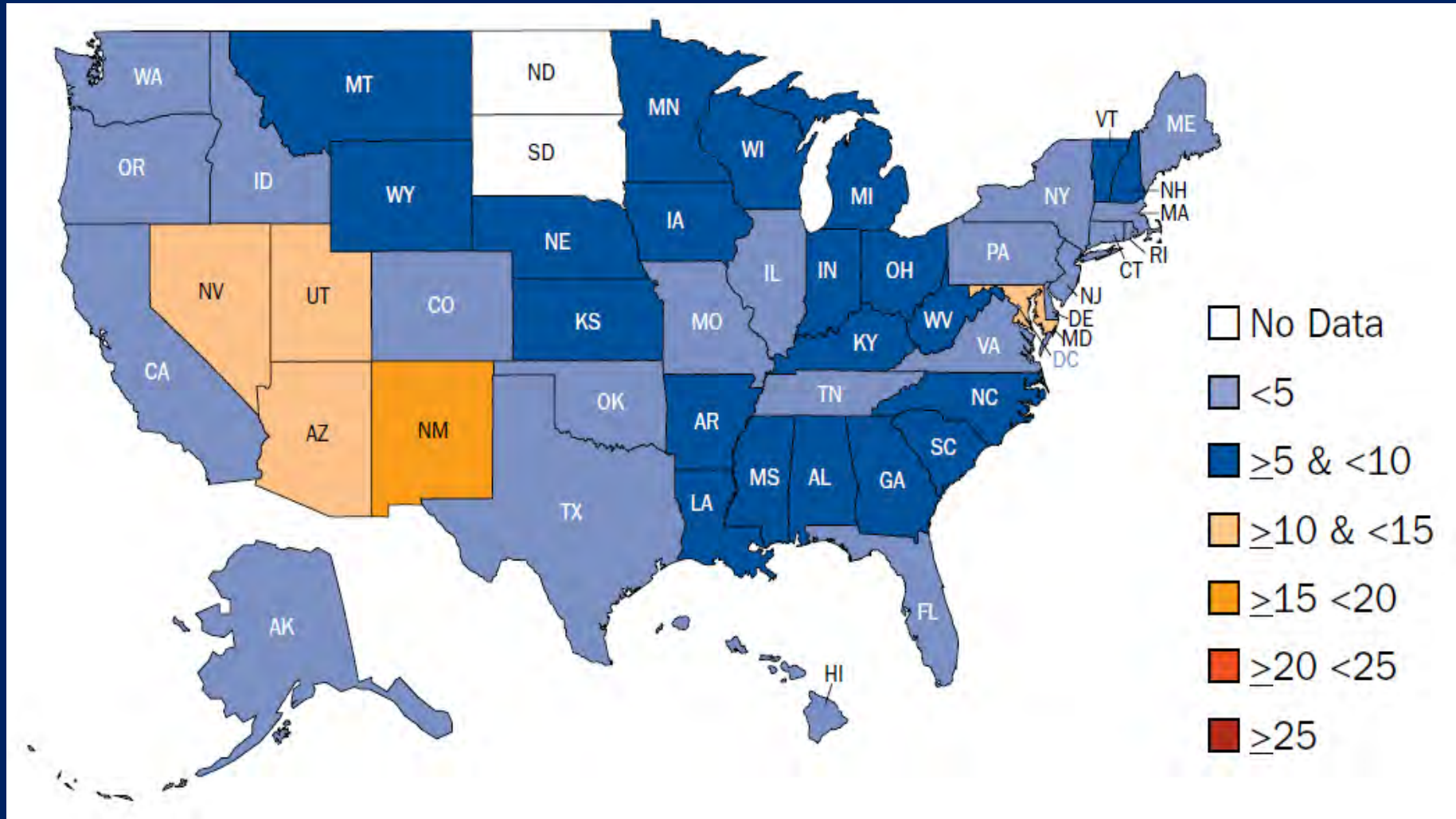
About **18** women die every day of a prescription painkiller overdose in the United States



Source: CDC VitalSigns July 2013

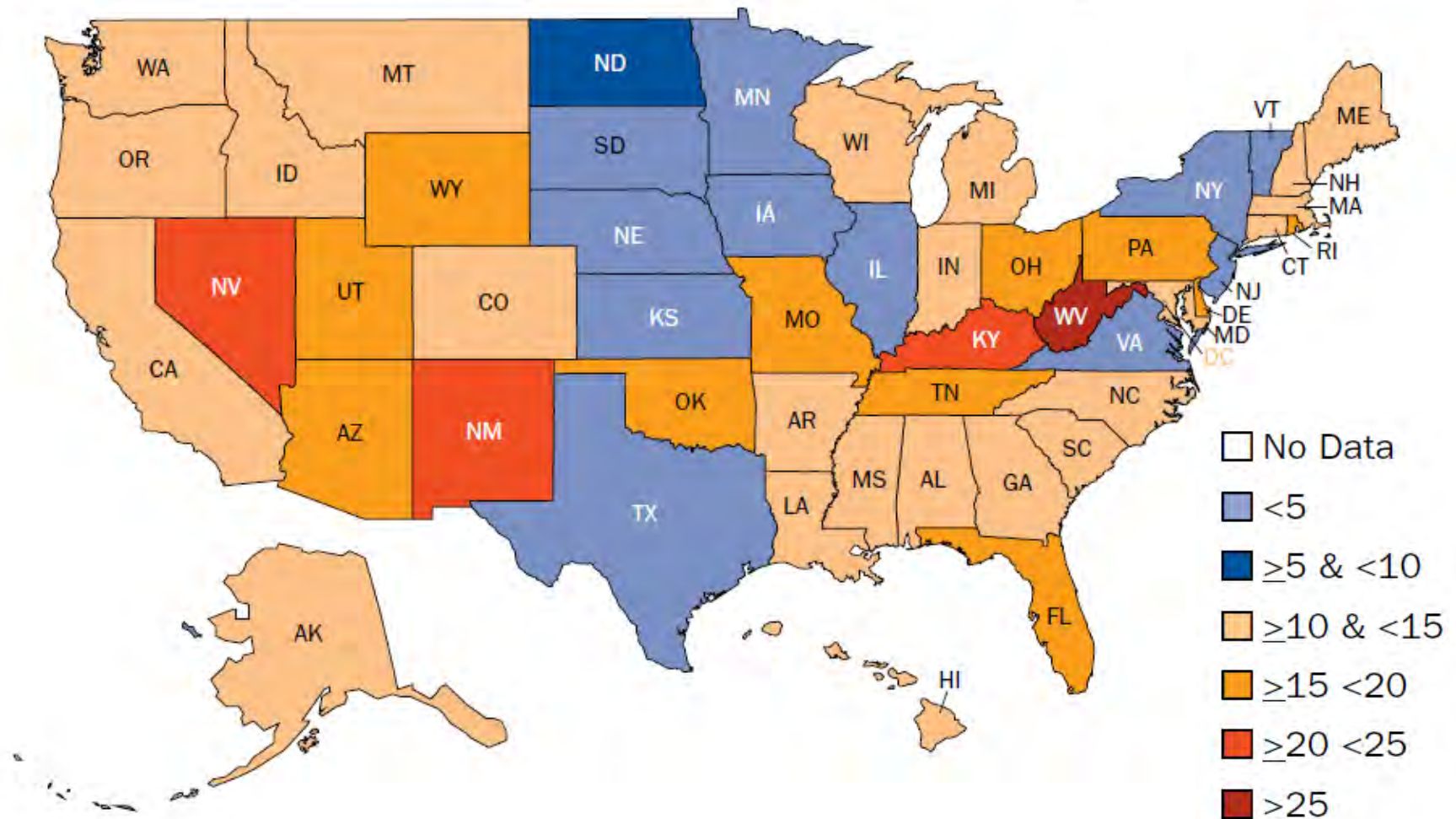


Drug Overdose Mortality Rates per 100,000 People 1999





Drug Overdose Mortality Rates per 100,000 People 2010





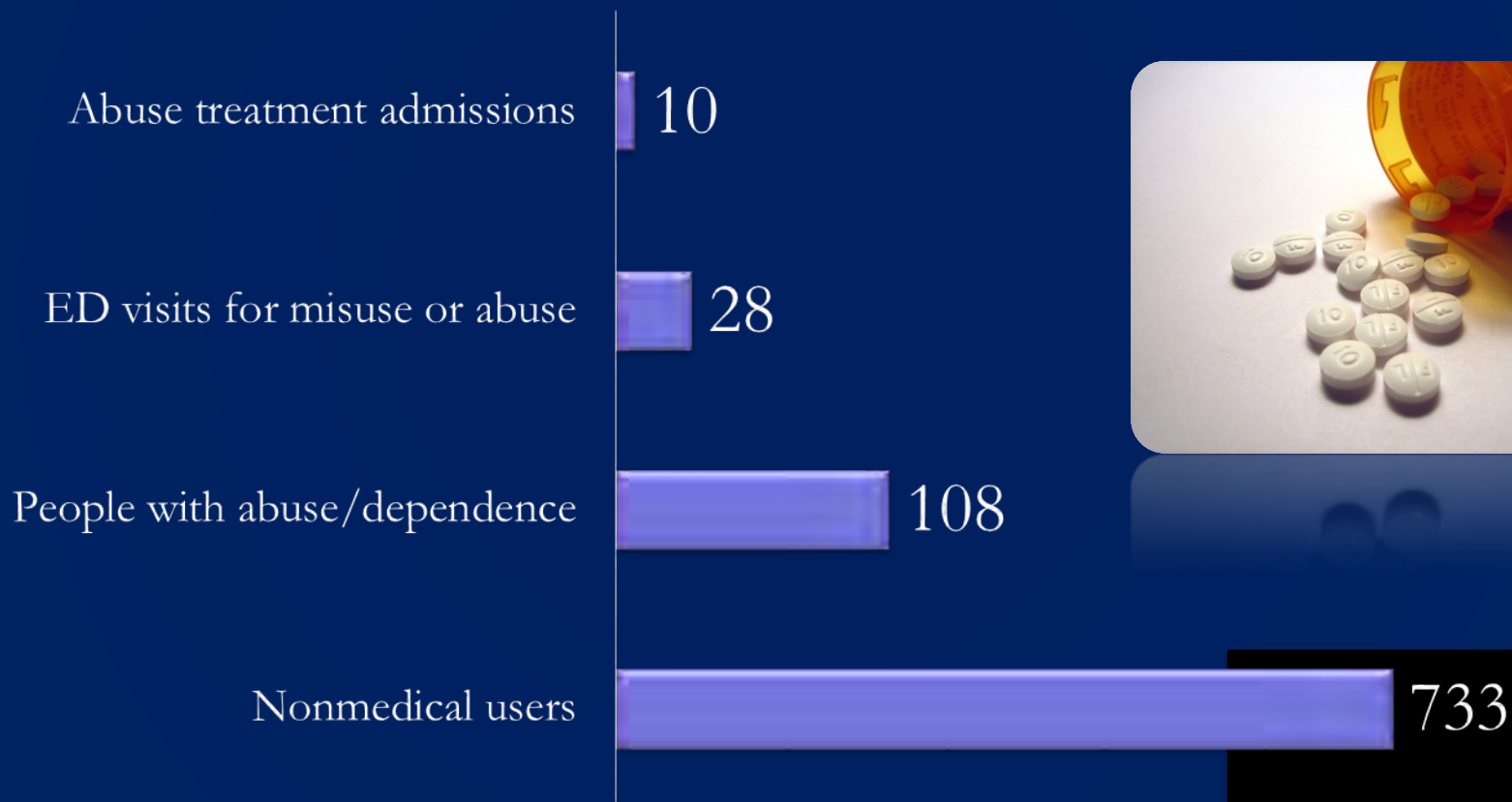
Where Prescription Painkiller Overdose Deaths Are The Highest

- Most severe in Southwest and Appalachian
- In 2010, the top three states were West Virginia, New Mexico, and Kentucky;
 - West Virginia: 28.9 deaths per 100,000
 - New Mexico: 23.8 deaths per 100,000
 - Kentucky: 23.6 deaths per 100,000
- Lowest-North Dakota: 3.4 deaths per 100,000
- Minnesota ranked 47th 7.3 deaths per 100,000



Public Health Impact of Opiate Analgesic Abuse

For every 1 unintentional opioid overdose death in 2010, there were...



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

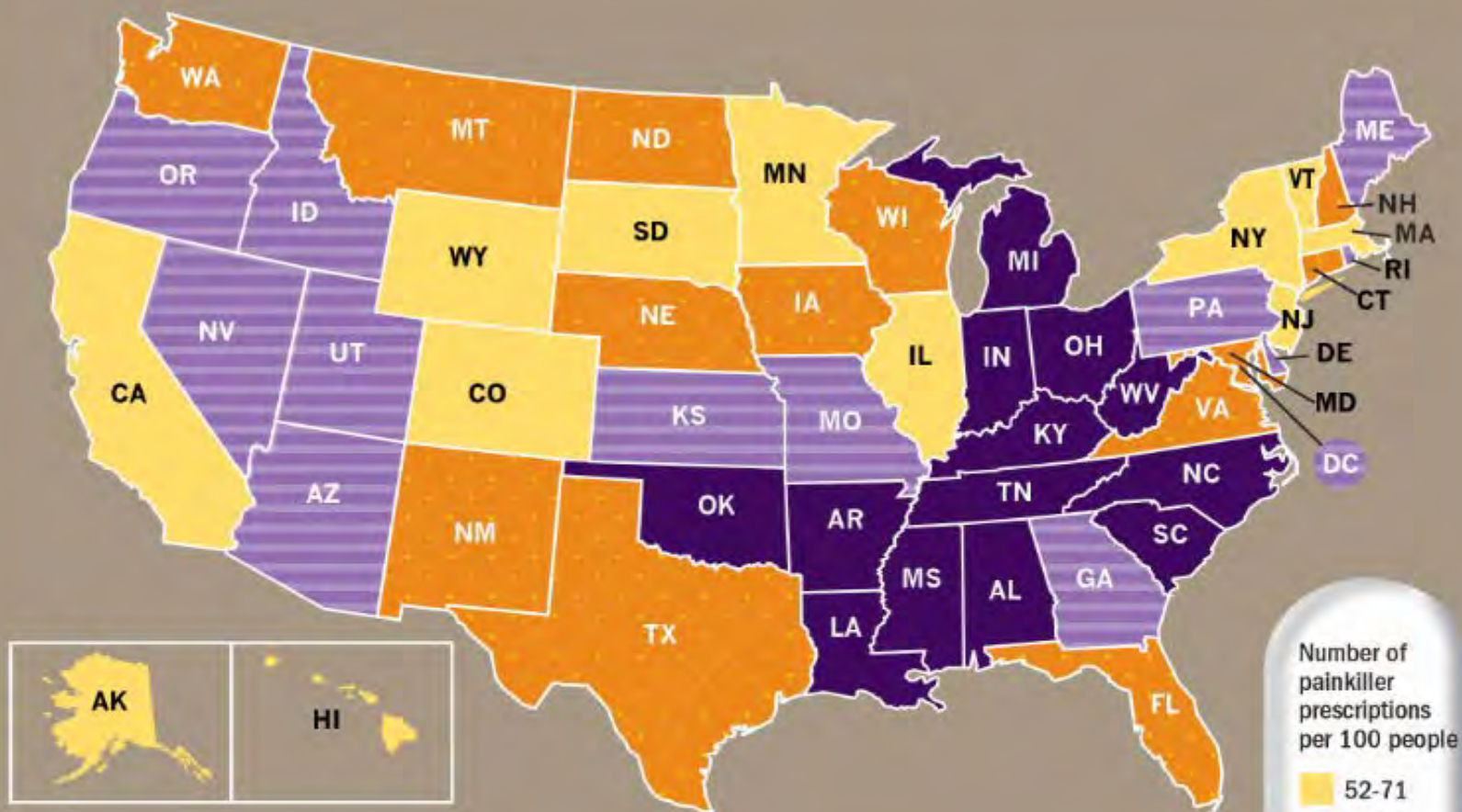
Emergency department (ED) visits related to opioid analgesics in from DAWN

Abuse/dependence and nonmedical use of pain relievers in the past month are from the National Survey on Drug Use and Health



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)



SOURCE: CDC Vital Signs, July 2014. cdc.gov/vitalsigns.



Prescription Drug Abuse

More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Methamphetamine &
Heroin abusers

COMBINED!!



Burden on the health care delivery system



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



Addicted Infants Triple in a Decade



Prescription abuse

Addicted infants triple in a decade

3.4 out of 1,000 suffer painkiller withdrawal

By Liz Szabo
USA TODAY

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

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

Born into addiction

Babies exposed to drugs in the womb have more health problems than other newborns.

 Drug-exposed
 Other

Breathing problems



Low birthweight[†]



Feeding problems



Seizures



[†]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 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.



National Poison Data System (Formerly known as Toxic Exposure Surveillance System) – Total Annual Mentions of Toxic Exposures

	Hydrocodone	Oxycodone
2001	15,191	9,480
2002	17,429	10,515
2003	19,578	11,254
2004	22,654	12,603
2005	22,229	13,191
2006	22,319	13,473
2007	24,558	15,069
2008	26,306	17,256
2009	27,753	18,396
2010	28,310	19,363
2011	30,792	19,423



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
- Rx Drugs most frequently implicated: Opiates/Opioids pain relievers
 - Oxycodone products **255%** increase
 - Hydrocodone products **149%** increase



Violence Related to Controlled Substance Pharmaceuticals

NEW YORK POST Page Six
TUESDAY, JUNE 21, 2011 / T-Storm, 85 / Weather: P. 26 METRO EDITION www.nypost.com \$1.00

ASSASSIN



1 Ready for mayhem, the lunatic strolls through the door.

2 Gun in his right hand, he walks coolly through an aisle.

3 He pulls his cap over his face as he leaves the store.

4 Now a mass murderer, he walks out into the sunlight.

Chilling anatomy of drugstore massacre

He never gave them a chance. The coldblooded killer who massacred four people in a Long Island pharmacy methodically shot each victim, shocking, step-by-step surveillance footage of the slaughter revealed yesterday.

PAGES 4-5

NEW YORK POST Page Six
THURSDAY, JUNE 23, 2011 / T-Storm, 85 / Weather: P. 18 METRO EDITION www.nypost.com \$1.00

DRUGSTORE MASSACRE

Husband and wife busted in Rx-slay horror



PAIN KILLER

David Laffer is the man caught on video wearing a fake beard (top) who slaughtered four people in a pharmacy to feed his wife Melinda's addiction, cops said yesterday.

PAGES 4-5

Fatal Links: Investigators put together puzzle to solve Rite Aid manager's murder

2/13



Murder victim Jason Scott McClay



WHERE PEOPLE ARE GETTING THEIR DRUGS

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

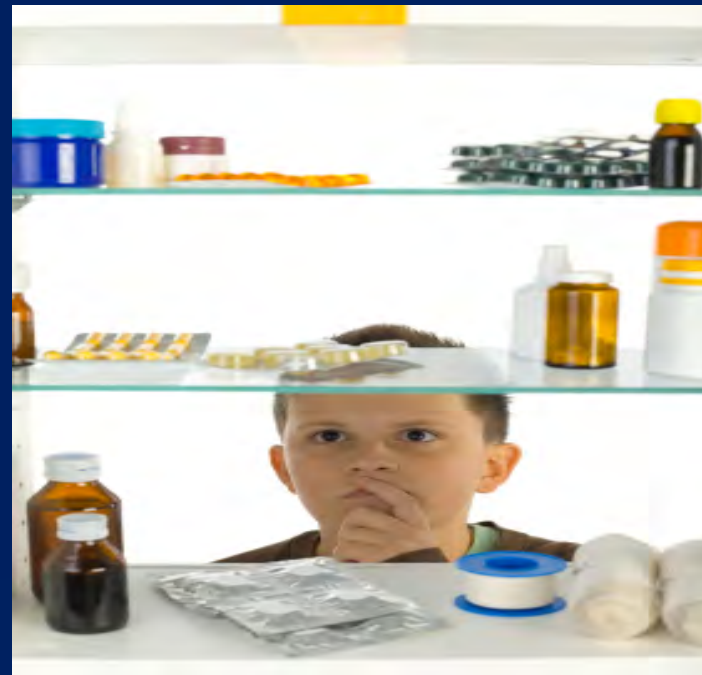
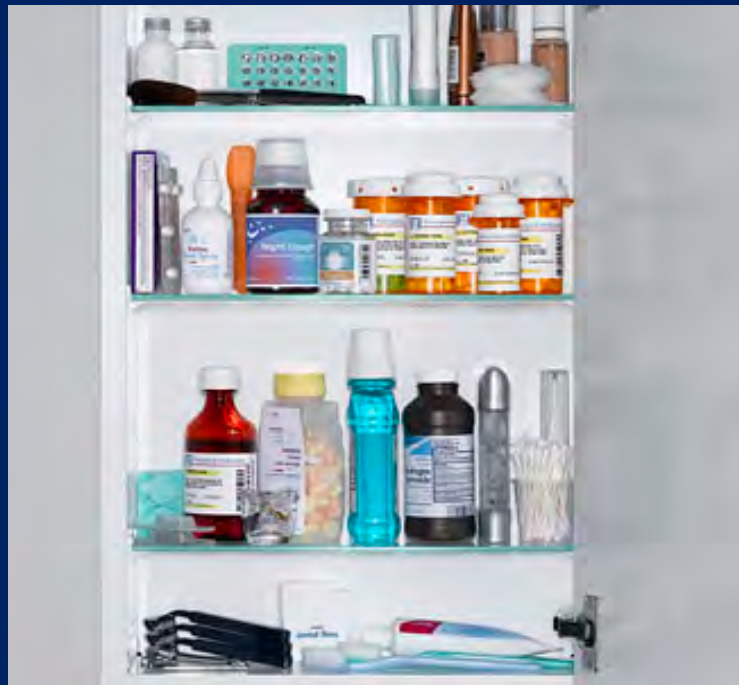


Most Frequent Method of Obtaining a Pharmaceutical Controlled Substance for Non Medical Use

Friends and Family...For Free!!



The Medicine Cabinet: The Problem of Easy Access





Medicine Cabinets: Easy Access

- More than half of teens (**56%**) indicate that it's easy to get prescription drugs from their parent's medicine cabinet
- Half of parents (**49%**) say anyone can access their medicine cabinet
- More than four in 10 teens (**42%**) who have misused or abused a prescription drug obtained it from their parent's medicine cabinet
- Almost half (**49%**) of teens who misuse or abuse prescription medicines obtained them from a friend



So Many Drugs in the Household – Why?

- Unreasonable quantities being prescribed
- Insurance rules



National Abuse Facts

- In 2012, there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, approximately **6,700** new initiates per day.*
- One in four teens (**24%**) reports having misused a prescription drug at least once in their lifetime (up from 18% in 2008 to 24% in 2012), which translates to about 5 million teens. That is a **33% increase** over a five-year period.
- **23.9** million Americans aged 12 or older were current (past month) users of illicit drugs



SOURCE: * 2012 National Survey on Drug Use and Health (NSDUH) published September 2013 by the Dept of HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA) ** The Partnership at Drugfree.org / MetLife Foundation Partnership Attitude Tracking Studies 2012 , published April 2013



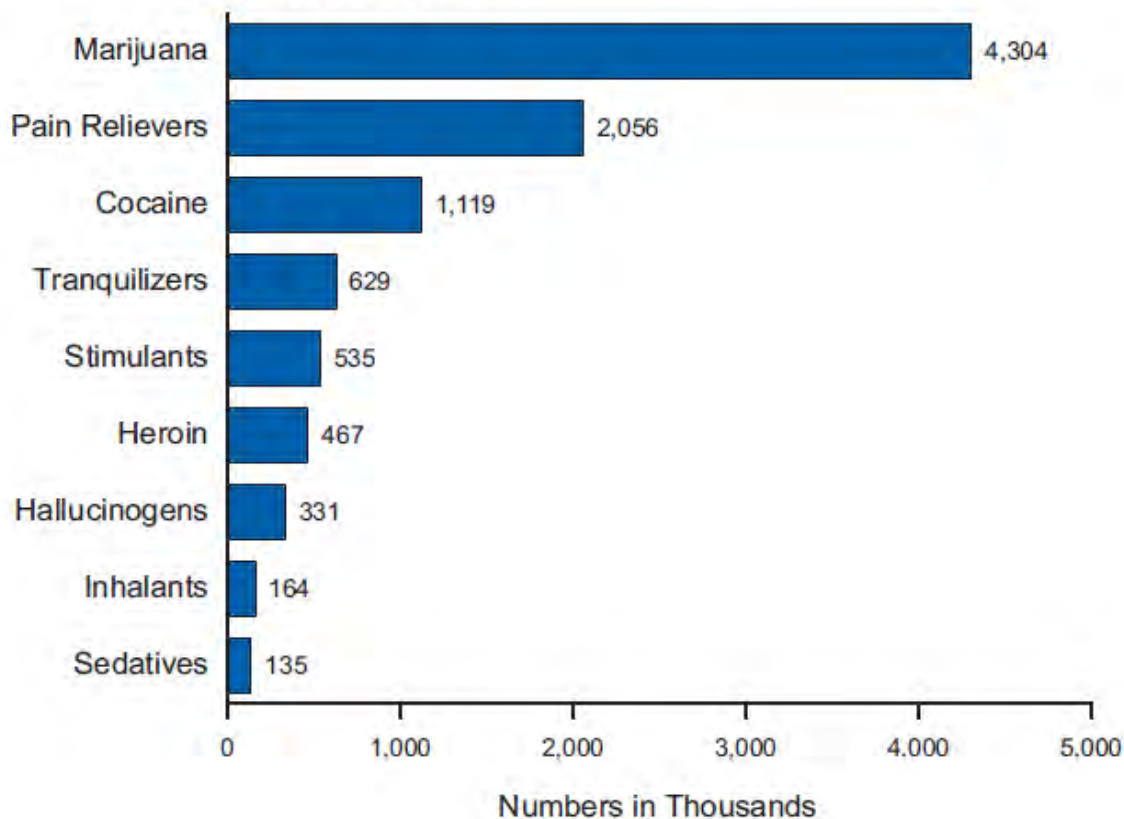
Percentage of Past Month Nonmedical Use of Psychotherapeutics by Age, 2003-2011





Past Year Initiates 2012 – Ages 12 and Older

Figure 7.2 Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2012



SOURCE: 2012 National Survey on Drug Use and Health (NSDUH) published September 2013 by the Dept of HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Drug Enforcement Administration
Office of Diversion Control



Teen Prescription Drug Misuse & Abuse

- **1 in 5** teens who have abused RX medications has done so before age **14**.
- **33%** believe “it’s okay to use prescription drugs that were not prescribed to them to deal with an injury, illness or physical pain.”
- **23%** say their parents don’t care as much if they are caught using RX drugs without a prescription, compared to getting caught with illegal drugs.



Teen Attitudes

- ✓ 1 in 4 teens (25%) say there is little to no risk using pain relievers without a prescription
- ✓ 1 in 5 (20%) say pain relievers are not addictive
- ✓ 1 in 5 (22%) say the same about Ritalin or Adderall



2012 Partnership
Attitude Tracking
Study: April 23, 2013



Other Controlled Substances

- ✓ **12%** of teens have used synthetic marijuana over the past year
- ✓ **3%** used bath salts
- ✓ **4%** used methamphetamine (since 2008)
- ✓ **7%** used OTC cough medicine (since 2008)
- ✓ Lifetime steroid use at **5%** (since 2008)



Reasons for Misuse & Abuse

- To help me relax 18%
- To have fun 16%
- Being high feels good 14%
- To help me forget my troubles 13%
- To deal w/ pressures & stress from school 11%
- My friends are using 11%
- To help deal with problems at home 8%
- To feel better about myself 8%
- To look cool 6%
- It's a habit I can't stop 4%
- Don't know 70%

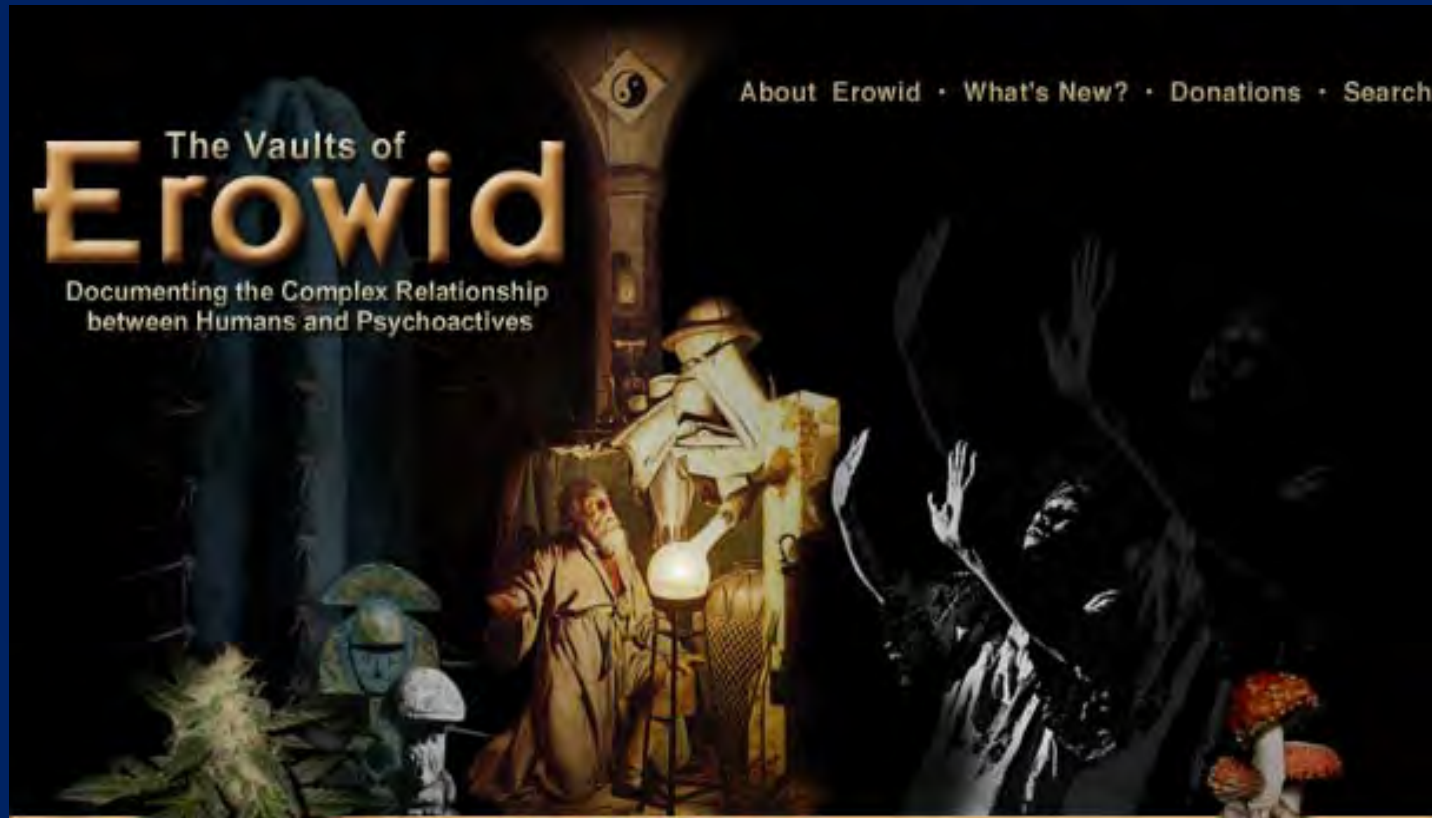


Parents

- ✓ **1 in 6 (16%)** believe using prescription drugs to get high is safer than using street drugs—more than **1 in 4** teens (**27%** share that same belief)
- ✓ **1 in 5** indicate they have given their teen a prescription drug that was not prescribed for them.
- ✓ **14%** admitted they themselves have misused or abused prescription drugs within the past year



Where do kids get their information from?





Where do kids get their information from?

← → ↻ 🏠 www.bluelight.ru/vb/

GoogleBluelight

User Name Password Log in Help Register
☐ Remember Me?

BLUELIGHT

HARM REDUCTION WORKSHOP with **BLUELIGHT**
PSYCHEDELIC SCIENCE 2013 APRIL 18TH REGISTER NOW
OAKLAND MARRIOTT CITY CENTER • CALIFORNIA

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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** Our own Wiki project
- Blogs** Blogs from our members
- Bluelight Mobile** Use Bluelight on the go!
- Staff List** Contact our staff members
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FORUMS

Focus Forums	Australia & Asia
Drug FAQs	Australian Drug Discussion
Ecstasy Discussion	Australian Social & Events
Cannabis Discussion	
Steroid Discussion	Europe & Africa
Psychedelic Drugs	European Drug Discussion
Other Drugs	European Events
Drug Discussion	North America & South America
Drug Studies	North & South American
Drugs in the Media	Social & Drug Discussion
Basic Drug Discussion	North & South American
Advanced Drug	Events

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.ru 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.ru, 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.ru, 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.ru as the migration of the MAPS Forum topics is completed.

...

start Bluelight - The Front ...

MEDICINE ABUSE REPORT CARD

THE PARTNERSHIP®
AT DRUGFREE.ORG

Subject	Grade
 <p>During the last conversation they had with their parents regarding substance abuse, only 14 percent of teens indicated they had discussed the misuse or abuse of any type of prescription drug.</p>	F-
In comparison, a majority of teens (81 percent) say they have discussed the risks of marijuana use with their parents.	B
80 percent have discussed alcohol.	B
Nearly one-third of teens have discussed crack/cocaine.	D-

Comments

Unsatisfactory: *Stimulants contributing to Rx epidemic*

One in four teens believes that prescription drugs can be used as a study aid.

Nearly one-third of parents say they believe ADHD medication can improve a child's academic or testing performance, even if the teen does not have ADHD.





WHAT PEOPLE ARE ABUSING

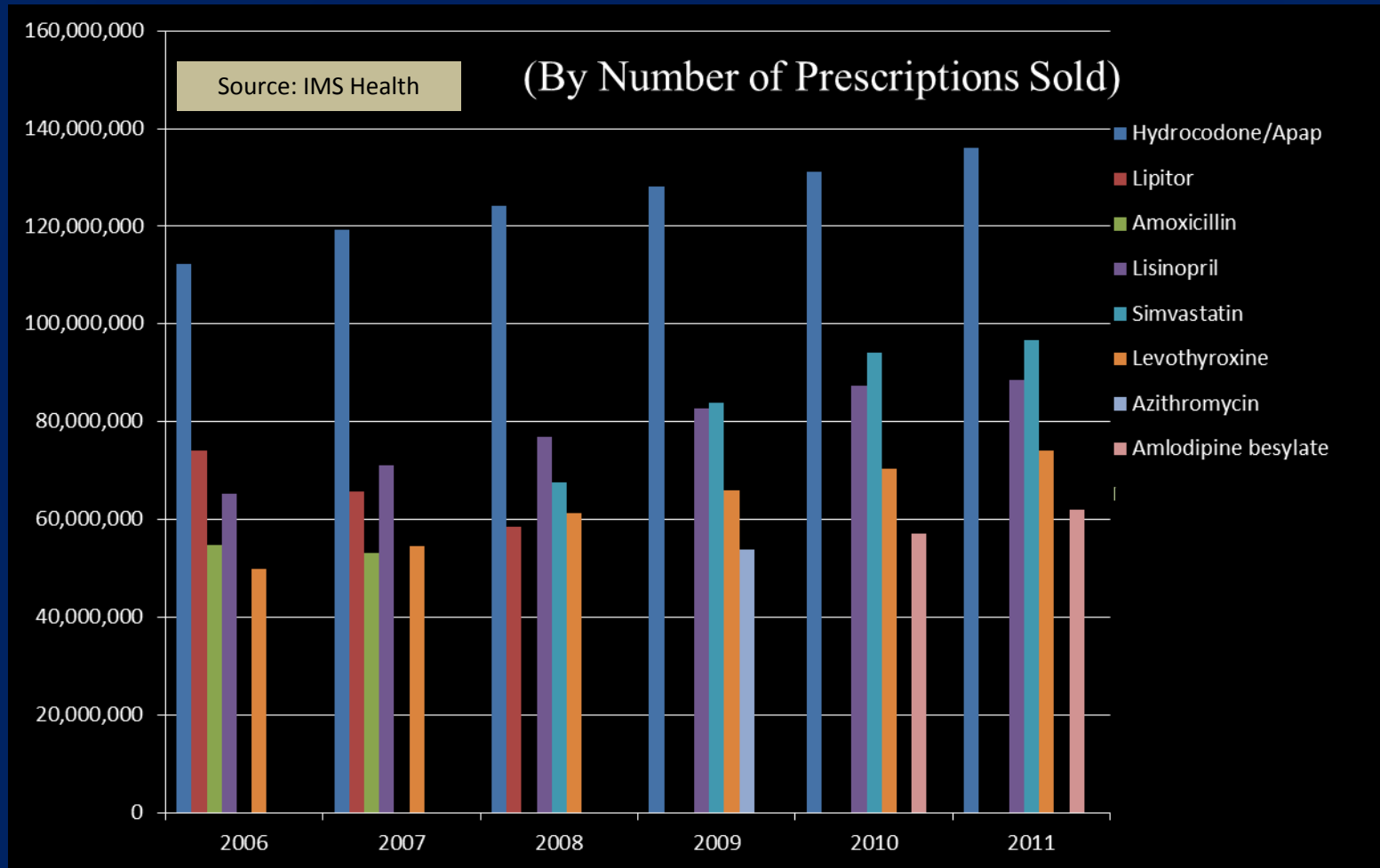


**Most commonly prescribed
prescription medicine?**

Hydrocodone/acetaminophen

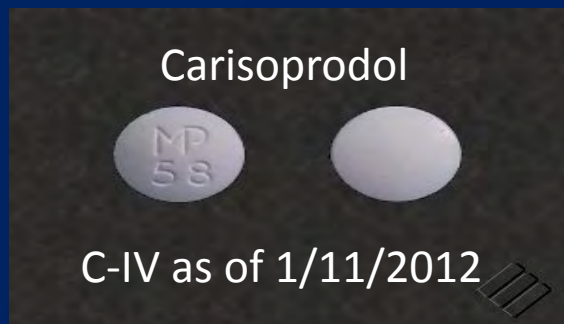


Top Five Prescription Drugs Sold in the U.S. (2006-2011)



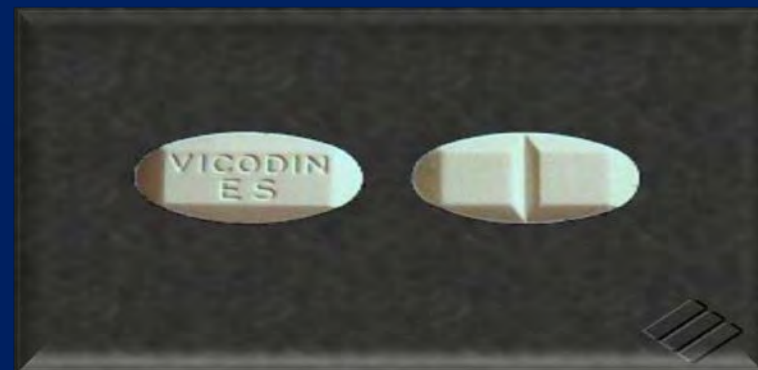


Commonly Abused Controlled Pharmaceuticals



Carisoprodol

C-IV as of 1/11/2012



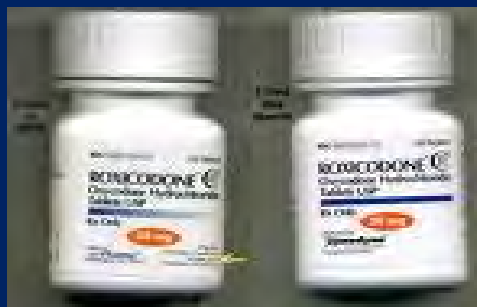
Hydrocodone



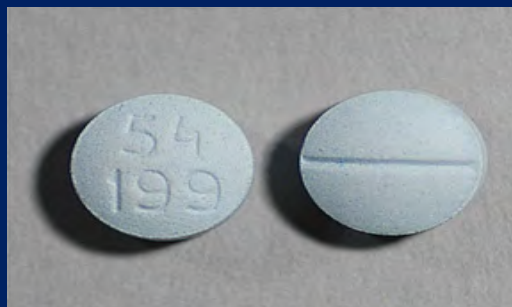
OxyContin 80mg



Oxymorphone



Oxycodone 30 mg



Alprazolam



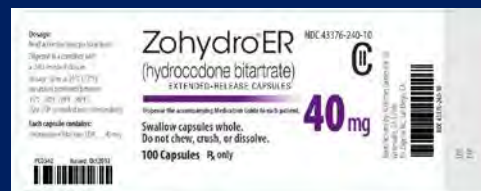
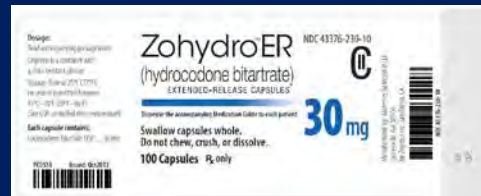
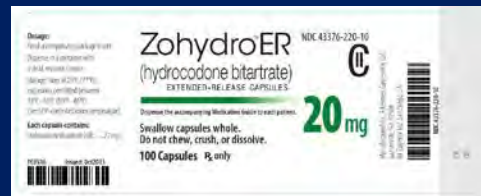
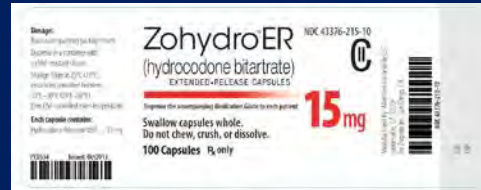
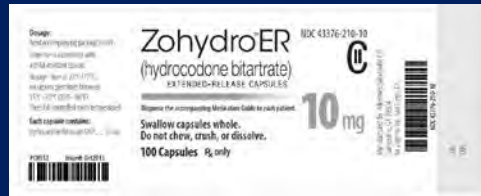
Hydrocodone

- 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)
- Notice of Proposed Rulemaking to Schedule II, issued February 27, 2014
- “Cocktail” or “Trinity”
 - Hydrocodone
 - Soma [®] / carisoprodol
 - Alprazolam / Xanax[®]
- Street prices: \$2 to \$10+ per tablet depending on strength & region





Single Entity Extended Release Hydrocodone









Manufactured by Alkermes Gainesville
LLC for Zogenix, Inc. (San Diego, CA)

FDA Approval October 2013

Anticipated Launch March 2014



How Supplied

Strength	Image	Capsule color(s)	Capsule Text	NDC Number
10 mg		White opaque	"Zogenix 10 mg" in black ink	43376-210-10 100 ct bottles
15 mg		Light green and white opaque	"Zogenix 15 mg" in black ink	43376-215-10 100 ct bottles
20 mg		Light green opaque	"Zogenix 20 mg" in black ink	43376-220-10 100 ct bottles
30 mg		Dark blue and white opaque	"Zogenix 30 mg" in black ink	43376-230-10 100 ct bottles
40 mg		Dark brown and white opaque	"Zogenix 40 mg" in black ink	43376-240-10 100 ct bottles
50 mg		Dark brown opaque	"Zogenix 50 mg" in black ink	43376-250-10 100 ct bottles

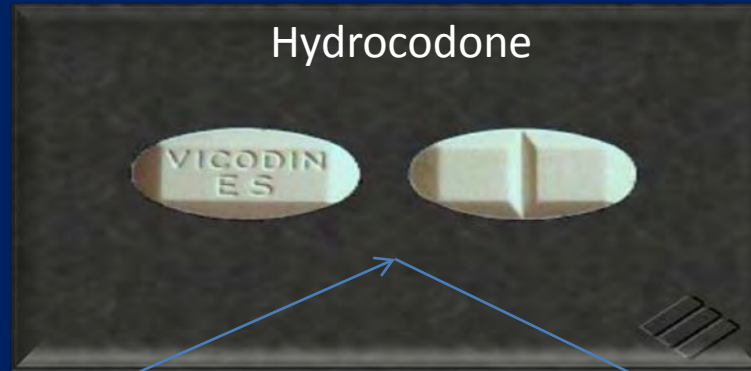


Toxicity

- Zohydro™ ER contains high amounts of hydrocodone
- Use in opioid non-tolerant patients may lead to toxicity, particularly acute and fatal respiratory depression
 - Capsules are to be swallowed whole
 - Capsules can be broken



The Trinity



Opiate



Muscle Relaxant



Benzodiazepine

OXYCODONE



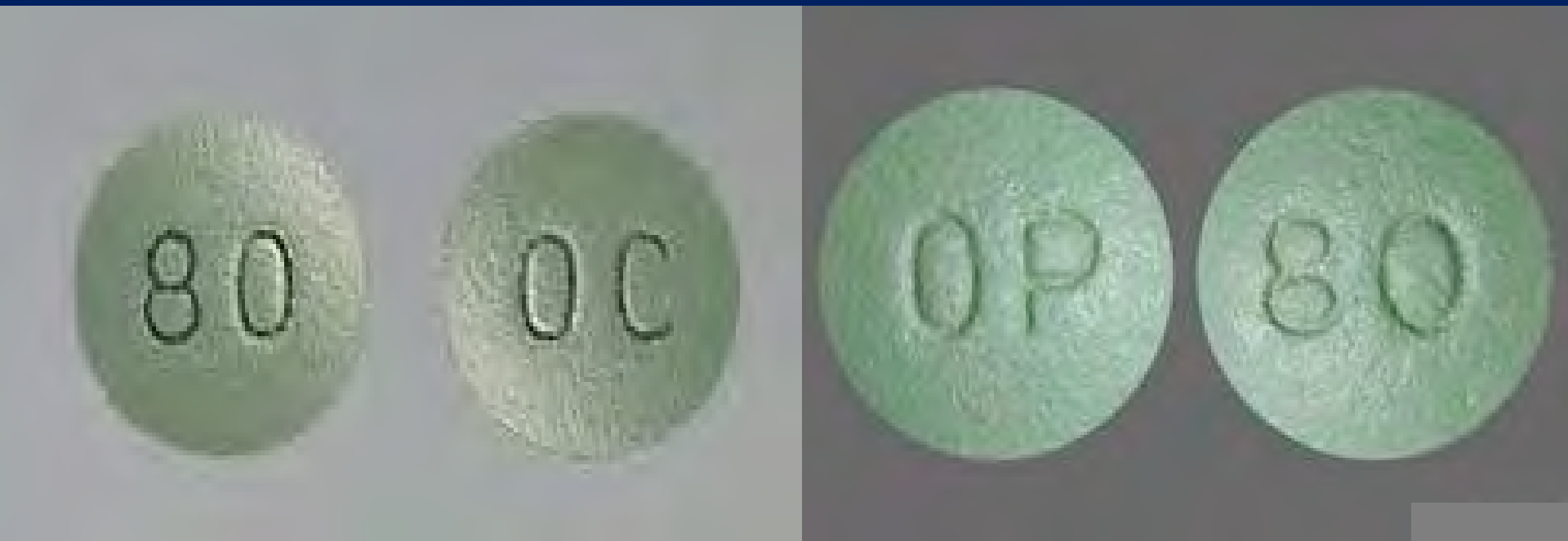


Oxycodone

- 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





New OxyContin[®] OP



08-27-2010, 01:11 AM	#17
<p>mz.mary420 Member</p>  <p>Join Date: May 2010 Location: down south Posts: 6</p>	<p>well just got ours and they suck! when snorted the pill balls up in your nose and gets stuck, so i tried sucking on one and it did ok, but tastes nasty. No way you can shoot them as metioned in a previous post. havent tried smoking it yet, kinda in a hole money wise, it cost me over \$700.00 to get my 80s filled and i probably wont even get half my money back 😞</p> <p>* if anyone has tried to smoke this new formulated shit, please post! thanks</p> <p>Quote</p>
08-27-2010, 06:09 AM	#18
<p>mephist00 Member</p>  <p>Join Date: Apr 2008 Location: NY Age: 25 Posts: 628</p>	<p>ya my friend has tried to smoke the new ones... said its very harsh on the lungs and throat..</p> <p>so far the only way ive been able to beat the time release, is use a hose clamp to grind it very fine, and snort it.. it doesnt gel up like you would think (doesnt gel up like the football shaped generic 40's do anyways) it just kinda turns snotty.. but if you can get it down fast it seems to work ok</p> <p>Quote:</p> <p>Originally Posted by stalk <i>I've come to the conclusion it's because these psychedelic visions are simply vibrating on a higher, or different, spectrum of frequencies that normally the monkey does not perceive.</i></p>

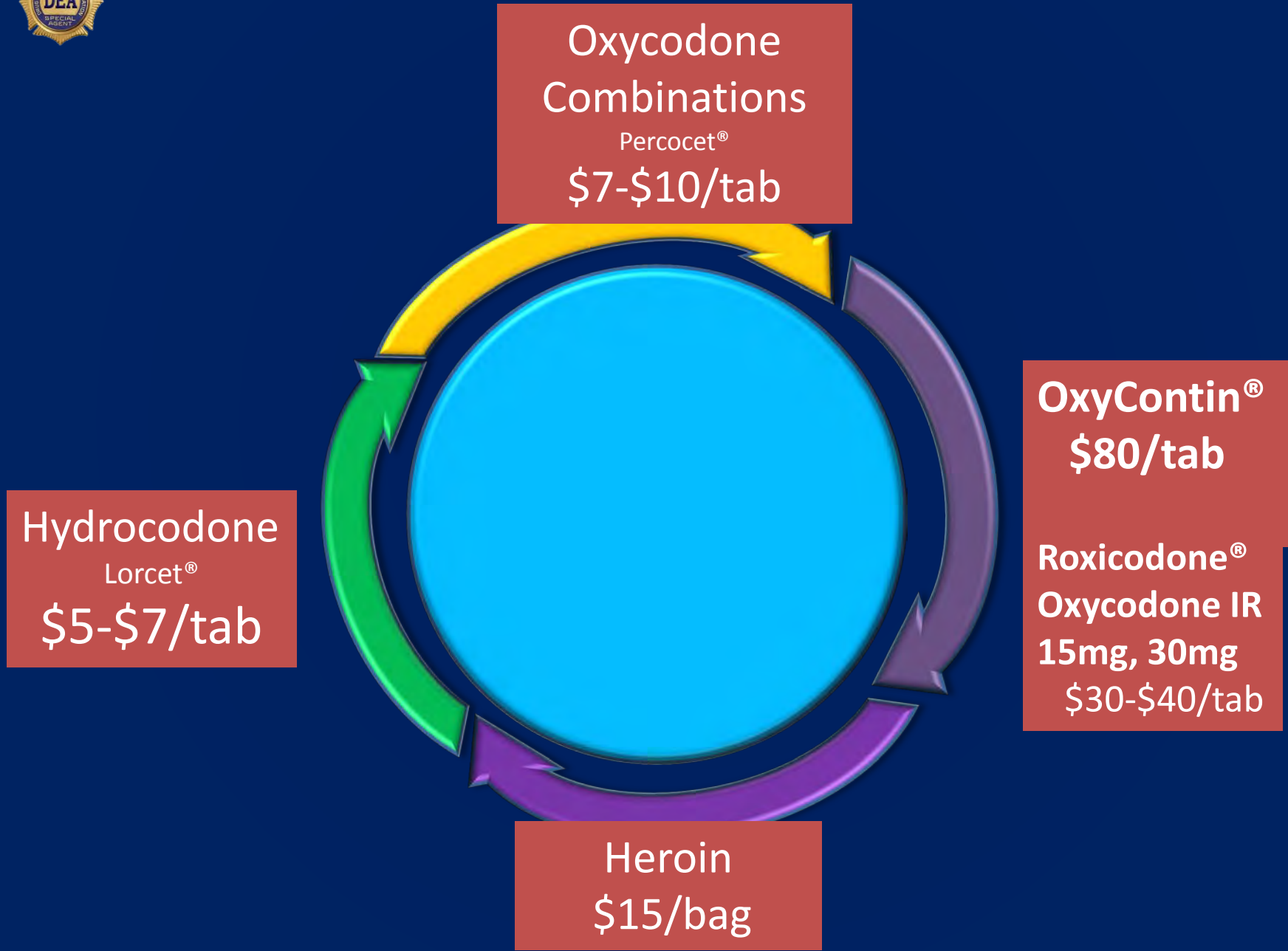


Prescription Opiates v. Heroin





Circle of Addiction & the Next Generation



More suburban teens turning from pills to heroin, authorities say

By Ed Fletcher
McClatchy Newspapers

Tuesday, April 3, 2012

Text size: **A A A**



+1

0



Tweet

0



Recommend

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Photo by Randy Pench/Sacramento Bee/MCT 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

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'Liaisons Dangereuses'
New approach to classic P. 19

Playoff possibilities
Schedule favors Skins P. 35

Cooling down
 **60° 34°**
DETAILS P. 4

POLITICS
Stalemate on 'cliff'
Sides stop talking;
Obama's rate hikes
may be flexible. P. 13

LOCAL
FBI analyst busted

Heroin use spikes in area suburbs

Pill addicts risk deadly drug



People Reporting Heroin Use:

2007 – 373,000

2012 – 669,000



•Numbers in the thousands

2012 National Drug Survey on Drug Use and Health



Substance Abuse Treatment Admissions within Specific Age Groups That Reported Any Pain Reliever Abuse: 1998-2008





HEROIN CASES and EXHIBITS

National Forensic Laboratory Information System

Year	# Exhibits	# Cases
2004	69,467	60,851
2005	73,569	64,471
2006	83,945	72,351
2007	82,408	69,850
2008	94,229	79,366
2009	107,273	87,250
2010	104,691	84,181
2011	109,105	86,557
2012	128,329	102,190
2013	142,433	114,148
2014: Jan - Mar	26,635	21,324



Community Impact?

Heroin trafficking organizations relocating to areas where prescription drug abuse is on the rise

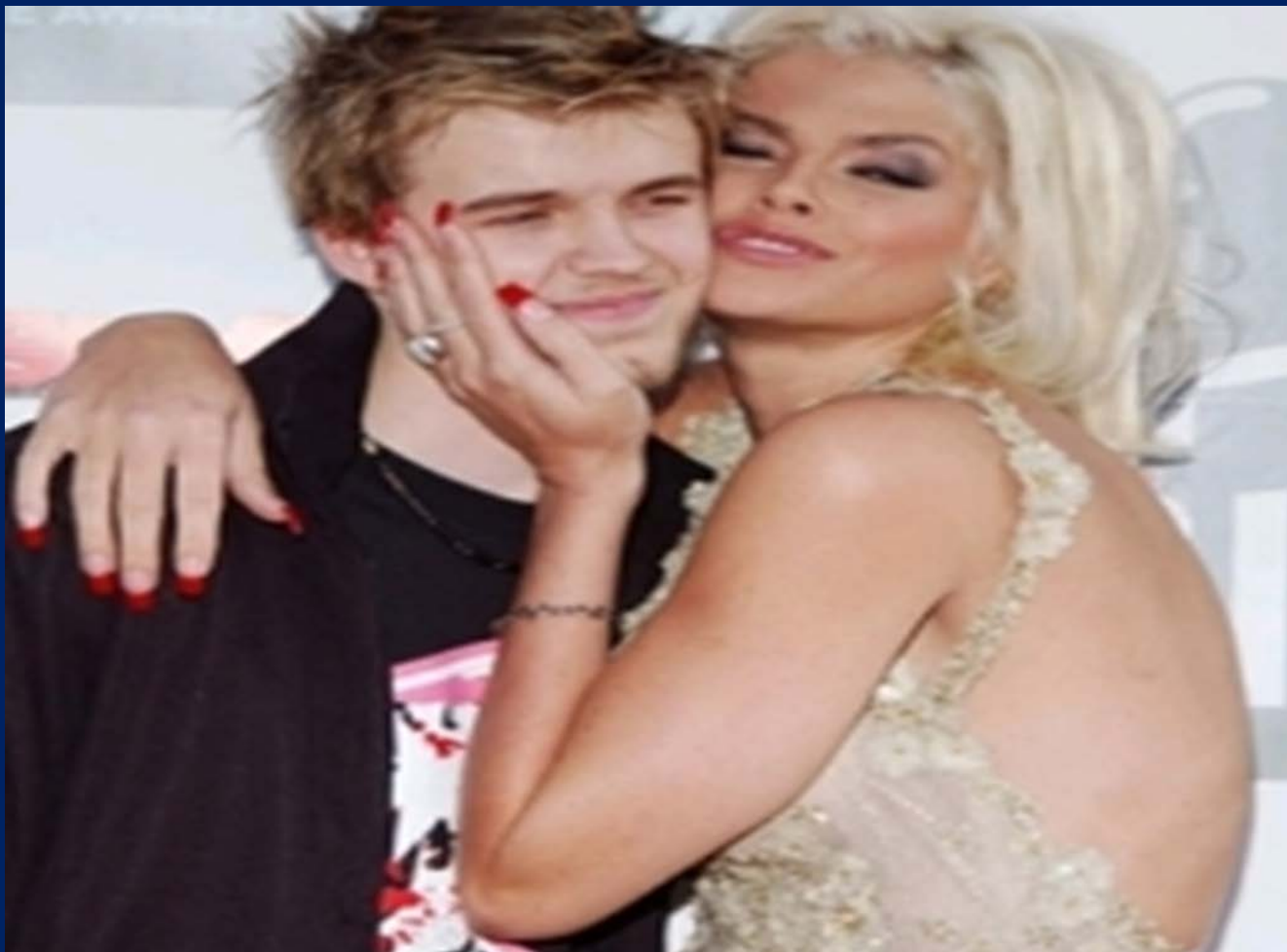
Heroin traffickers pave the way for increasing crime and violence

Law enforcement and prosecutors eventually fighting the problem on two fronts (prescription opiate diversion and heroin distribution) further depleting resources

Communities suffer



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 VIRSINGHUM

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.



CDC Vital Signs Report July 2012

Methadone has been used for decades to treat drug addiction, but in recent years it has been increasingly prescribed to relieve pain. As methadone prescriptions for pain have increased so have methadone-related fatal overdoses.

Researchers found that while methadone accounts for only **2%** of painkiller prescriptions in the United States, it is involved in more than **30%** of prescription painkiller overdose deaths.

Six times as many people died of methadone overdoses in 2009 than a decade before.



Overdose...Why?

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

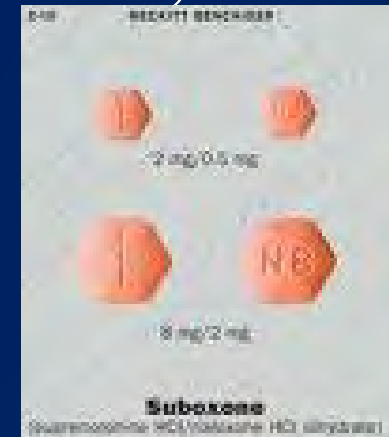
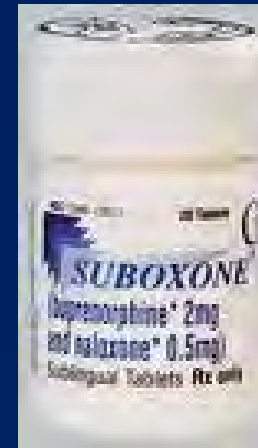
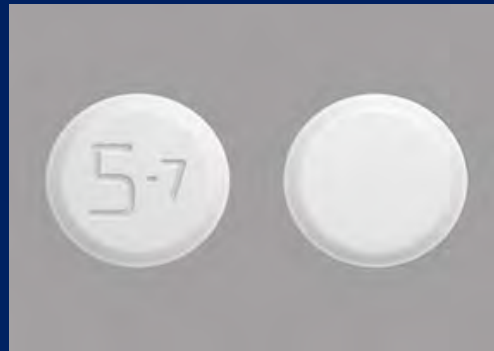




Other FDA Approved Drugs for Narcotic Addiction Treatment

Schedule III

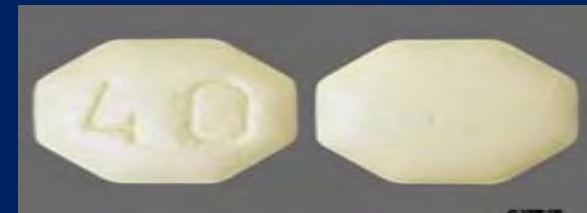
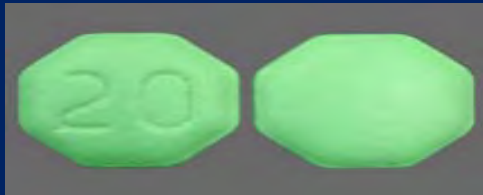
- Buprenorphine – similar to other opioids and produces less euphonic effects
- Abused as a replacement for other opioids; general hold over
- Popular in prisons, “prison heroin”
- Prices: \$2.00 to \$15.00
 - Suboxone (sublingual, buprenorphine/naloxone tablet)
 - Zubsolv (sublingual, buprenorphine/naloxone tablet)





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

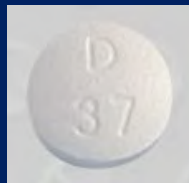
Fentanyl



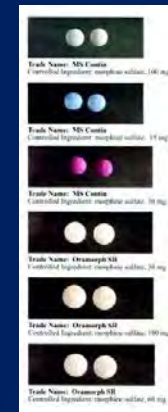
Hydromorphone



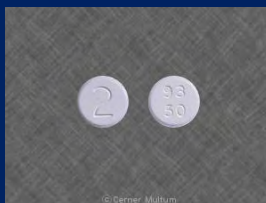
Meperidine



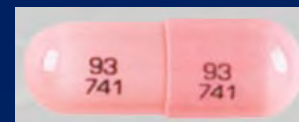
Morphine



Codeine



Propoxyphene





Benzodiazepines

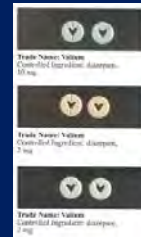
Alprazolam



Clonazepam



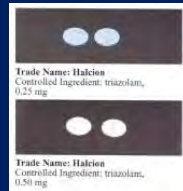
Diazepam



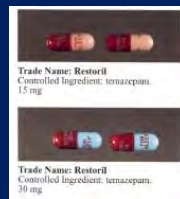
Lorazepam



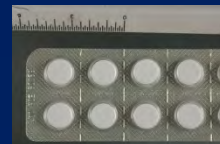
Triazolam



Temazepam



Flunitrazepam



Midazolam



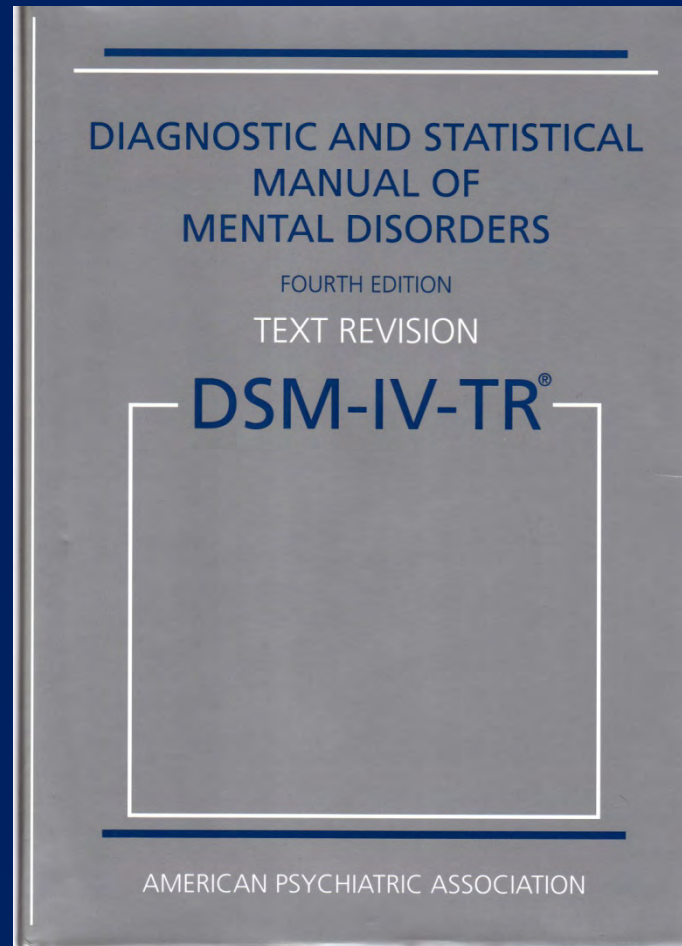


Ritalin® / Concerta® / Adderall®

- 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



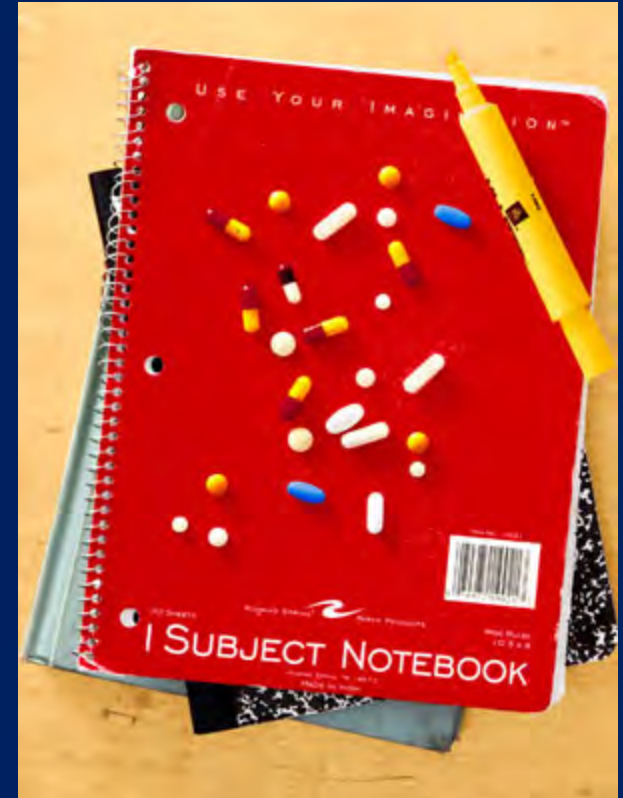
Required Reading





ADHD Medication

- ✓ **1 in 8** teens (2.7 million) misuse or abuse
- ✓ **29%** parents believe can improve academic or testing performance, even if teen is does not have ADHD
- ✓ **1 in 4** teens believes these drugs can be used as a study aid





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



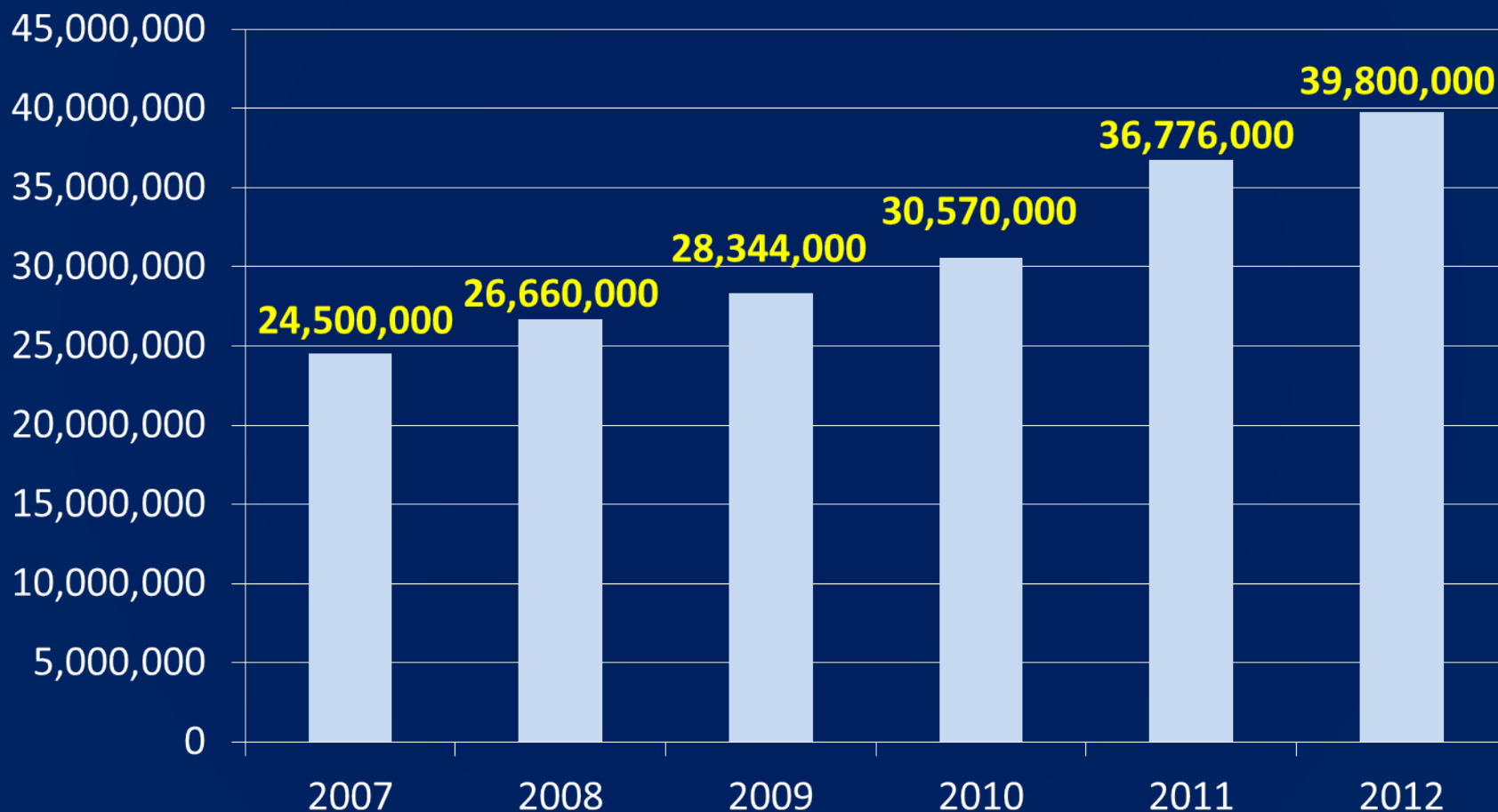


Non-Controlled Substances

- Analgesic:
 - Tramadol (Ultram®, Ultracet®)
 - Notice of Proposed Rulemaking to place Tramadol into Schedule IV issued November 4, 2013.
 - Effective August 18, 2014, Schedule IV controlled substance
- Muscle Relaxant:
 - Cyclobenzaprine (Flexeril®)



Tramadol Prescriptions



Source: IMS Health National Prescription Audit Plus



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



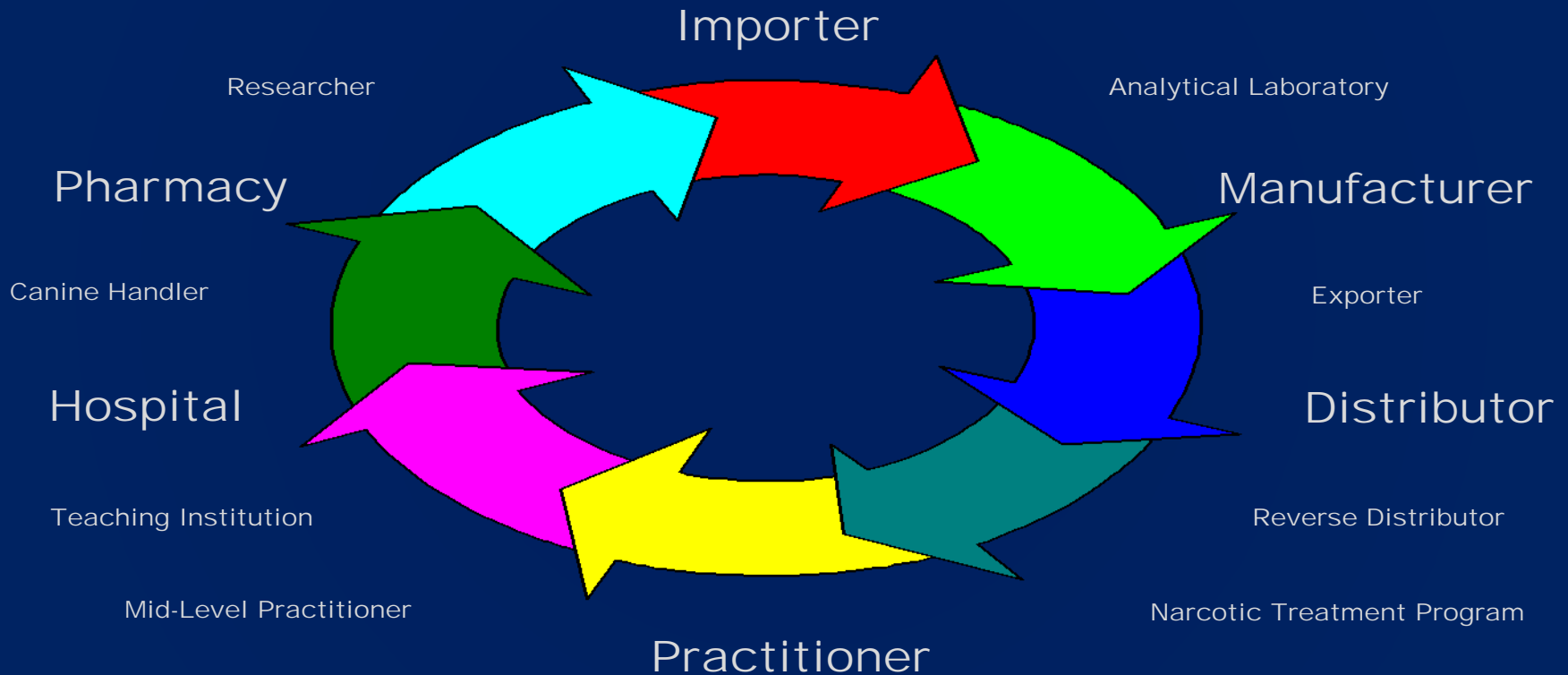
THE CSA: CHECKS & BALANCES



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



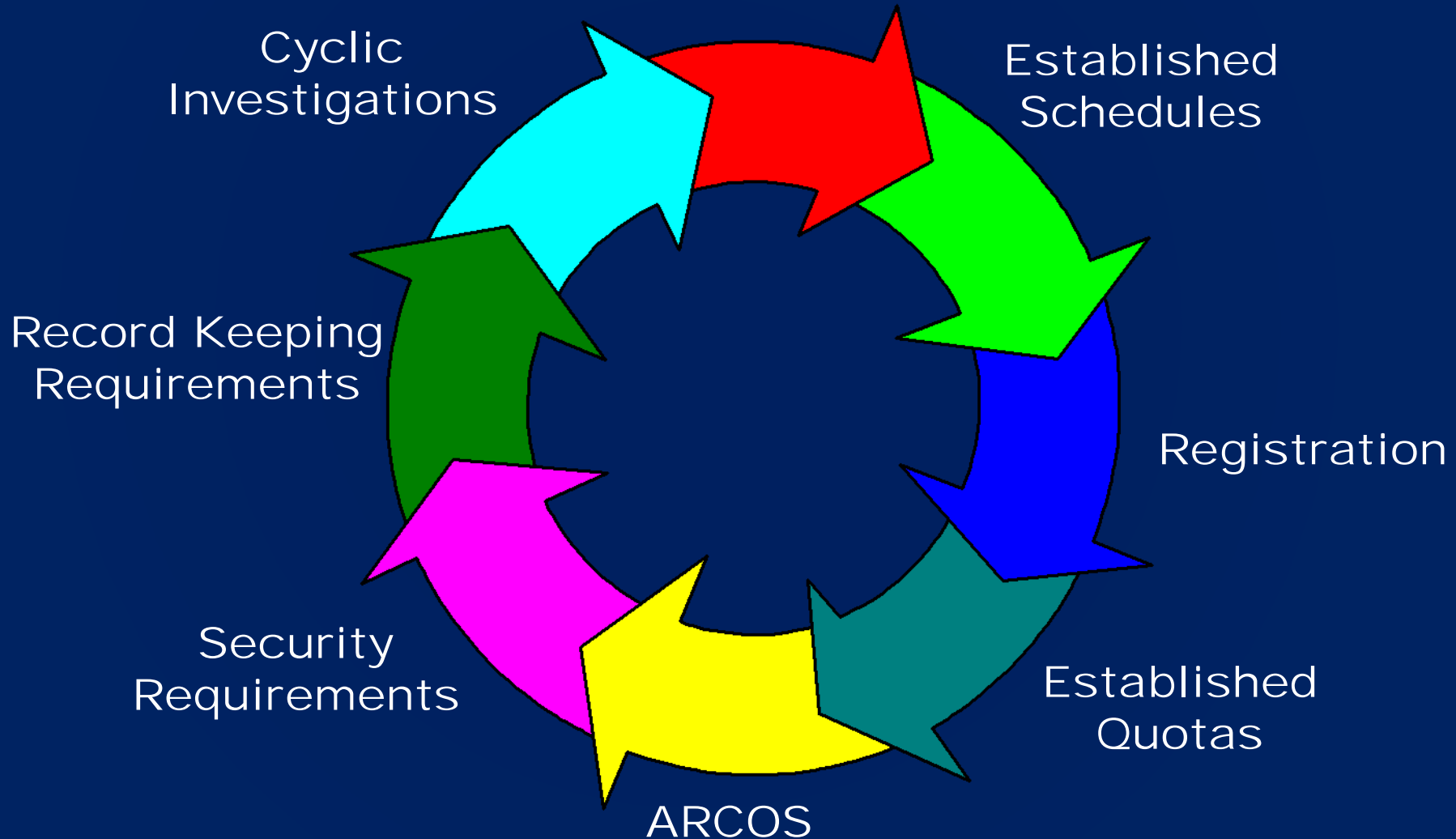
The CSA's Closed System of Distribution



1,469,821 DEA Registrants

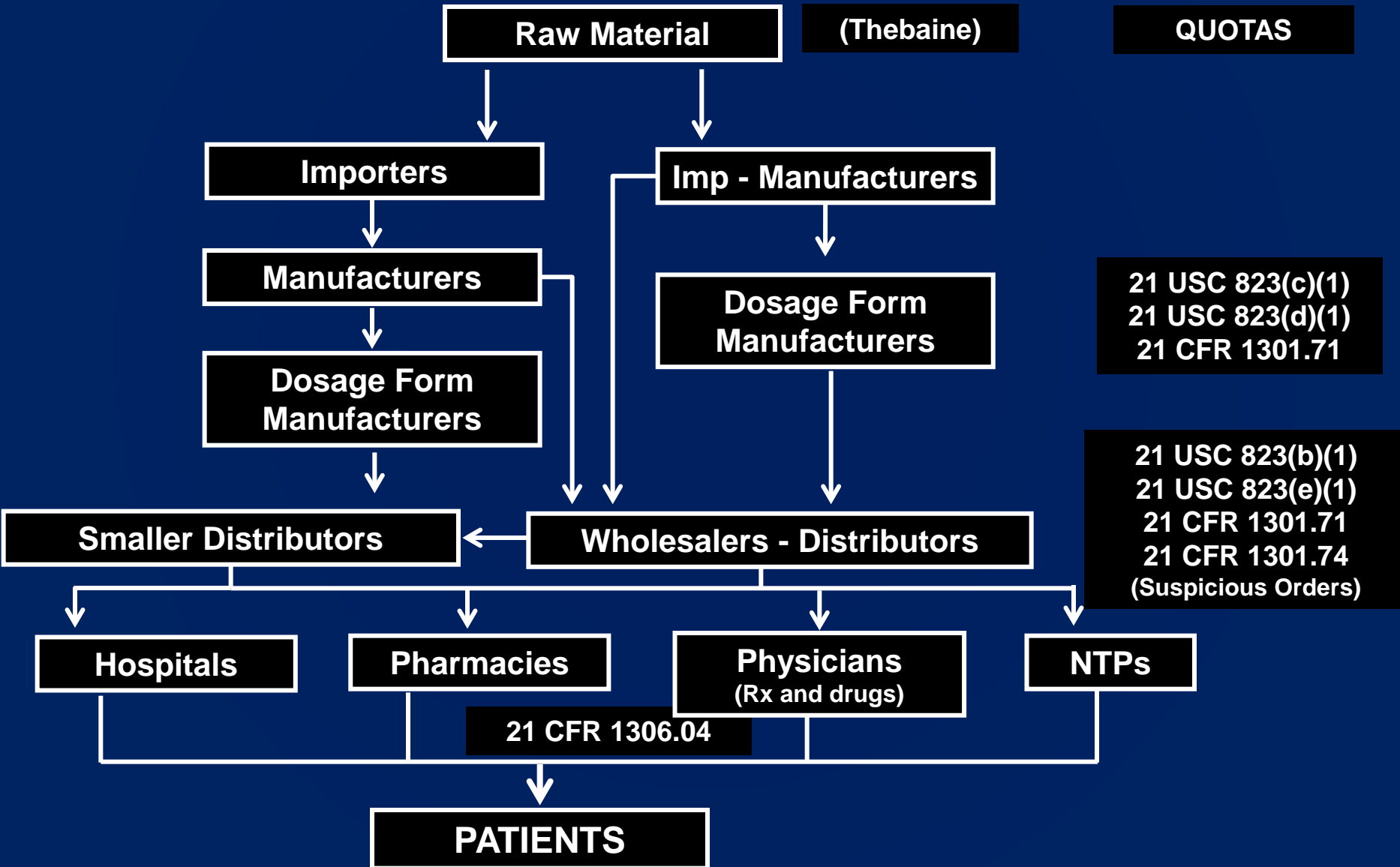


The CSA's Closed System of Distribution





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 ?



Drugs Prescribed

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

Schedule II	Schedule III	Schedule IV
Oxycodone 15mg, 30mg	Vicodin (Hydrocodone)	Xanax (Alprazolam)
Roxicodone 15mg, 30mg	Lorcet	Valium (Diazepam)
Percocet	Lortab	
Percodan	Tylenol #3 (codeine)	
Demerol	Tylenol #4 (codeine)	
Methadone		



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)



Why is this happening?



Its All About Profit



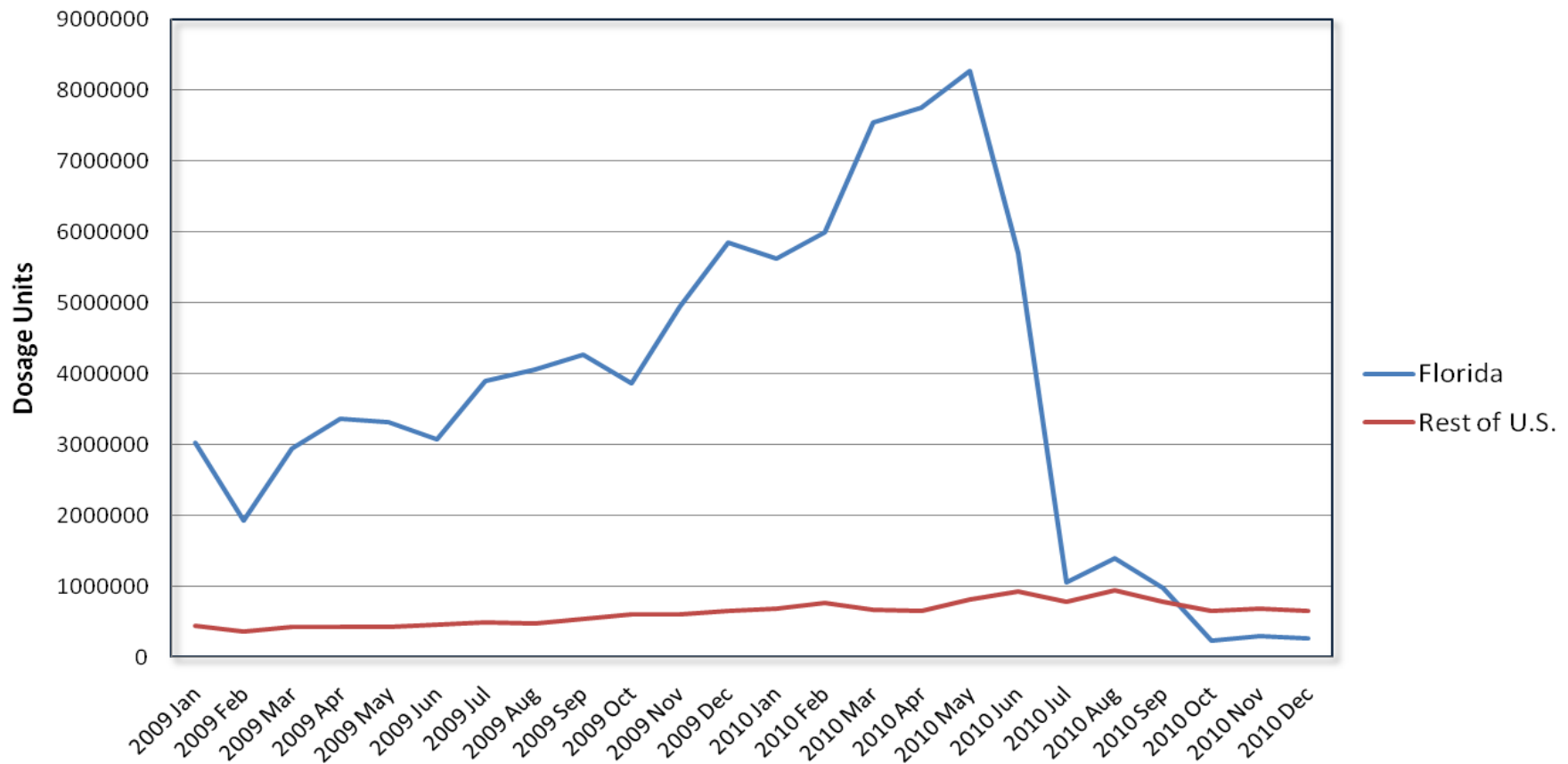
- One case in Florida owner/operator of pain clinic allegedly generated \$40 million in drug proceeds
- Houston investigation \$41.5 million in assets



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.



**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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A bite into dental costs

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



By Rachel Huggins and Karl Celles, 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 targets

By Donna Leinwand Leger
USA TODAY

Drug dealers are finding ways around new laws that clamp 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-prescribing 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 be a dispensing controlled substance without a prescription. The DEA can deny an application if an applicant has been convicted of a drug-related crime or if the pharmacy cannot find a connection to a legitimate medical activity that poses a public health and safety.

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

Some pharmacies are ending oxycodone and pills to people recruited by doctors to get prescriptions. "They're not selling aspirin," Trouville says, "but an empty bulletproof window."

Applicants turned down by the DEA can try their luck in Georgia, where Allen, director of the state's Bureau of Narcotics and Dangerous Drugs, says.

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% to 44%, former Pennsylvania senator Rick Santorum, 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 pulled 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, Ohio, Pennsylvania, Virginia and Wisconsin.

The findings presumably reflect the attacks on Gingrich's temperament by Romney and other prominent Republicans. From Arizona Sen. John McCain to the majority leader Bob Dole, the speaker has drawn fierce fire since he took office in 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 advertising by Romney and his allies. "It's a policy of carpet bombing his opponent," he said on Fox News Sunday. "It has an impact on the campaign."

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

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

Nearly six in 10 say Romney has the leadership qualities a president needs; 42% say Gingrich has those qualities. Forty percent call Romney sincere and a good listener, while 34% say that of Gingrich.

Neither does particularly well on whether they understand the problems Americans face in their daily lives: 44% say they do, while 34% say they do not.

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

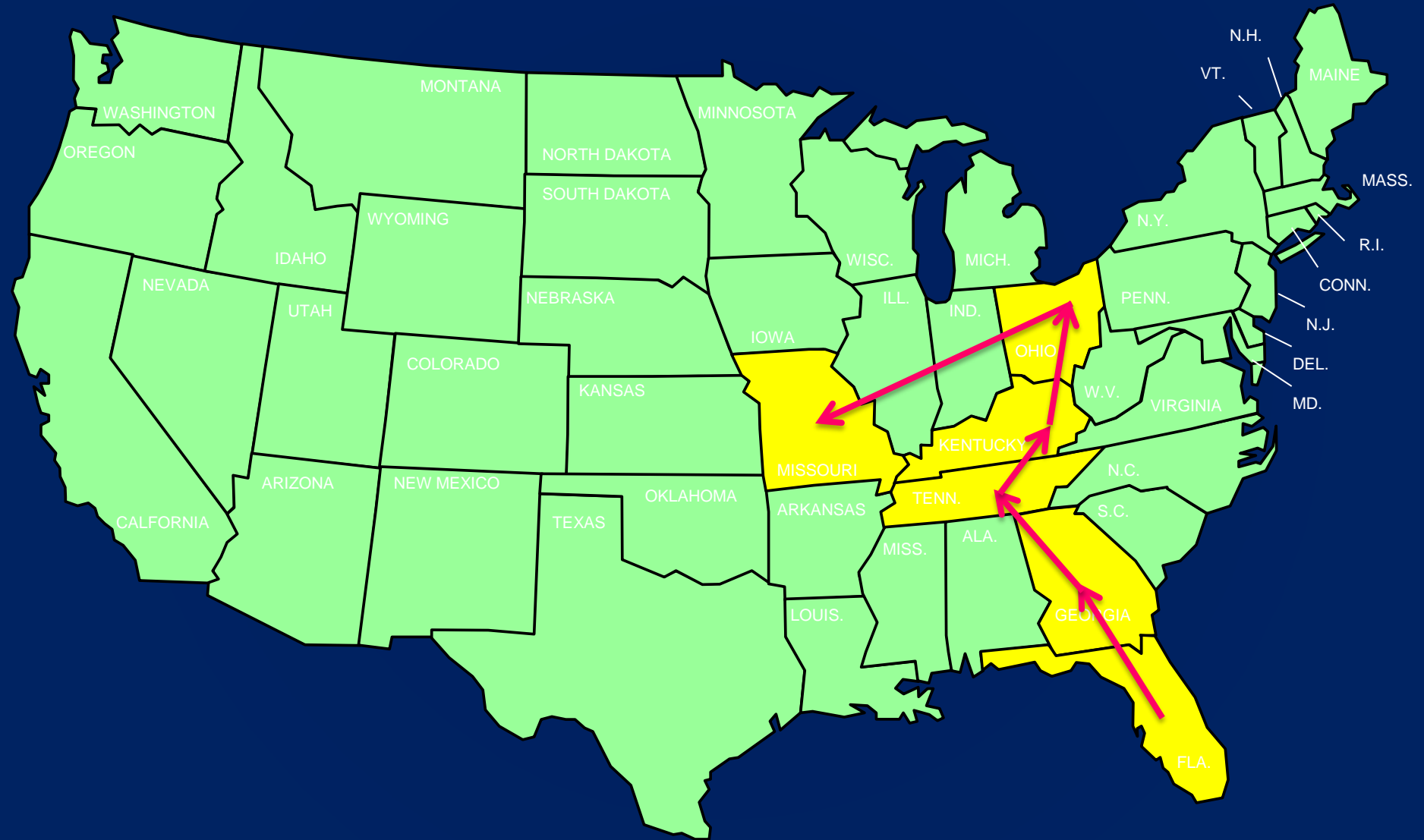


MIGRATION OF PAIN CLINICS





MIGRATION OF PAIN CLINICS





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

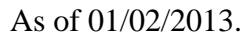




Doctor Shopping: What is it ?

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



* 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.



Illinois Doctor Sentenced to Four Consecutive Life Sentences



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

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



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

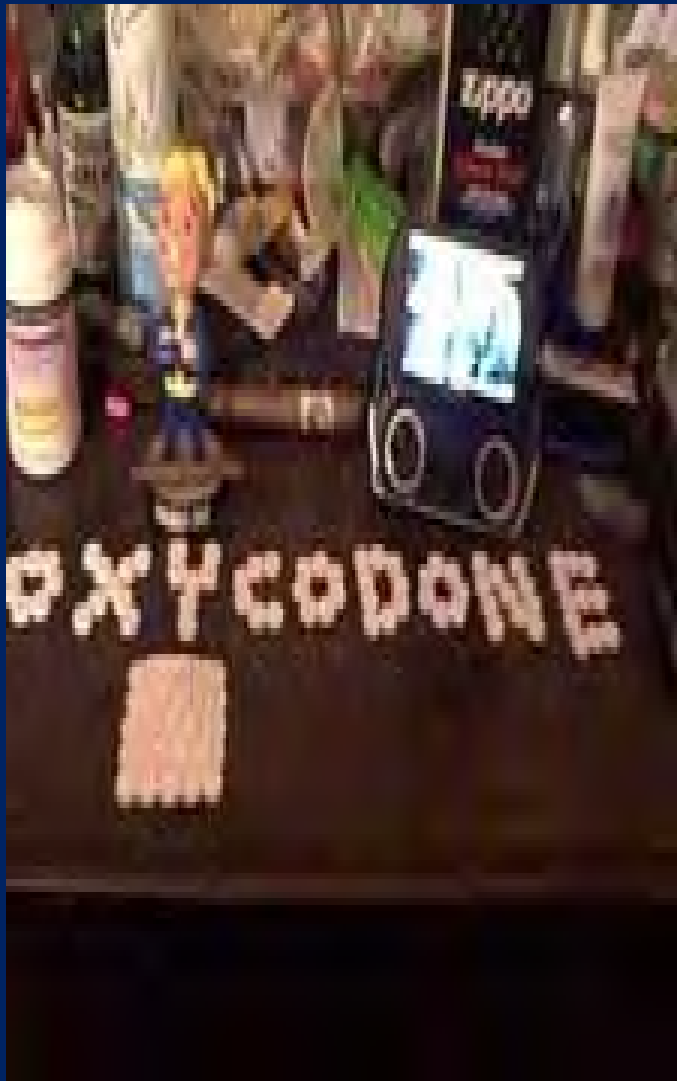


Embezzlement

- 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!!!!

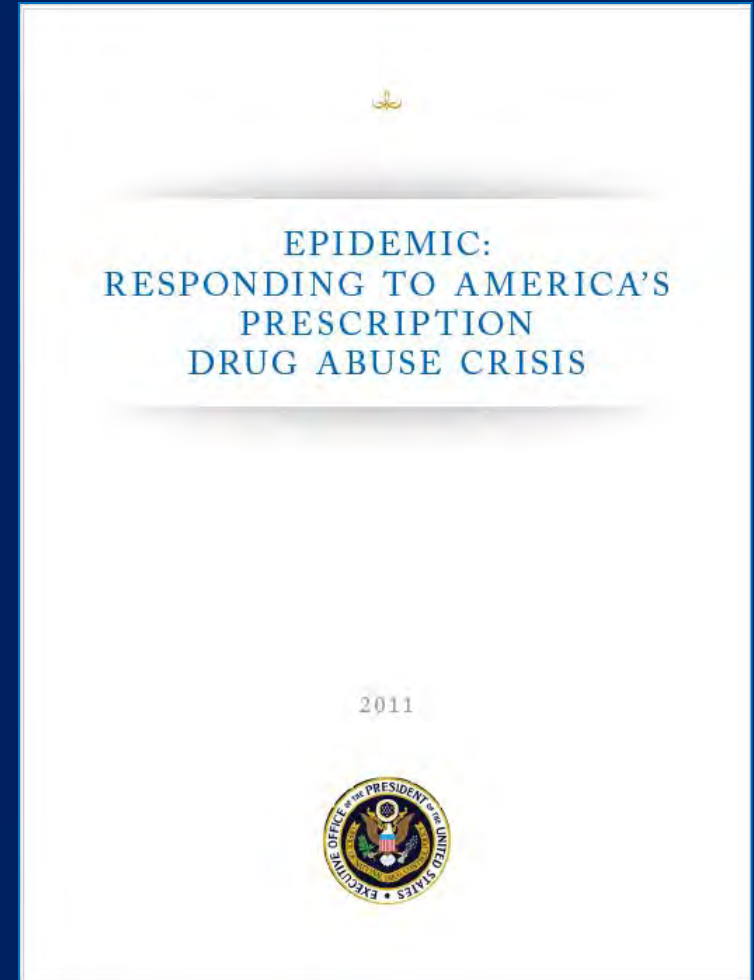
- Enforcement is just as important as....
- Prevention/Education
- Treatment





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





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.



Cutting off the Source of Supply





DEA snips licenses of pharmaceutical giant's customers

Continued from 1A

the hearing, the DEA and Cardinal have filed hundreds of pages of documents that provide an inside look into how prescription painkillers such as oxycodone and hydrocodone have flooded the black market.

The investigation into Cardinal led the DEA to suspend the licenses of four of the company's largest Florida customers, including Gulf Coast and two CVS pharmacies in Sanford, Fla. Like Cardinal, CVS challenged the suspensions in federal court.

COVER STORY

The suspensions are an aggressive display of the DEA's strategy to attack the prescription drug abuse problem at the highest levels. After years of cracking down on doctors who dispense drugs from clinics known as pill mills, DEA agents are targeting the top of the supply chain as part of a comprehensive strategy to stop the flow of prescription drugs to street dealers.

More than 5 million people in the USA abuse narcotic painkillers. The Centers for Disease Control and Prevention classifies prescription drug abuse as an epidemic. More than 27,000 died from

the four pharmacies "staggeringly high" and says Cardinal ignored red flags raised within its own system to detect suspicious orders.

"Our system did raise questions with these four pharmacies," said Cardinal spokeswoman Debbie Mitchell. "We took decisive action and voluntarily suspended shipments of controlled medicines to two late last year. As for the two national chain pharmacies, we raised questions with their corporate headquarters, which they addressed. CVS subsequently took action to stop filling prescriptions for 22 doctors."

Cardinal argues that volume alone is not enough to determine whether a pharmacy is diverting the drugs, because it does not account for a pharmacy's location, the age and health of the population, and the proximity to hospitals, nursing homes and cancer centers.

"If the problem were that simple, DEA could solve it simply by setting volume limits" on the pharmacies, Cardinal says in a document posted on its website.

Cardinal notes in court papers that it has a robust detection system and has cut off more than 330 pharmacies, including 140 in Florida, over the past four years that it determined posed an unrea-



anti-diversion, said in court papers that Cardinal's shipments to the pharmacies in Sanford "do appear unreasonable."

"It is reasonable and not uncommon" for doctors to prescribe a 30-day supply of four 30-milligram oxycodone pills a day for a person with chronic pain, Moné said. The amount of oxycodone Cardinal delivered to six pharmacies in Sanford would fill 26,201 four-pull-a-day portions, he said.

CVS, in a statement issued Feb. 17 in response to questions from USA TODAY, said the company is committed to working with the DEA and has taken "significant actions to ensure appropriate dispensing of painkillers in Florida, which already resulted in dramatically reduced distribution of oxycodone."

For instance, spokesman Mike DeAngelis said the number of oxycodone pills dispensed at two Florida pharmacies dropped 80% in months after CVS stopped filling some prescriptions for the 22 doctors writing questionable prescriptions. The company developed specific guidelines to help pharmacists determine whether prescriptions are legitimate, he said.

Brooks Pharmacy. The Bonita Springs, Fla., pharmacy had said anything to him about the high volume at the store.

In 2011, as Moellering's concerns mounted, Cardinal sold more than 2 million oxycodone pills to Gulf Coast, an 868% increase since 2009. Police were closing in. In each of Cardinal's reports to Gulf Coast, Moellering listed the top prescribers whose patients used the pharmacy.

By the time Cardinal cut Gulf Coast off in October, police had arrested at least three doctors included in Moellering's reports and charged them with a variety of charges, including trafficking in oxycodone, racketeering and overprescribing narcotics.

On Jan. 19, a federal grand jury indicted Green, the pharmacy owner, for conspiracy to possess with intent to distribute oxycodone. Green has pleaded not guilty in federal court. His lawyer did not return a call for comment.

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Stores' licenses suspended: DEA Special Agents David Meienkevitz and Mia Ro remove boxes of prescription painkillers and other evidence from a CVS store Feb. 4 in Sanford, Fla.

DEA aims big to stem painkiller black market

Cardinal Health says it didn't look the other way

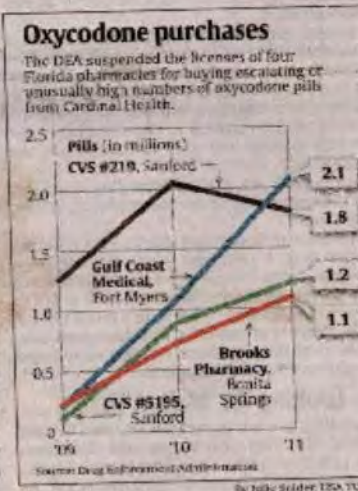
By Donna Leinwand Leget
USA TODAY

Vincent Moellering heard a rumor in April 2009 that a local pharmacy was selling the powerful and addictive painkiller oxycodone by the pill for cash. So Moellering, an investigator for Cardinal Health, one of the nation's largest distributors of pharmaceuticals, visited Gulf Coast Medical Pharmacy in Fort Myers, Fla.

Over the next two years, Moellering and other Cardinal employees visited that pharmacy at least four more times. Each time, they noted disturbing signs: Customers paid cash, oxycodone was the No. 1 seller, and young people came in groups to have their prescriptions filled.

COVER STORY

On Oct. 5, 2010, Moellering's fourth visit, pharmacy owner Jeffrey Green told him he wanted more oxycodone. The store had dispensed 462,776 pills over two months — nearly seven times what the average pharmacy dispenses in a year. Convinced something was off, Moellering asked Cardinal's permission to contact the Drug Enforcement Administration, according to documents filed in federal court.



involving prescription pain medication is staggering.

Gil Kerlikowske,
White House Office for
National Drug Control
Policy

drug may have trouble breathing, slip into a coma or die.

Florida, which had lax laws governing pain clinics until last year, is at the focal point of prescription painkiller abuse. The state Medical Examiner's Office recorded 4,048 deaths from hydrocodone, hydromorphone, oxycodone and oxycodone in 2010, up 24% from 2009. Until last year, doctors could dispense the painkillers from their offices. Now doctors must write prescriptions to be filled at pharmacies.

Watching the supply chain

Under the federal Controlled Substances Act, the DEA regulates every link in the supply chain for controlled substances such as oxycodone and hydrocodone, including manufacturers, distributors, doctors and pharmacies. About 1.4 million entities have DEA licenses, called registrations, to handle the controlled pharmaceuticals.

Within the closed system, each license holder has responsibilities to maintain control of the drugs and keep them from getting to illegitimate players, DEA Special Agent Gary Boggs said.

The law requires distributors, such as Cardinal Health, to have systems to detect suspicious orders, which must then be reported to the DEA. The agency repeatedly warns distributors that the size of an order alone triggers the distributor's responsibility to report it to the DEA, Boggs said. Distributors must cut sales to those drugstores with suspicious orders even if they have a valid DEA license, he said.

"If all those players involved are either complicit or not doing their due diligence correctly, that whole system comes tumbling down," Boggs said. In court documents filed in response to Cardinal's challenge, the DEA calls the pharmacy's sales

its top four customers than it has shipped to its other Florida retail customers. Specifically:

CVS #219. In 2010, Cardinal shipped 2.05 million pills to the 24-hour store in Sanford, a town of 33,000 people north of Orlando, the DEA said. The numbers dropped in 2011 after CVS cut off the 22 doctors whom it suspected were writing illegitimate prescriptions. Still, Cardinal sold the pharmacy more than 1.8 million pills — an average of 137,994 pills a month. Cardinal's other customers in Florida averaged 5,364 oxycodone pills a month.

About 42% of the CVS store's customers paid cash, the DEA said in court papers.

CVS #219 pharmacist Paras Priyadarshi told DEA investigators that the pharmacy's fastest-moving controlled substance was 30-milligram oxycodone, DEA group supervisor Ruth Carter said in a sworn statement filed as part of the federal court proceedings. Doctors often used the same diagnosis code on multiple prescriptions and often prescribed to two people living at the same address, which Carter said are signs of diversion.

Carter, in the sworn statement, said Priyadarshi told her customers often requested certain brands of oxycodone using street slang.

In a sworn statement in CVS' challenge to the DEA, Priyadarshi said the DEA misinterpreted his

corporate had said anything to him about the high volume at the store.

CVS #5195. A few miles away in Sanford, this CVS store dispensed more than 58,000 oxycodone pills a month, and 58% of the customers paid cash, the DEA said. From 2009 to 2010, the number of oxycodone pills the pharmacy purchased from Cardinal jumped to 885,900 from 104,500. In 2011, the CVS purchased more than 1.2 million pills. Although Cardinal's electronic system for monitoring suspicious orders flagged the CVS orders 22 times for further investigation, Cardinal never held a shipment, notified the DEA or sent an investigator to visit the store, the DEA said.

CVS pharmacist Jessica Merrill described the oxycodone customers as "shady," Carter said.

"Cardinal shipped enough oxycodone for every man, woman and child in Sanford to have 59" pills in 2011, the DEA said.

In a sworn statement filed in the CVS case, Merrill said the DEA's account of her interview with Carter is inaccurate. She said Carter used the term "shady," and when she asked what the agent meant, Carter said people filling oxycodone prescriptions except cancer patients are drug seekers.

Merrill said she instructs pharmacists and technicians to reject prescriptions from people who have pinpoint pupils, show aggression or don't have a consistent medical history. The store keeps a binder on suspected doctor shoppers, which it shares with local law enforcement, she said. "I have assisted in at least 15 arrests related to oxycodone" since the end of 2009, Merrill said.

"I have never filled a controlled substance prescription, nor directed anyone else to do so, based on a belief that filling such a prescription would affect any bonus I received from CVS," Merrill said. She estimates the store rejected about 10% of the prescriptions it received each day.

Michael Moné, Cardinal's vice president for



DEA Legal Recourse

➤ Administrative

Immediate Suspension Order (ISO)

Memorandum of Agreement (MOA)

Order to Show Cause (OTSC)

➤ Civil

Fines

➤ Criminal

Arrests & Forfeiture of Assets



Business Day

The New York Times

WEDNESDAY, JUNE 12

Chain to Pay \$80 Million In Drug Fine

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

Continued on Page 2

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

From First Business Page

distributors of painkillers often turn a blind eye to suspiciously large orders for medications by pharmacies, and that drugstores fail to properly identify customers who intend to divert drugs to the streets.

Some distributors have sought to limit their liability by more closely monitoring distribution pipelines and cutting off customers. But patients say the crackdown has made it difficult for them to get needed medication, and some druggists complain that big distributors like Cardinal

A crackdown on the wholesalers of prescription drugs.

have clamped down on the amount of painkillers they can buy.

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 2009, federal officials have brought charges against 59 doc-



Agents said Wal

tors in connection prescribing of pain

In their action green, federal of chain had failed count for the sale or report suspicious Walgreen distribu

Florida once served as the largest supplier of prescription painkillers to pharmacies in that state, they said.

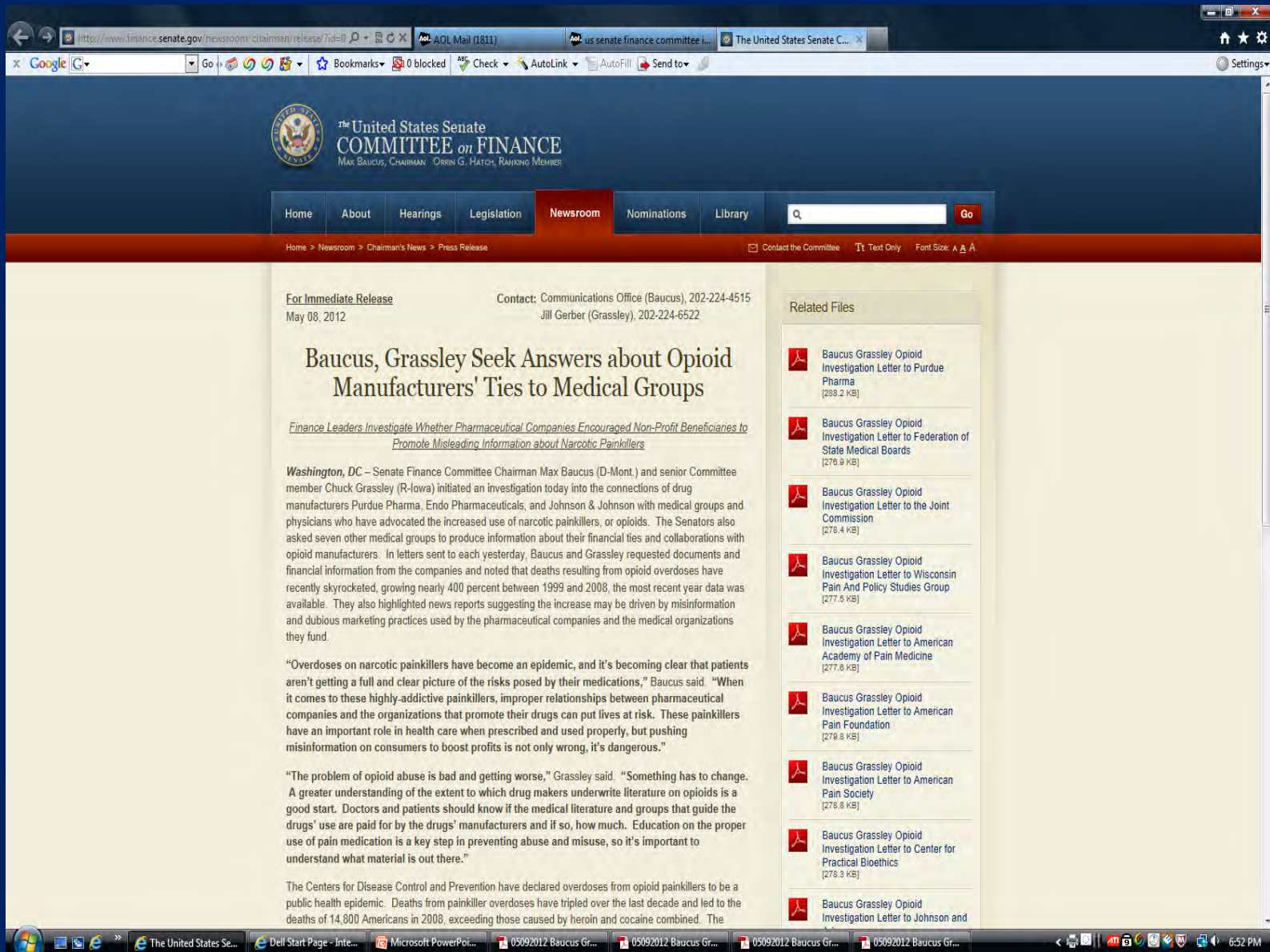
"National pharmaceutical chains are not exempt from fol-

The \$80 million settlement is the largest fine paid by a pharmacy chain as related to DEA's strategy of cracking down on rampant prescription drug abuse

are fully committed to do our part to reduce prescription drug abuse."

The company said that it expected that the financial impact of the settlement and associated

of painkiller sales. West Virginia officials filed a lawsuit against 14 drug distributors, including Cardinal and AmerisourceBergen. The companies have denied wrongdoing.





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Dollars for Docs



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



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SEARCH

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How Industry Money Reaches Your Doctor

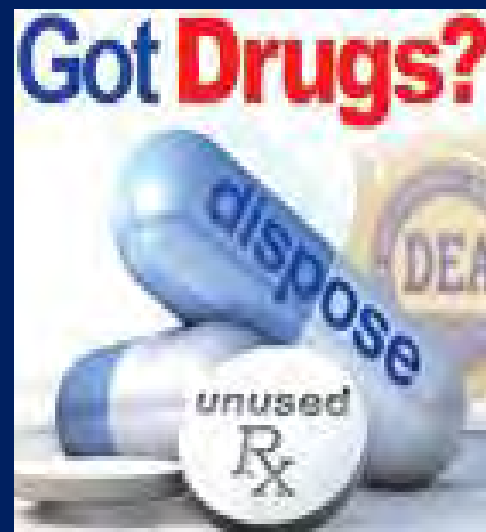
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Nationwide Take-back Initiative

Over 4.1 million pounds (2,123 tons) collected

- On September 30, 2010, approximately 122 tons
- On April 30, 2011, approximately 188 tons
- On October 29, 2011, approximately 189 tons
- On April 28, 2012, approximately 276 tons
- On September 29, 2012, approximately 244 tons
- On April 27, 2013, approximately 376 tons
- On October 26, 2013, approximately 324 tons
- On April 26, 2014, approximately 390 tons





EDITORIAL CARTOON *By Nate Beeler/Examiner*





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

What to Do?

- ✓ If you suspect or know of diversion of pharmaceuticals by a healthcare profession report it to your state Professional Licensing Board (Dental, Medical, Nursing or Pharmacy Board);
- ✓ Contact your local law enforcement authority;
or
- ✓ Contact local DEA Office and ask for the TDS or Diversion Group.



Office of Diversion Control

www.deadiversion.usdoj.gov

External links included in this website should not be construed as an official endorsement of the views contained therein.



DEA Web-based Resources

www.DEA.gov





DEA Web-based Resources

www.JustThinkTwice.com

The screenshot displays the homepage of the Just Think Twice website. At the top, a navigation bar includes links for "HOME" (return home), "DRUG FACTS" (learn the truth), "FACTS & FICTION" (know the difference), "CONSEQUENCES" (life changing events), "TEENS TO TEENS" (sharing our experience), and "INSIDE DEA" (find out more). A search bar is located on the right side of the navigation bar. The main content area features a large banner for "THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF" with a photo of a young man. Below the banner, there are three buttons labeled "MARIJUANA", "COCAINE", and "METH". To the right of the banner, there are two smaller sections: "IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE" with a "Learn More" link, and "FACTS & FICTION Get the Facts". Below these, there is a section for "TEENS TO TEENS" with a "Read More" link. At the bottom, a "Did You Know?" section states: "Combine toxic chemicals with neglected hygiene, and you get a condition called 'meth mouth'—rotten and decaying teeth."

JUST THINK TWICE
YOU'VE HEARD THE FICTION. NOW LEARN THE FACTS.

Parents & Educators | Drug Glossary

SEARCH

HOME *return home* | **DRUG FACTS** *learn the truth* | **FACTS & FICTION** *know the difference* | **CONSEQUENCES** *life changing events* | **TEENS TO TEENS** *sharing our experience* | **INSIDE DEA** *find out more*

THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF

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**

IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE
[Learn More](#)

FACTS & FICTION
Get the Facts

TEENS TO TEENS
Advice from teens on the D.A.R.E. Youth Advisory Board
[READ MORE »](#)

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

The screenshot shows the homepage of the GetSmartAboutDrugs.com website. The browser address bar displays the URL. The website header includes the DEA logo and the site name. A navigation menu is located below the header. The main content area features a 'Communities of Practice' section with a description and a 'Learn more' link. To the right, there are two promotional boxes: 'DEA Publications' and 'Watch the Videos'. At the bottom, there are three columns: 'Latest News' with two articles, 'Voices' with a story, and 'Inside DEA' with a general statement.

http://www.getsmartaboutdrugs.com

Get Smart About Drugs

Home Identify Prevent Help Hot Topics DEA in the Community Communities of Practice

The new Communities of Practice section includes three PowerPoint presentations about drug abuse and awareness and an online Train the Trainer module that provides presenters with techniques to effectively deliver the presentations

[Learn more](#)

BACK STOP NEXT

COMMUNITIES of PRACTICE

DEA Publications
Download or request
Drugs of Abuse and
Prescription for Disaster
[READ MORE](#)

Watch the Videos
View videos to learn how
to keep your family safe,
including ways to avoid
prescription drug abuse.
[VIEW](#)

Latest News [See All News Stories](#)

Drug Court Offers Hope for the Future
Jan 22, 2013 The Columbia River Partnerships for Change, a nonprofit in Oregon, is seeing tremendous success with its three drug court programs: adult treatment, juvenile treatment, and families restored.

ER Visits Tied to Energy Drinks Double Since 2007
Jan 16, 2013 Hospitals around the country have seen a gradual uptick in the number of emergency room visits involving energy drinks.

Voices

Irma Perez's Story

Irma was a 14 year old girl from Belmont, California who took an Ecstasy pill on April 23, 2004. She became sick immediately—vomiting and writhing in pain—yet her friends did not seek medical help for her. Instead, they gave

Inside DEA

The men and women of DEA aren't just drug enforcement agents—we're parents, grandparents, brothers and sisters. We've seen how drugs rob young people of their promise and dreams, and how entire families are affected by a child's drug abuse...



Thank You / Questions



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