



The United States Department of Justice

Drug Enforcement Administration



*Controlled Substance and
Legend Drug Diversion;
A Law Enforcement and Regulatory Perspective*

Phoenix Pharmacy Diversion Awareness Conference
National Association of Boards of Pharmacy (NABP)
Arizona Board of Pharmacy
Drug Enforcement Administration

**Marriott Renaissance Phoenix Downtown
Phoenix, Arizona**

Joseph Rannazzisi
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Office of Diversion Control



Disclosure Statement

I have no financial relationships to disclose
and

I will not discuss off-label use and/or
investigational drug use in my presentation



Goals and Objectives

- Background of prescription drug and opioid use and abuse – Scope of the problem
- Identify and discuss the pharmacology of commonly diverted and abused pharmaceuticals
- Identify methods of pharmaceutical diversion and discuss how the pharmacist can prevent diversion in the retail setting
- Discuss law enforcement role in preventing abuse and trafficking
- Discuss disposal regulations



Responding to America's Prescription Drug Abuse Crisis

“When Two Addictions Collide”

Pharmaceuticals

Money - Greed



Primum non nocere



Prescription Drug Abuse
is driven by

Indiscriminate Prescribing
Criminal Activity



What is the Societal Damage of Prescription Controlled Substance and Legend Drug Abuse?



Consequences

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 Enforcement Administration
Office of Diversion Control



Consequences

In 2011, approximately 41,340 unintentional drug overdose deaths occurred in the United States, one death every 12.45 minutes.
(increased for 12th consecutive year)¹

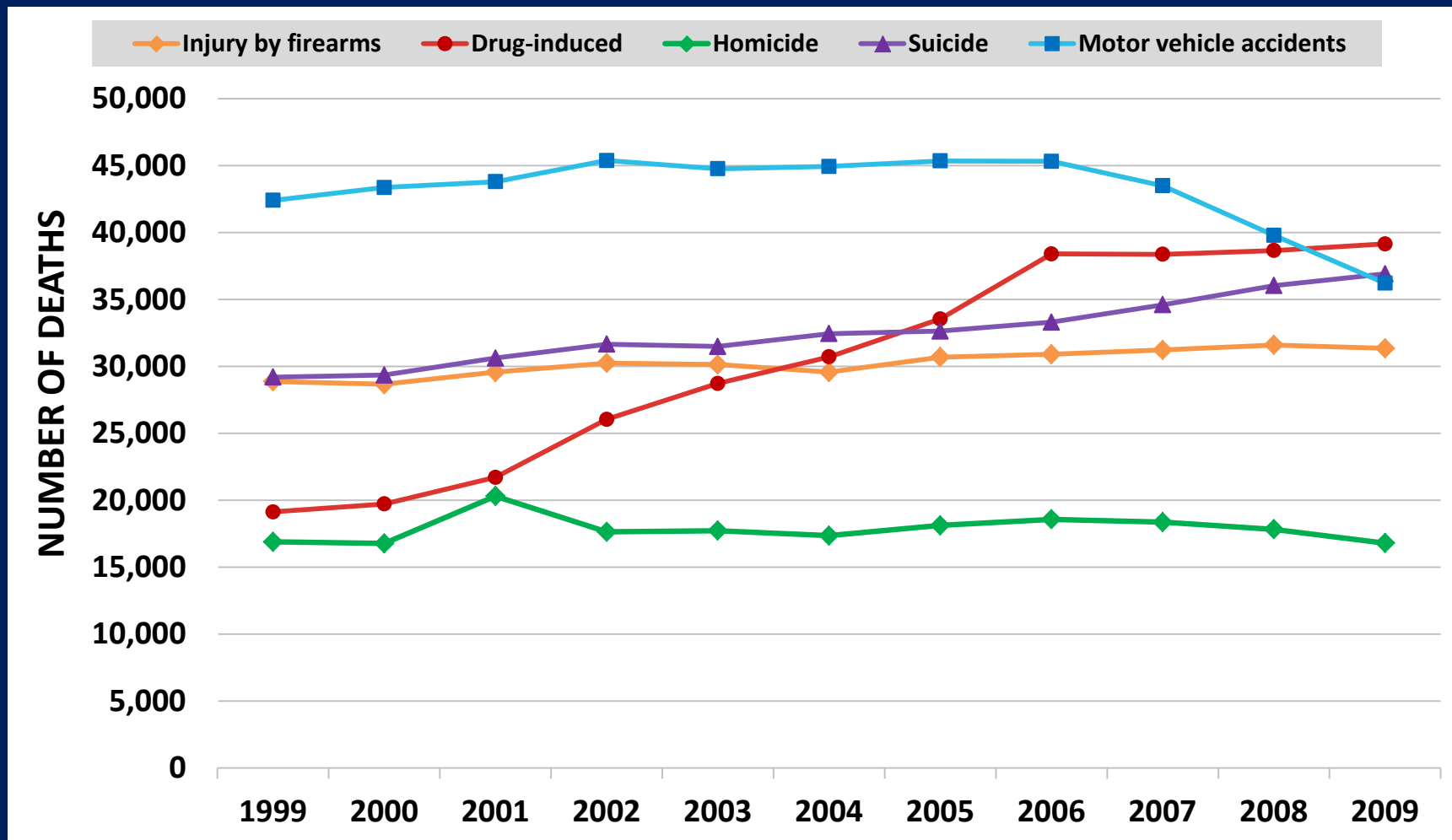
Of this number, 22,810 deaths were attributed to Prescription Drugs
(16,917 attributed to opioid overdoses/ (74.165%).

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

¹SOURCE: CDC National Center for Health Statistics/National Vital Statistics Report; June 2014
CDC Vital Signs: Opioid Painkiller Prescribing; July 2014



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.



2011 Current Users (Past Month) 2012

ANY ILLICIT DRUG:
22.5 million

MARIJUANA: 18.1 million

PSYCHOTHERAPEUTIC
DRUGS: 6.1 million

COCAINE: 1.4 million

Methamphetamine 439,000

Heroin: 281,000



ANY ILLICIT DRUG:
23.9 million

MARIJUANA: 18.9 million

PSYCHOTHERAPEUTIC
DRUGS: 6.8 million

COCAINE: 1.6 million

Methamphetamine 440,000

Heroin: 335,000

Source: 2011 & 2012 NSDUH



Prescription Drug Abuse

More Americans abuse prescription drugs than the number of:

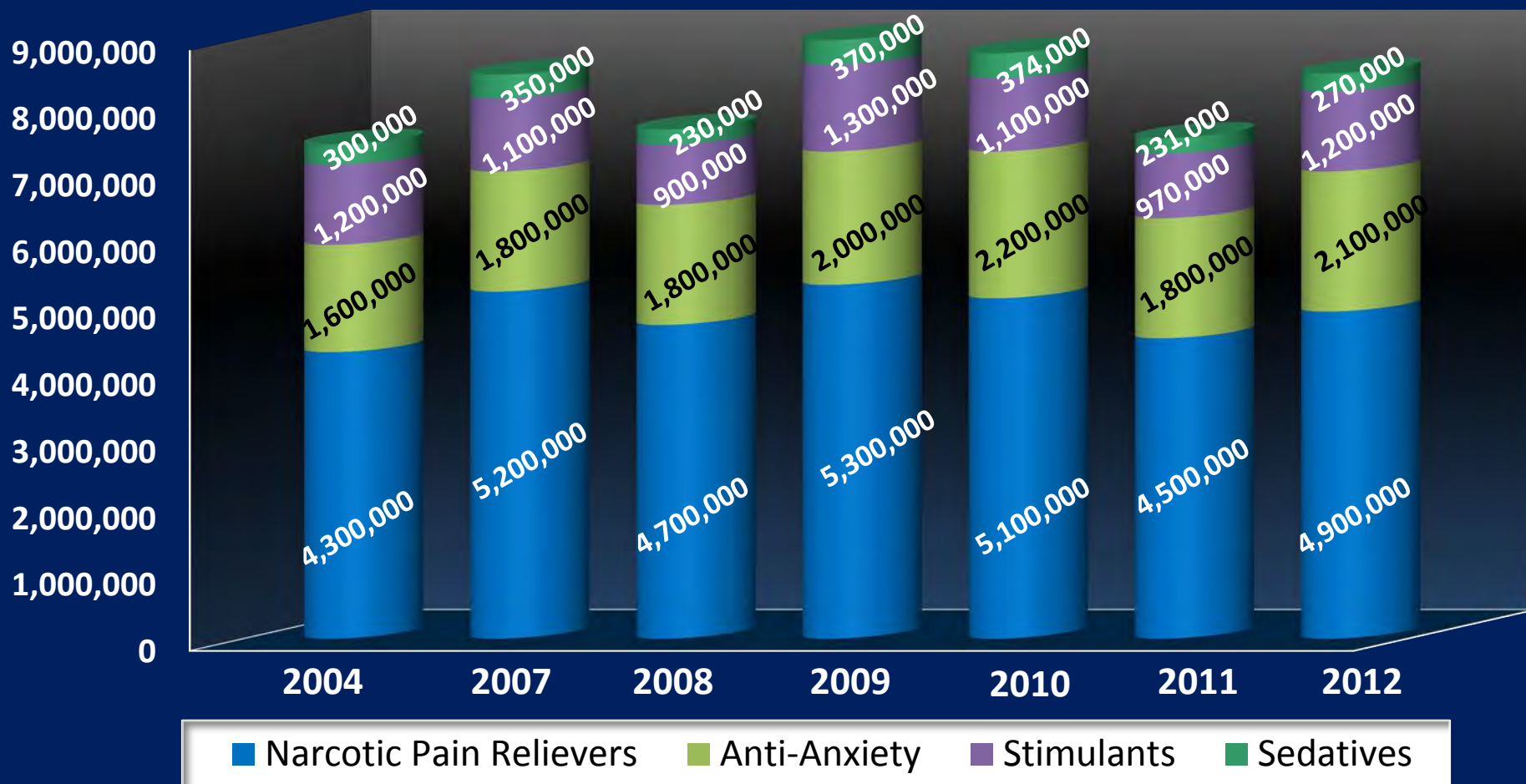
Cocaine, Hallucinogen, Heroin, and Inhalant abusers

COMBINED!!!



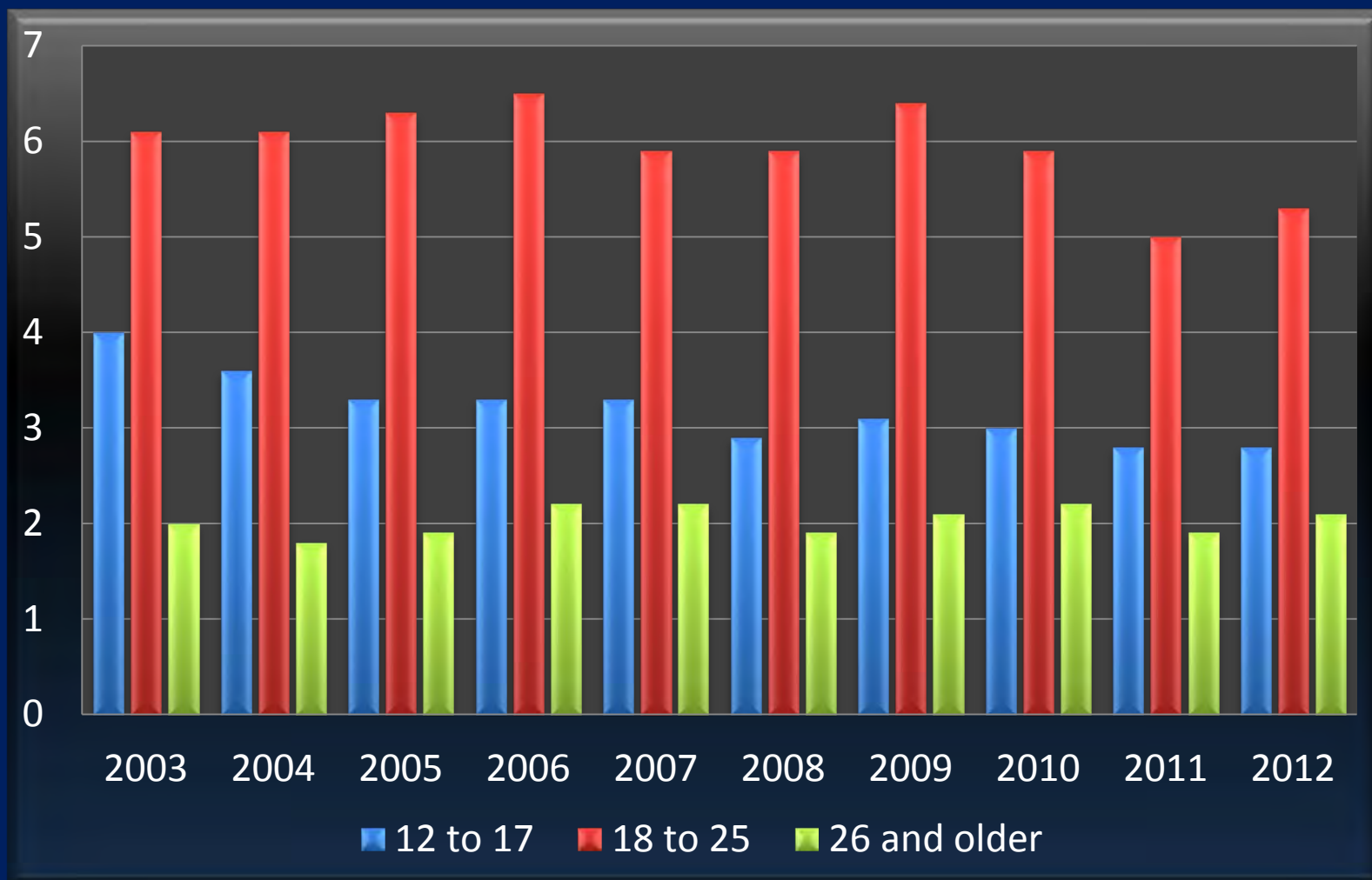
Scope and Extent of Problem:

Past Month Illicit Drug Use among Persons Aged 12 or Older





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



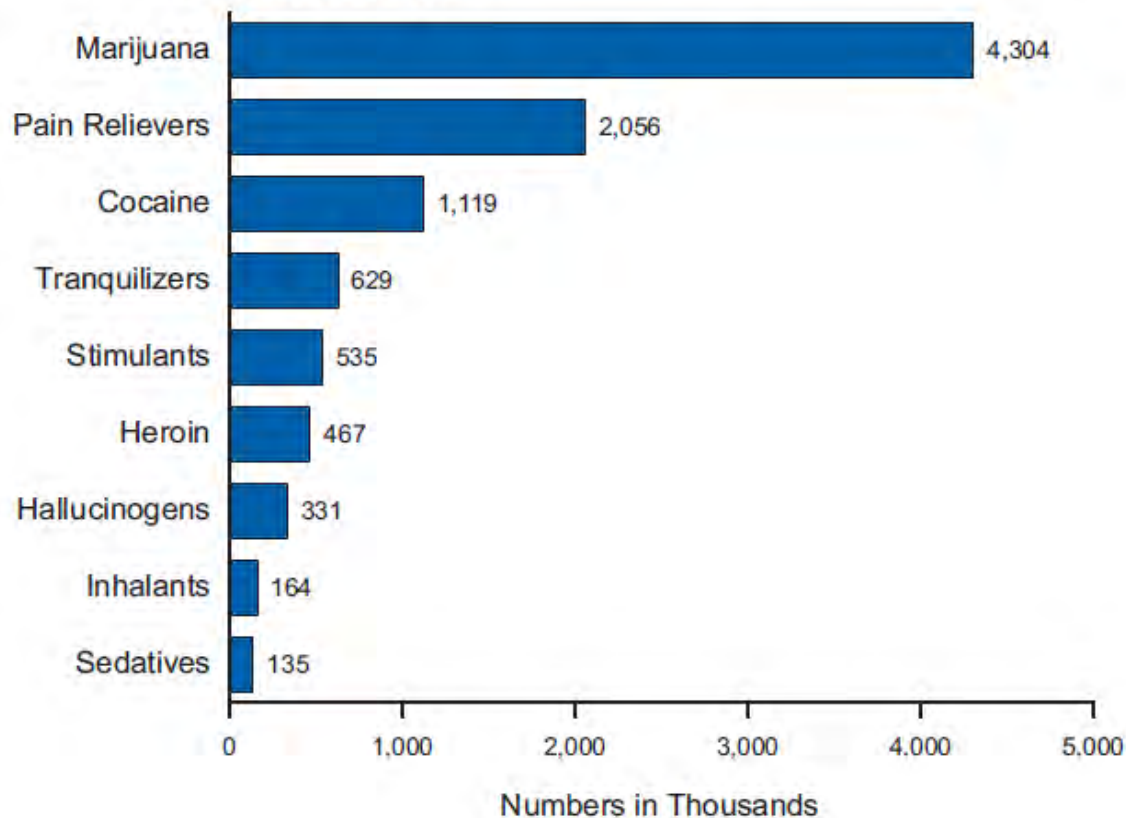


Emergency Room Data 2004-2011

- Increase of 148%: ER visits attributable to pharmaceutical(s) alone
(i.e., with no other type of illicit drug or alcohol) (336,753 to 835,275)
No Statistically Significant Change: ER visits attributable to cocaine, heroin, or methamphetamine; 62% increase in marijuana (502,864 to 656,025 – increase of 38%)
- Increase of 128%: ER visits attributable to pharmaceuticals alone, plus pharmaceutical(s) in combination with illicit drug(s) and/or alcohol (628,474 to 1,430,156)
- Rx Drugs most frequently implicated: Opiates/Opioids pain relievers (+183%)
 - Oxycodone products 262% increase
 - Hydrocodone products 107% increase
- Emergency room data 2004 – 2011
 - Fentanyl products 104% increase
 - Zolpidem 136% increase
 - Alprazolam 166% increase
 - Clonazepam 117% increase
 - Carisoprodol no statistically significant change
- For patients aged 20 and younger misuse/abuse of pharmaceuticals increased 45.4%
- For patients aged 20 and older the increase was 111%

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

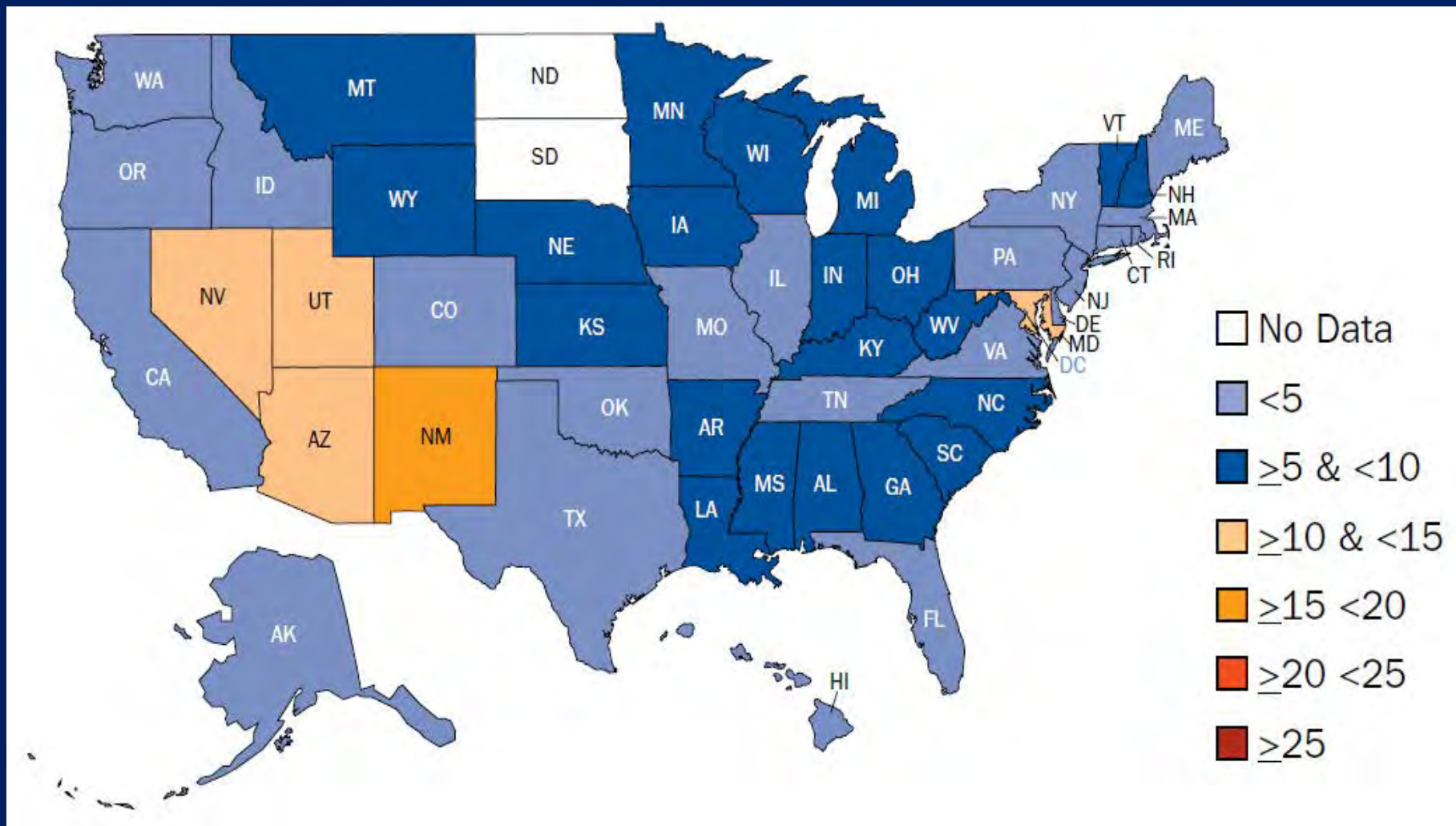


Questions to Discuss

- According to the National Survey on Drug Use and Health (NSDUH), in 2012 there were 6.8 million persons aged 12 and older who used prescription-type psychotherapeutic drugs non-medically in the last month. Which class of pharmaceutical had the highest level of non-medical use?
- A) Stimulants
 - B) Sedatives
 - C) Pain relievers
 - D) Tranquilizers

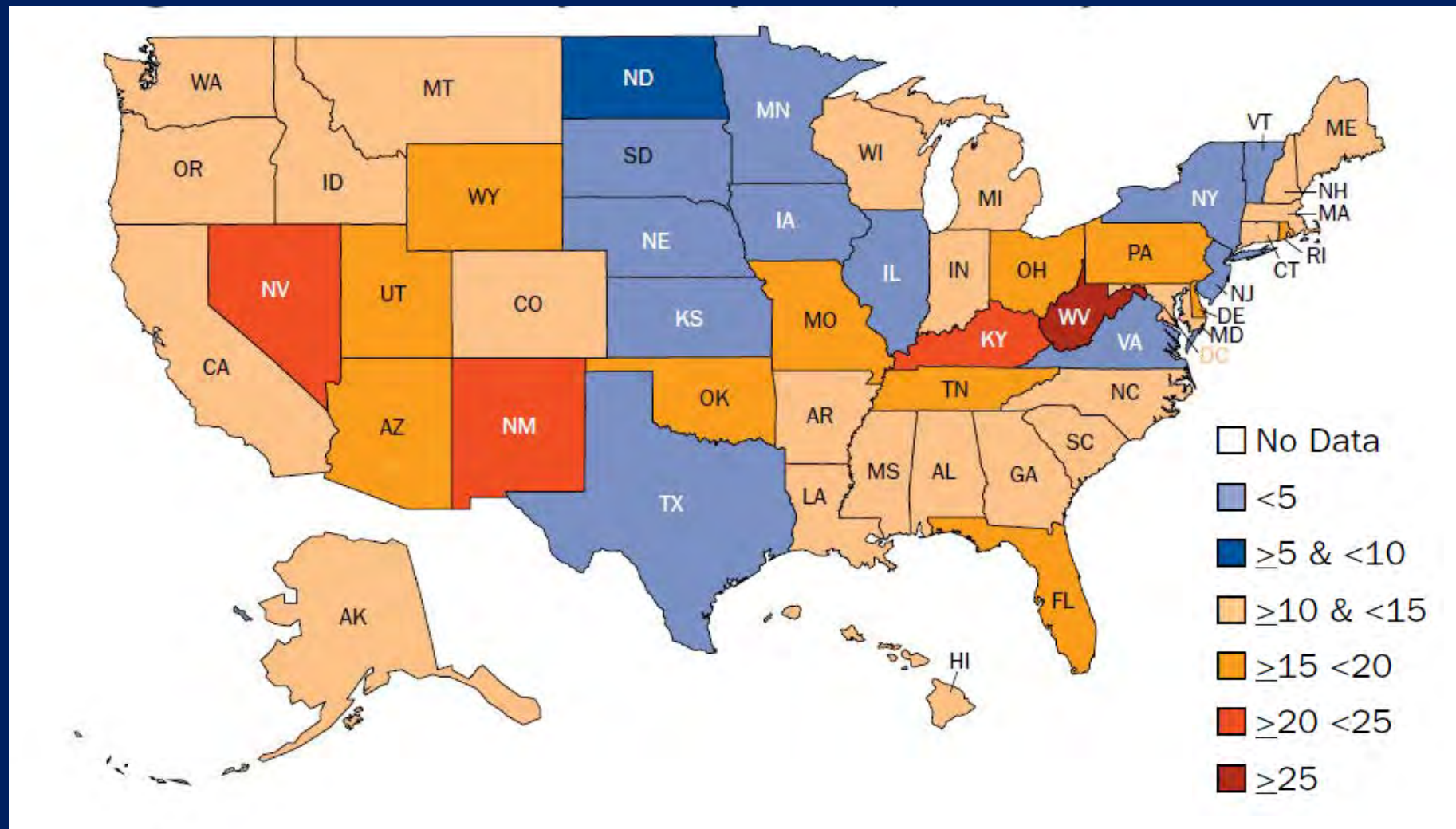


Drug Overdose Mortality Rates per 100,000 People 1999



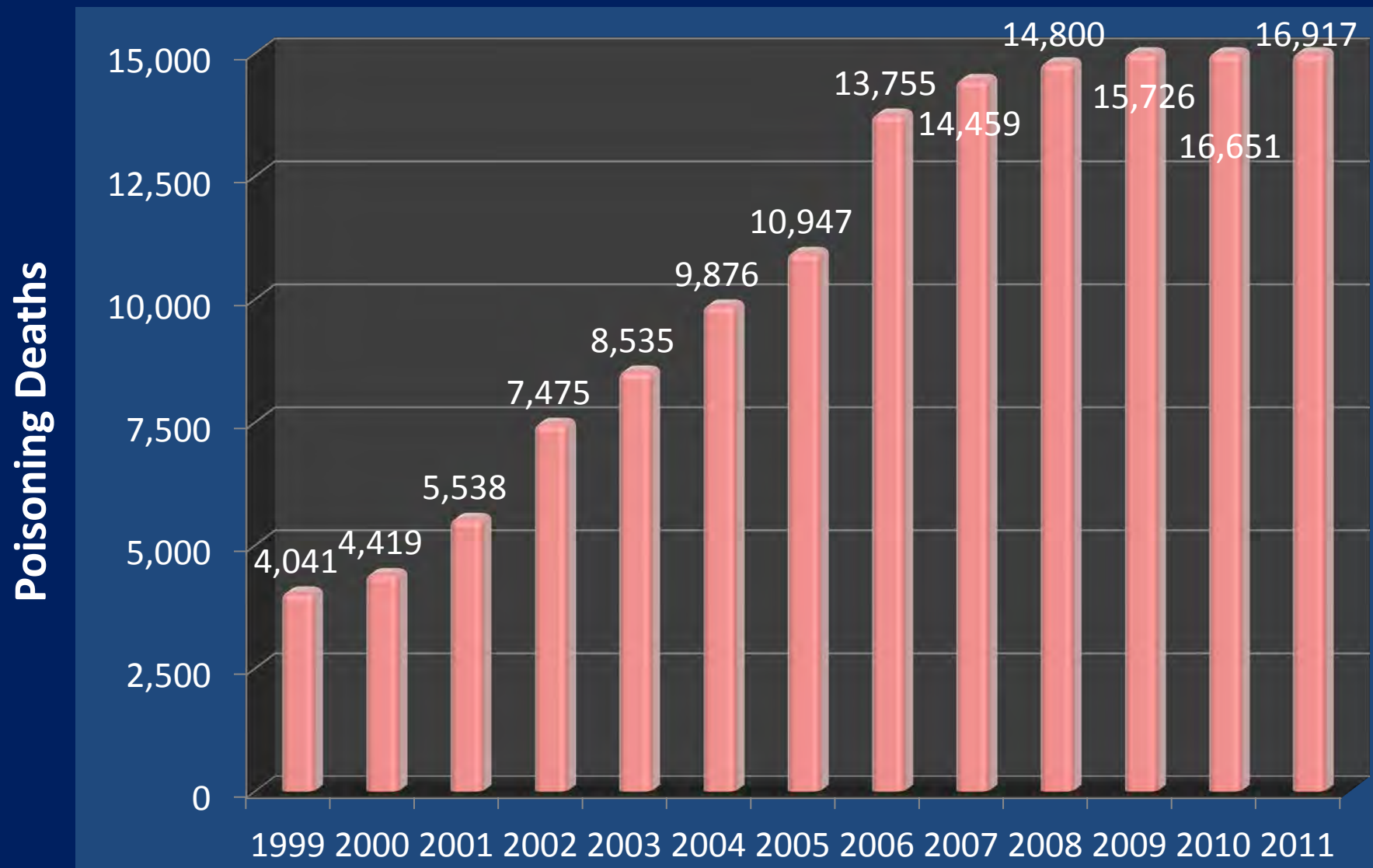


Drug Overdose Mortality Rates per 100,000 People 2010





Poisoning Deaths: Opioid Analgesics





Naloxone



Statistical Perspective

The U.S. Population Grows at a Rate of
Less Than 1% Per Year!



Why are these statistics outpacing population growth?

We all want to feel good and prescription drug use/abuse is an accepted method of curing whatever ails you. There is a pill for everything and medication use is encouraged in society. Our children are following our lead.

Rush Limbaugh Arrested On Drug Charges

Rush Limbaugh and prosecutors in the long-running prescription fraud case against him have reached a deal: the conservative commentator will be dropped without a guilty plea if he continues treatment, his attorney said Friday.

Limbaugh turned himself in to authorities on a warrant filed Friday charging him with fraud to conceal information from the public. Barbara, a spokeswoman for the Palm Beach County Jail. He and his attorney Roy Black left about an hour later and fingerprinted and he posted \$3,000 bail, Barbara said.

Prosecutors' three-year investigation of Limbaugh began after he publicly acknowledged being addicted to painkillers and entering a rehabilitation program. They accused Limbaugh of "doctor shopping," or illegally deceiving multiple doctors to obtain painkillers, learning that he received about 2,000 painkillers, prescribed by four doctors in six months, at a pharmacy near his home.

Limbaugh, who pleaded not guilty Friday, has steadfastly denied doctor shopping. Black said the charge will comply with court guidelines.

Coheed and Cambria Bassist Arrested Before Gig

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

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

Rangers' Boogaard died of alcohol, oxycodone mix

Updated 5/20/2011 11:09 PM |

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

The Hennepin County Medical Examiner announced Boogaard's cause of death Friday, saying it was unclear exactly when the 28-year-old died. Boogaard was found

his passion for the game, his teammates, and his community work was unstoppable."

Experts say mixing alcohol and medicines can cause dangerous reactions. Drinking alcohol while taking strong painkillers like oxycodone can result in breathing problems and increase the risk of an overdose, according to the National Institute on Alcohol Abuse and Alcoholism.

The family thanked the Rangers, **Minnesota Wild**, the NHL and the NHLPA for "supporting Derek's continued efforts in his battle."

"Regardless of the cause, Derek's passing is a tragedy," NHL spokesman **Frank Brown** said in an email. The Rangers and Wild had no comment.

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.

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U.S. Drug Enforcement Administration
Office of Diversion Control



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**



Violence



Pharmacy Armed Robberies

Rankings by State

January 1 thru December 31, 2011 (691)




RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	IN	53	12	MD	22	23	MA	12	34	UT	4	45	SD	1
2	AZ	50	13	WA	21	24	TX	11	35	DE	3	46	WY	1
3	FL	49	14	OK	19	25	IL	8	36	CT	2	47	AK	0
4	TN	43	15	ME	17	26	MS	8	37	MT	2	48	AS	0
5	CA	39	16	NV	16	27	MN	7	38	WV	2	49	DC	0
6	CO	38	17	OH	16	28	MO	7	39	IA	1	50	GU	0
7	PA	36	18	OR	15	29	NH	7	40	ID	1	51	HI	0
8	NY	29	19	SC	15	30	WI	6	41	KS	1	52	ND	0
9	KY	27	20	NJ	13	31	AR	5	42	NE	1	53	PR	0
10	MI	24	21	VA	13	32	GA	5	43	NM	1	54	VI	0
11	NC	23	22	AL	12	33	LA	4	44	RI	1	55	VT	0



Pharmacy Armed Robberies

Rankings by State

January 1 thru December 31, 2012 (780)




RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	IN	104	12	NY	22	23	WA	13	34	NV	5	45	DE	1
2	AZ	66	13	WI	20	24	AL	11	35	RI	5	46	WY	1
3	OH	49	14	CO	19	25	MN	10	36	NE	4	47	AK	0
4	PA	43	15	OK	19	26	AR	7	37	IA	3	48	AS	0
5	TN	41	16	SC	18	27	NH	7	38	MS	3	49	DC	0
6	CA	37	17	FL	17	28	GA	6	39	KS	2	50	GU	0
7	ME	36	18	VA	17	29	MO	6	40	MT	2	51	HI	0
8	TX	28	19	KY	16	30	NM	6	41	PR	2	52	ID	0
9	MD	26	20	MI	14	31	OR	6	42	UT	2	53	ND	0
10	MA	23	21	NJ	14	32	CT	5	43	VT	2	54	SD	0
11	NC	22	22	IL	13	33	LA	5	44	WV	2	55	VI	0

Pharmacy Armed Robberies

Rankings by State

January 1 thru December 31, 2013 (702)



RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	AZ	76	12	WI	21	23	AL	8	34	WV	4	45	HI	1
2	IN	71	13	MD	20	24	IA	8	35	ID	3	46	MS	1
3	CA	60	14	NJ	18	25	NM	8	36	NE	3	47	MT	1
4	PA	41	15	NY	18	26	OR	7	37	NH	3	48	AK	0
5	TN	37	16	CT	17	27	GA	5	38	RI	3	49	AS	0
6	NC	33	17	VA	15	28	ME	5	39	WY	3	50	GU	0
7	MA	30	18	FL	12	29	MI	5	40	DE	2	51	ND	0
8	OH	28	19	KY	12	30	VT	5	41	IL	2	52	PR	0
9	TX	24	20	CO	11	31	AR	4	42	LA	2	53	SD	0
10	WA	23	21	OK	10	32	KS	4	43	NV	2	54	UT	0
11	SC	22	22	MO	9	33	MN	4	44	DC	1	55	VI	0



Pharmacy Armed Robberies

Rankings by State

January 1 thru July 31, 2014 (501)

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	IN	49	12	MA	13	23	MN	8	34	AL	3	45	WY	1
2	OK	40	13	MD	13	24	WI	8	35	AR	3	46	AK	0
3	CA	34	14	NM	13	25	CO	7	36	CT	3	47	AS	0
4	AZ	32	15	NY	11	26	ID	7	37	LA	3	48	DC	0
5	OH	27	16	TN	11	27	IL	7	38	MO	3	49	DE	0
6	PA	23	17	KY	10	28	MI	7	39	WV	2	50	GU	0
7	NC	20	18	OR	10	29	NJ	7	40	KS	1	51	HI	0
8	FL	18	19	SC	10	30	UT	6	41	MT	1	52	MS	0
9	TX	18	20	NE	9	31	ME	5	42	ND	1	53	RI	0
10	VA	15	21	NV	9	32	VT	5	43	NH	1	54	SD	0
11	WA	14	22	GA	8	33	IA	4	44	PR	1	55	VI	0

Source: DEA Drug Theft & Loss Database as of 08/18/2014



Armed Robbery

- Keep calm – Do as directed
- Do not challenge the bad actor – give him what he wants
- Let him leave the store without any intervention.
- As soon as he clears the store lock the door, call 911 and check on your customers/patients
- Write down any observations (clothing, height, weight, distinguishing features) while it is fresh in your mind
- Armed Robbery is an act of desperation. No amount of drug loss is worth your life or the life of your patients



Violence Related to Controlled Substance Pharmaceuticals

NEW YORK POST Page Six
TUESDAY, JUNE 21, 2011 / T-storm, 88 / Weather: P. 26 METRO EDITION www.nypost.com \$1.00

ASSASSIN



Ready for mayhem, the lunatic strolls through the door. Gun in his right hand, he walks coolly through an aisle. He pulls his cap over his face as he leaves the store. 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

33

comments

Slain Lansing Rite Aid pharmacist, father of toddler may not have known attacker



Michael Nana Baffour Addo was a well-liked pharmacist at Rite Aid in the Frandor Shopping Center in Lansing. (Courtesy photo)



By [Melissa Anders](#) | manders@mlive.com

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on May 13, 2014 at 4:14 PM, updated May 14, 2014 at 5:38 PM

[Print](#)

Do you know a WWII vet?



Michigan has 39,000 living WWII veterans -- help us find them

[... Read more about the project](#)

Source:

http://www.mlive.com/lansing-news/index.ssf/2014/05/michael_addo_rite_aid_frandor.html

LANSING — Michael Addo, known as a friendly Rite Aid pharmacist with a "million dollar smile," had a toddler and wife in Ghana, where he hoped

RITE AID AND EAST LANSING SHOOTING CASE

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Pharmacist slain in Beach robbery was much beloved

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829
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777
 [t](#)
34
 [in](#)
18
 [p](#)
0
 [g+](#)
2



1 OF 10 PHOTOS: Shannon Rogers lays flowers near the store on Monday, April 14, 2014. Rogers said she just met the store's owner, David Kilgore, this weekend. Rogers, who called Kilgore "awesome," said he let her park her car at the store so she could spend a day at the beach. Police said Kilgore died after an attempted robbery in his drugstore Monday morning. (Brian J. Clark | The Virginian-Pilot)

[View all 10 photos](#) | [Buy Pilot photos](#)

By [Stacy Parker](#)
The Virginian-Pilot
© April 15, 2014

VIRGINIA BEACH

When pharmacist David Kilgore left Rite Aid three-plus years ago, customers transferred their prescriptions to his new, small independent business.

They admired the way he connected with them on a personal level.

Monday, they placed flowers at his pharmacy's doorstep after learning the 46-year-old was shot during a morning robbery and later died.

"It was always, 'Hey Pete, how you doing?' " said Peter Carlson, who dropped off a colorful bouquet at Beach Pharmacy on Monday evening.

Related: [Suspect identified, charged with murder](#)

The pharmacist was working at Rite Aid on Laskin Road near the Oceanfront when development



The Kroger Co.
Family of Stores

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50% DISCOUNT

BUY NOW FOR \$10 **A \$20 VALUE**

And Get \$20 Worth of Tasty Food at Ocean House Waterfront Dining!

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Source:

<http://hamptonroads.com/2014/04/pharmacist-slain-beach-robbery-was-much-beloved>



Prescription drug epidemic? How did we get to this point?



Laudanum is no more dangerous than many of the preparations sold as soothing syrups; it has the saving grace of the "poison" label. (By courtesy of the Committee on Interstate and Foreign Commerce.)

LAUDANUM. -- Poison

EACH FLUID OUNCE CONTAINS
45 1/2 GRAINS OPIUM and 65% ALCOHOL

DOSE	
3 mo. old, 1 drop	10 yrs. old, 10 drops
1 yr. old, 3 drops	20 yrs. old, 20 drops
4 yrs. old, 5 drops	Adult, 25 drops

C. W. Malcolm, *Qualified Chemist*
Memphis, TENN.





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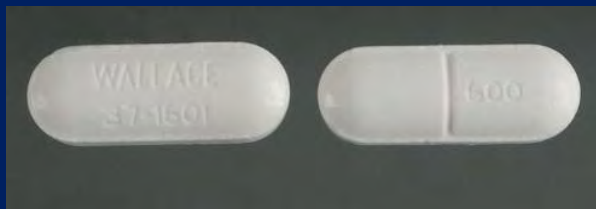
The 1960s/70s/80s



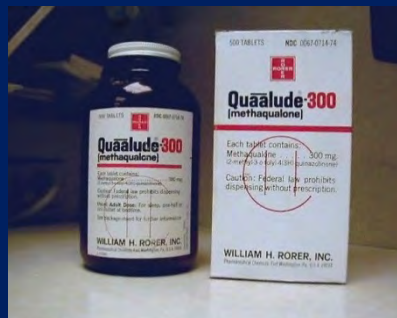
Uppers - Amphetamines



Downers - Barbiturates



Meprobamate



Quaalude



Hydromorphone



Oxycodone/APAP



"Ts and Blues"



"Fours and Doors"



10 mg



20 mg



40 mg



80 mg



160 mg



OxyContin® Tablets
(oxycodone hydrochloride controlled-release)

The 1990s



Inadequate Pain Control



Vol. 302 No. 2

CORRESPONDENCE

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients' who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented

We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Waltham, MA 02154

Boston University Medical Center

1. Jick H, Miettenen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.



The Fifth Vital Sign?

1. Temperature
2. Heart Rate
3. Blood Pressure
4. Respiration
5. Pain?

Pain Scale

Wong-Baker FACES Pain Rating Scale



0

No
Hurt

1

2

Hurts
Little Bit

3

4

Hurts
Little More

5

6

Hurts
Even More

7

8

Hurts
Whole Lot

9

10

Hurts
Worst

No Pain
Sin dolor
Không Đau
Tsis Mob
Отсутствие боли

Mild Pain
Dolor leve
Hơi Đau
Mob Me Ntsis
Слабая боль

Moderate Pain
Dolor moderado
Đau Vừa Phải
Mob Hauj Sim
Умеренная боль

Severe Pain
Dolor agudo
Rất Đau
Mob Heev
Сильная боль

← English
← Spanish
← Vietnamese
← Hmong
← Russian

From Hockenberry MJ, Wilson D: Wongs Essentials of Pediatric Nursing, ed. 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

Contact: Amy Jenkins
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American Academy of Pain Medicine

Experts call for balance in addressing under treated pain and drug abuse

Healthcare decisions must remain in the hands of healthcare professionals for the sake of patients

A balance must be struck between physicians' responsibility to treat chronic pain and the Drug Enforcement Administration's (DEA) duty to combat drug abuse, according to a series of seven commentaries by national thoughtleaders published today in the February issue of Pain Medicine.

The commentaries explore the current state of the use of pain medicine from a variety of perspectives, with an emphasis on the tension between physicians treating legitimate pain and the DEA. Pain Medicine is the journal of the American Academy of Pain Medicine (AAPM).

According to the American Pain Foundation, chronic pain affects more than 50 million Americans. People suffering from chronic pain may need pain medicine to lead normal lives, such as being able to work and to participate in family life. Many patients with chronic pain have lost access to appropriate medical care due to tension between regulatory/legislative bodies and the medical community.

The lead commentary describing current DEA policy on pain care with controlled substances was written by Howard A. Heit, MD, a pain and addiction medicine specialist who has collaborated with the DEA. AAPM President Scott M. Fishman, MD, presents a collision of the war on drugs with efforts to improve pain care. Jennifer Bolen, JD, Former Assistant US Attorney with the United States Department of Justice, makes a compelling case that current DEA policies are founded on erroneous and inappropriate positions. Edward Covington, MD, Steven Passik, PhD, and Ben A. Rich, JD, PhD, add additional dimensions to the current perceived state of imbalance, while Will Rowe, Executive Director of the American Pain Foundation, a patient advocacy organization, provides perspective on patient's rights.

Victories and Defeats in Pain Care

Dr. Heit and others worked with the DEA to develop the August 2004 Frequently Asked Questions and Answers for Health Care Professionals and Law Enforcement Personnel, which the DEA subsequently disavowed causing "confusion and consternation" among physicians who treat pain.

"It is now apparent to me that the spirit of cooperation that existed between the DEA and the pain community to achieve the goal of balance has broken down. The DEA seems to have ignored the input and needs of the healthcare professionals and pain patients who actually prescribe, dispense and use controlled substances," Dr. Heit states in his commentary.

"It is essential that we resume dialogue between the DEA and healthcare professions for the benefit of our patients and society," continues Dr. Heit. "The DEA and the healthcare professionals treating pain both have an important job to do in ensuring that those who need [controlled substances] for pain receive them while preventing misuse and diversion. Only through dialogue based on and mutual trust and respect can this balance be restored."

Other government initiatives have challenged the line between health policy and law enforcement. This includes Congress's empowerment of the DEA allowing the agency authority in reviewing new drugs, a role previously held only by the Food and Drug Administration, according to Dr. Fishman. On Nov. 4, 2005, Congress reversed itself and rescinded the DEA's new authority.

As healthcare's regulatory authority shifts from health agencies to law enforcement agencies, the DEA and Federal prosecutors have used the courts to bypass state medical boards when scrutinizing physician practices. Dr. Fishman says that the recently passed national law, National All Schedules Prescription Electronic Reporting Act (NASPER), which institutes a national prescription monitoring program, may offer some steps forward, but it also carries the potential to impede optimal prescribing and could even perpetuate aberrant prescribing that may facilitate abuse. While this new law is presented to the public as a clinical tool to improve patient care and safety, "...profound inadequacies suggest that this law may be intended less as a clinical tool than as a physician mouse trap," Dr. Fishman states.

"Healthcare decisions, including those involving legitimate use of analgesics, must remain in the hands of healthcare professionals," comments Dr. Fishman. "The DEA should be required to work with health agencies and healthcare professionals in finding common ground and reaching the rational position of balance that is in the public's best interest...Healthcare oversight must remain within agencies whose primary responsibility is to improve public health. Continue to insist that drug abuse can be curbed without undermining patients in pain and striving for such policies is in the best interest of society. The least we can do is to make sure that the casualties legitimately deserve relief."

Freedom to Care for Pain Patients Critical

Reluctance to prescribe powerful pain medicine among the medical community for fear of retribution has led to the needless suffering of countless people in pain.

The Department of Justice must "stop the abuse and diversion of prescription medicines without harming access to these medicines for people affected by pain," states Will Rowe, Executive Director, American Pain Foundation. The commentary points to a failure on the part of the DEA in not abiding by its commitment to the pain community to pursue a balance between the war on drugs and the rights of pain patients, and also cites the more comprehensive command."

###

About the American Academy of Pain Medicine

Founded in 1983 as the American Academy of Algology, the American Academy of Pain Medicine (AAPM) has evolved as the primary organization for physicians practicing the specialty of Pain Medicine in the United States. As the specialty of pain medicine has grown, a defined body of knowledge and scope of practice have emerged, and today, Pain Medicine is recognized as a discrete specialty by the American Medical Association (AMA). AAPM is the only national organization of pain medicine specialists. The journal Pain Medicine is published six times a year by Blackwell Science, Inc. For more information, visit www.painmed.org.

About the American Pain Foundation

Founded in 1997, the American Pain Foundation is an independent nonprofit 501(c)3 organization serving people with pain through information, advocacy, and support. Our mission is to improve the quality of life for people with pain, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management. For more information, visit www.painfoundation.org.



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Contact: Amy Jenkins
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312-836-0613
American Academy of Pain Medicine

Experts call for balance in addressing under treated pain and drug abuse

Healthcare decisions must remain in the hands of healthcare professionals for the sake of patients

A balance must be struck between physicians' responsibility to treat chronic pain and the Drug Enforcement Administration's (DEA) duty to combat drug abuse, according to a series of seven commentaries by national thoughtleaders published today in the February issue of Pain Medicine.

The commentaries explore the current state of the use of pain medicine from a variety of perspectives, with an emphasis on the tension between physicians treating legitimate pain and the DEA. Pain Medicine is the journal of the American Academy of Medicine (AAPM).

According to the American Pain Foundation, chronic pain affects more than 50 million Americans. People suffering from chronic pain may need pain medicine to lead normal lives, such as being able to work and to participate in family life. Many patients with chronic pain have lost access to appropriate medical care due to tension between regulatory/legislative bodies and the medical community.

The lead commentary describing current DEA policy on pain care with controlled substances was written by Howard A. Heit, MD, a pain and addiction medicine specialist who has collaborated with the DEA. AAPM President Scott M. Fishman, MD, presented the collision of the war on drugs with efforts to improve pain care. Jennifer Bolen, JD, Former Assistant US Attorney with the United States Department of Justice, makes a compelling case that current DEA policies are founded on erroneous and inappropriate positions. Edward Covington, MD, Steven Passik, PhD, and Ben A. Rich, JD, PhD, add additional dimensions to the current perceived state of imbalance, while Will Rowe, Executive Director of the American Pain Foundation, a patient advocacy organization, speaks on patients' perspective.

Victims and Perpetrators in Chronic Pain
Dr. Heit and others worked with the DEA to develop the August 2004 "Guidelines for Health Care Professionals and Law Enforcement Personnel," which they hoped would help save lives by causing confusion and concern among physicians who treat pain.

"It is now apparent to me that the spirit of cooperation that existed between the DEA and the pain community to achieve the goal of balance has broken down. The DEA seems to have ignored the input and needs of the healthcare professionals and pain patients who actually prescribe, dispense and use controlled substances," Dr. Heit states in his commentary.

"It is essential that we resume dialogue between the DEA and healthcare professions for the benefit of our patients and society," continues Dr. Heit. "The DEA and the healthcare professionals treating pain both have an important job to do in ensuring that those who need [controlled substances] for pain receive them while preventing misuse and diversion. Only through dialogue based on and mutual trust and respect can this balance be restored."

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Dollars for Doctors

How Industry Money Reaches Physicians

American Pain Foundation Shuts Down as Senators Launch Investigation of Prescription Narcotics



This article is part of an ongoing investigation.

Dollars for Doctors: How Industry Money Reaches Physicians

ProPublica is tracking the financial ties between doctors and medical companies.



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The Story So Far

ProPublica is investigating the financial ties



For Immediate Release

May 08, 2012

Contact: Communications Office (Baucus), 202-224-4515

Jill Gerber (Grassley), 202-224-6522

Baucus, Grassley Seek Answers about Opioid Manufacturers' Ties to Medical Groups

Finance Leaders Investigate Whether Pharmaceutical Companies Encouraged Non-Profit Beneficiaries to Promote Misleading 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 2008, 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 their medications,” Baucus said. “When it comes to these highly-addictive painkillers, improper relationships between pharmaceutical

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Baucus Grassley Opioid
Investigation Letter to Purdue
Pharma
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Baucus Grassley Opioid
Investigation Letter to Federation of
State Medical Boards
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Baucus Grassley Opioid
Investigation Letter to the Joint
Commission
[278.4 KB]



Baucus Grassley Opioid
Investigation Letter to Wisconsin
Pain And Policy Studies Group
[277.5 KB]



Baucus Grassley Opioid
Investigation Letter to American
Academy of Pain Medicine
[277.6 KB]



Baucus Grassley Opioid
Investigation Letter to American

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U.S. Senate panel launches investigation of painkillers, drug companies

By John Fauber of the Journal Sentinel

May 9, 2012



Got a story tip?

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“Recent investigative reporting from the Milwaukee Journal Sentinel/Medpage Today and ProPublica revealed extensive ties between companies that manufacture opioids and non-profit organizations such as the American Pain Foundation....and the Joint Commission.”

- State Medical Boards
- Letter to Johnson and Johnson
- Letter to Center for Practical Bioethics
- Letter to Endo Pharmaceuticals
- Letter to American Pain Foundation
- Letter to American Pain Society
- Letter to American Academy of Pain Medicine

Side Effects



"It is clear that the United States is suffering from an epidemic of accidental deaths and addiction resulting from increased use of powerful narcotic painkillers," said a joint statement from committee members U.S. Sens. Chuck Grassley (R-Iowa) and Max Baucus (D-Mont.).

The senators said there was growing evidence that drug companies have promoted misleading information about the safety and effectiveness of the drugs with help from nonprofits they have donated to.

"Recent investigative reporting from the Milwaukee Journal Sentinel/MedPage Today and ProPublica revealed extensive ties between companies that manufacture and market opioids and nonprofit organizations such as the American Pain Foundation, the American Pain Society, the American Academy of Pain Medicine, the Federation of State Medical Boards, the University of Wisconsin Pain and Policy Studies Group and the Joint Commission," Grassley and Baucus wrote.

In addition to the pain organizations, the committee also sought records from three leading drug companies: Purdue Pharma, Johnson & Johnson and Endo Pharmaceuticals. It also requested records from the Center for Practical Bioethics, a Kansas City, Mo., organization that has advocated for pain treatment.

The committee said it wants records dating back to 1997.

The letter notes that a February Journal Sentinel/MedPage Today story



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Bioethics think tank's ties to pain pill industry studied

BY ALAN BAVLEY
The Kansas City Star

A U.S. Senate committee is examining a Kansas City-based bioethics think tank's financial ties to the pain-pill industry.

The inquiry is part of a sweeping investigation by the Senate Finance Committee of connections between pain drug manufacturers and organizations and physicians who have advocated for increased use of narcotic — also known as opioid — painkillers.

Abuse of these potentially addictive pain medications has become a national epidemic and accounts for more overdose deaths than heroin and cocaine combined. About 5 million people had used the drugs recently without a prescription, a federal survey found.

The Center for Practical Bioethics is one of seven organizations that received letters this week from the Senate committee asking them for information about their financial ties and collaborations with opioid manufacturers.

The other organizations are the American Pain Foundation, the American Academy of Pain Medicine, the American Pain Society, the Wisconsin Pain and Policy Study Group, the Joint Commission of Accreditation of Healthcare Organizations and the Federation of State Medical Boards.

Recent investigations by news organizations have found that some of these groups, such as the American Pain Foundation, a patient advocacy group, are funded largely by the drug industry.

The Senate committee is seeking to determine whether any of the groups promoted misleading information about the risks and benefits of opioids while receiving financial support from manufacturers of the drugs.

A Senate aide told The Kansas City Star that the investigation may bring into question guidelines for pain management, or the legitimacy of some of the organizations under scrutiny.

One of the organizations, the American Pain Foundation, disbanded last week, citing "irreparable economic circumstances."

Breaking News

Homers by Francoeur and Butler lift Royals to 4-2 victory over Orioles

La Crosse, Kan., is cleaning up after twister

No injuries but much damage in Columbia apartment fire

Franchitti wins 3rd Indy 500, gives nod to Wheldon

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KansasCity.com

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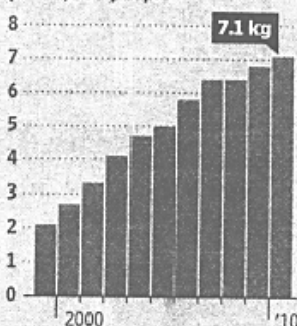
Now, Dr. Portenoy and other pain doctors who promoted the drugs say they erred by overstating the drugs' benefits and glossing over risks. "Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? We, against the standards of 2012, I guess I did," Dr.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

A Pain-Drug Champion Has Second Thoughts

By THOMAS CATAN AND EVAN PEREZ

On the Rise

Kilograms of opioids sold, per 10,000 people



Source: National Vital Statistics

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

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

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

Opioids are also behind the country's deadliest drug epidemic. More than

16,500 people die of overdoses annually, more than all illegal drugs combined.

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

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

The change of heart among former champions of opioid use has happened

quietly, largely beyond the notice of many doctors. New York psychiatrist Joseph Carmody said he was "shocked" after attending a recent lecture outlining the latest findings on opioid risk.

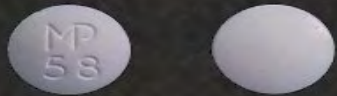
"It goes in the face of everything you've learned," he said. "You saw other doctors come around to it and saying, 'Oh my God, what are we doing?'"

Because doctors feared they were dangerous and addictive, opioids were long reserved mainly for cancer patients. But Dr. Portenoy argued that they could be also safely be taken for months or years by people suffering from chronic pain. Among the assertions he and his followers made in the 1990s: Less than 1% of opioid users became addicted, the drugs

Please turn to page A12

Commonly Abused Controlled Pharmaceuticals

Carisoprodol



C-IV as of 1/11/2012

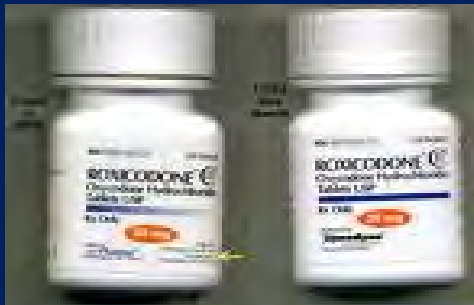
**CYCLOBENZAPRINE
(FLEXERIL)**



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Oxycodone HCL ER



Oxymorphone



Oxycodone 30 mg



Hydrocodone



Alprazolam



The Holy Trinity



Oxycodone

Opiate



Carisoprodol

C-IV as of 1/11/2012

Muscle Relaxant



Alprazolam

Benzodiazepine



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4/28



Questions to Discuss

- 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



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

Enforcement is just as important as....

Prevention/Education

Treatment



Drug Education

or not

Teen Prescription Drug Misuse & Abuse

- **23%** report having abused RX medications at least once in their lifetime.
- **31%** believe “it’s okay to use prescription drugs that were not prescribed to them to deal with an injury or pain, as long as they are not getting high.”
- **22%** 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.



Education

➤ Children/Teens

Information from the Internet
or their peers

Following parents

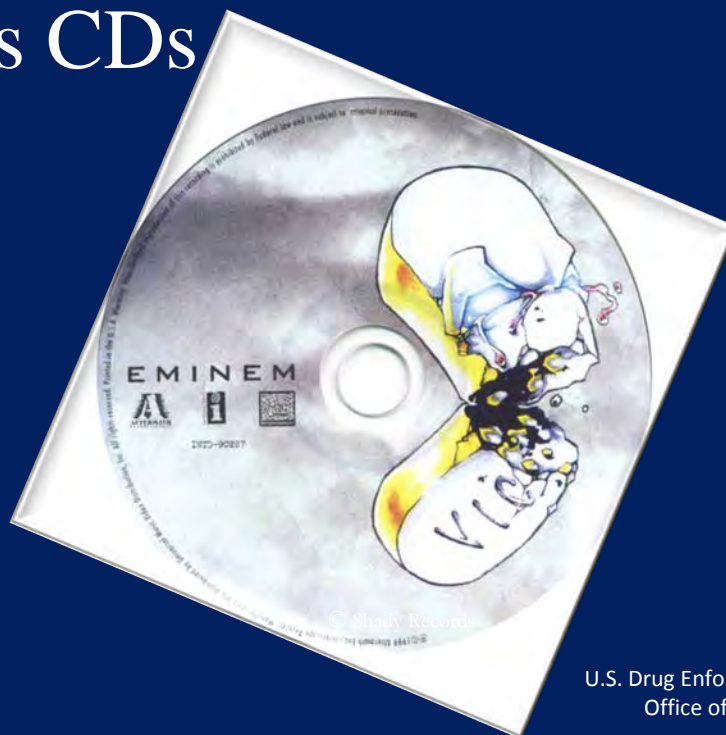


What are kids listening to... Eminem?

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



'Vike'





Where do kids get their information from?

www.EROWID.org



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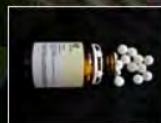


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U.S. Drug Enforcement Administration
Office of Diversion Control

Psychoactive Plants and Drugs

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DMT	DXM	GHB	HEROIN	KETAMINE	LSD
MDMA (ECSTASY)	MDPV	METH	MUSHROOMS	NITROUS	OXYCODONE
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By Substance	Federal & State Laws
Prohibition	Policy & Reform

Spiritual & Cultural Use

Spiritual Use	Families & Psychoactives
Medicinal Use	Entheogens
Cultural Use	Humor

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Images

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Pharmaceuticals	Herbs
Nootropics	Molecules

Chemistry

By Substance	Chem-Compare
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Health & Statistics

Health	Addiction
LD50s	Statistics

Community

Visionary Art	Character Vaults
Psychoactives Sites	Non-English Resources
Calendar Events	Reciprocal Links / Vendors

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THE FRONT PAGE

Bluelight Remembers Ryan Haight, Launch of the Recovery forums

by [Sebastians_ghost](#) Published on 12-02-2013 06:45



Dear Bluelighters,

As some of you may remember, February 12th is the twelfth anniversary of the passing of one of our own. To most it will be remembered as the first day "Bluelight went black." To those of us who knew Ryan Haight (a.k.a Quicksilver) it is also the day we lost a friend.

The impact of Ryan's life and untimely death have echoed forward in the passage of the Ryan Haight Internet Pharmacy Consumer Protection Act of 2008, signed into law by President G.W. Bush in October of the same year. In honor of Ryan, Bluelight is proud to announce the launch of a new collection of forums designed to support sober living, and

jaystyle

Bluelighter



Join Date: May 2010

Location: San Francisco, CA

Posts: 258

10-09-2010 13:46



Ok--- so here is my current experiment status' so far.

- 1.) Milling / Grinding OP 80 - I have found the best way to crush OP80 with the use of a foot file / nail file. Hoseclamp did not work good. Using the file, I was able to get it to a powder around 20% thicker than the old OC.
- 2.) Experiment 1: Fail - My first experiment was to mill the OP80 and I left it overnight in a mixture of apple cider vinegar and lemon juice. 8-9 hours later, I drank it and received minimal if any effects except a horrible case of acid stomach. I suspect all the acid may have killed the alkaloids or something, or just failed to extract it completely.
- 3.) Experiment 2: Fail - Grinding up and parachuting - despite milling these OPs down, they still retain substantial time release. I found this to be a failure and it released the oxy slowly over the course of many hours.
- 4.) M.L.K - I read that if you put M.L.K drops (a popular, common solvent) in a spoon to saturate some milled OP 80, then let it evaporate, it dissolves the plastic and leaves a snortable powder that does not Gel. Many people report success with this, but I did not. Perhaps I did not use enough M.L.K or let it dissolve for long enough.

I posted this in the other thread, but I find this information useful and suggest you all read it here in case u missed it:

From the Purdue website, here is a summary of the info I found:

<http://www.fda.gov/ohrms/dockets/ac/...-05-Purdue.pdf>

Besides the obvious Simple, Medium, and Complex solvent thing that has everyone confused--- here is some information you guys should consider in ur investigations:

- 1.) At room temperature, using commonly found solvents, the best they could do was extracting 50% of the oxycodone for SHORT DURATION Shakign Extractions at room temperature.
- 2.) At room temperature with some less readily available solvents, extraction was as high as 70% during a "SHORT DURATION" shaking extraction at room temp.
- 3.) When we are dealing with EXTENDED extraction times at ROOM temperature--- some SIMPLE HOUSEHOLD solvents extracted up to 78% of the oxycodone! That might mean if we leave oxycodone soaked in acetone, M.E.K, or Ether for some time we can get almost 80% of the OC out. How long is an extended duration, I wonder? 1 hour, 2, hour, 4 hours-- shaking and stirring it. In the end, I woudl assume we would filter out the gunk, evaporate the solvent, and be left with pure oxycodone residue. The 22% or so that wasnt extracted would remain in the gunk we filter and we could eat them or something. There was one simple solvent they listed, however, that only got 2-9% out--- in otherwords destroying the alkaloid entirely. Not sure which one that is but maybe we can research solvents known to destroy oxycodone molecules. The Medium and Complex solvents all removed most of the oxycodone when leaving them at room temperature for extended periods of time.

5 mg alprazolam has done nothing

#1

looneytoon7

Greenlighter



Join Date: Jan 2014

Posts: 5

04-04-2014 14:14

Months ago, maybe even a year ago now, a friend introduced me to Xanax because we had been on a meth bender and sleeping had become impossible for me and I needed sleep bad. I took quarter of a 2 mg brick and it knocked me out and I loved it, the refreshing sleep. I've taken it around 10 times since then, every now and then when I really need to get to sleep and never more than 1-2 mg. So I definitely don't have a high tolerance to the stuff or anything.

I haven't had them for months now though. I had been smoking meth today and wanted to sleep. So well over 5 hours ago now, I took quarter of a 2 mg brick. 45 minutes later it hadn't done a thing, so I took another quarter. So I'd had 1 mg. Half an hour later, still nothing. Waited a bit then swallowed the other half of the brick, 2 mg still would do anything at all other than make me feel slightly relaxed. Swallowed another half a brick or 1 mg, waited 40 minutes, still nothing. Swallowed another whole brick, bringing the total dose up to 5 mg about half an hour ago and still I am wide awake.

They aren't fake Xanax. So wtf is up with this? 😞 a few days before this I was taking a couple 25mg seroquels per night for about a week if that make a difference, haven't had any for a few days though.

Does anybody know wtf is up with this?

REPLY

QUOTE



#2

deerman

Greenlighter



Join Date: Apr 2014

Location: Dagoon Mountains

Posts: 18

04-04-2014 22:39

Xanax doesn't do anything of value for me, except make me pass out if I take too much.

Ativan on the other hand does wonders. Lorazepam is a highly effective benzo for putting one to sleep, in fact I have never heard of a doctor prescribing xanax for sleep, however it is common with lorazepam. Actually Xanax is downright destructive for sleep, do some research.

Perhaps your Xanax is old? Otherwise, join the club. Xanax fucking sucks for me. Ativan is the wonder benzo, not that I have a need for benzos anymore.

Maybe one should lay off the meth if they feel a need to take meds to go to sleep? How about a big hot meal with lots of vegetables and some chelated magnesium and lots of water? Get your body back in balance, meth will wreck your CNS if you aren't being a careful user.

If you insist on using a prescription medication to help come down off meth and get to sleep, I would use lorazepam or ambien. But you're just wreaking more havoc to your body by taking all those drugs...

Is there any way to get high off of just 5mg of hydrocodone?



#1

Hydromethomine

Bluelighter



Join Date: Mar 2014

Location: Ohio

Posts: 78

07-04-2014 22:40



I have only been up to 25mg, and it has worked plenty fine for me. 10 gives me a slightly euphoric feeling. Could I use a certain **potentiator**, or maybe use a certain method? I only have this one 5/500 pill left. Thanks.

REPLY

QUOTE



#2

danolaa420

Greenlighter

Join Date: Mar 2014

Posts: 12

Yesterday 00:38



Crush it into fine powder and grab a pinch at a time and put it in ur rear end or put the powder in a capsule and stick it up should dissolve

REPLY

QUOTE



#3

Hydromethomine

Bluelighter



Join Date: Mar 2014

Location: Ohio

Posts: 78

Yesterday 00:45



Would snorting help at all? I know some people have different reactions to snorting it. I know the acetaminophen isn't nice on the nose, but still.



GET INVOLVED TEACH



DEA Web-based Resources

www.DEA.gov

The screenshot shows the DEA website homepage. At the top, the URL is <http://www.justice.gov/dea/index.shtml>. The main header features the large 'DEA' logo in gold, followed by 'UNITED STATES Drug Enforcement Administration' and the tagline 'TOUGH WORK, VITAL MISSION'. A navigation bar includes links for HOME, ABOUT, CAREERS, OPERATIONS, DRUG INFO, PREVENTION, and PRESS ROOM. The main content area has a large graphic with the text 'Tough Work, Vital Mission The Facts About DEA' and a smaller DEA seal. To the right, there are three boxes: 'Drug Facts for Today's Teens' (JustThinkTwice.com), 'A DEA Resource for Parents' (GetSmartAboutDrugs.com), and 'Wall of Honor' (DEA Remembers). Below these are three columns: 'TOP STORY' with the headline 'Couple Handed Lengthy Sentences in International Cocaine Trafficking Conspiracy' dated JAN 29 (BROWNSVILLE, TEXAS); 'TOPICS OF INTEREST' with links to 'DEA Fact Sheet', 'Drugs of Abuse: A DEA Resource Guide', 'Extension of Temporary Placement of Five Synthetic Cannabinoids', and 'The DEA Position on Marijuana'; and 'RESOURCE CENTER' with links to 'Controlled Substances Act', 'DEA Museum and Visitors Center', 'Doing Business with DEA', 'Drug Disposal', and 'Employee Assistance Program'.

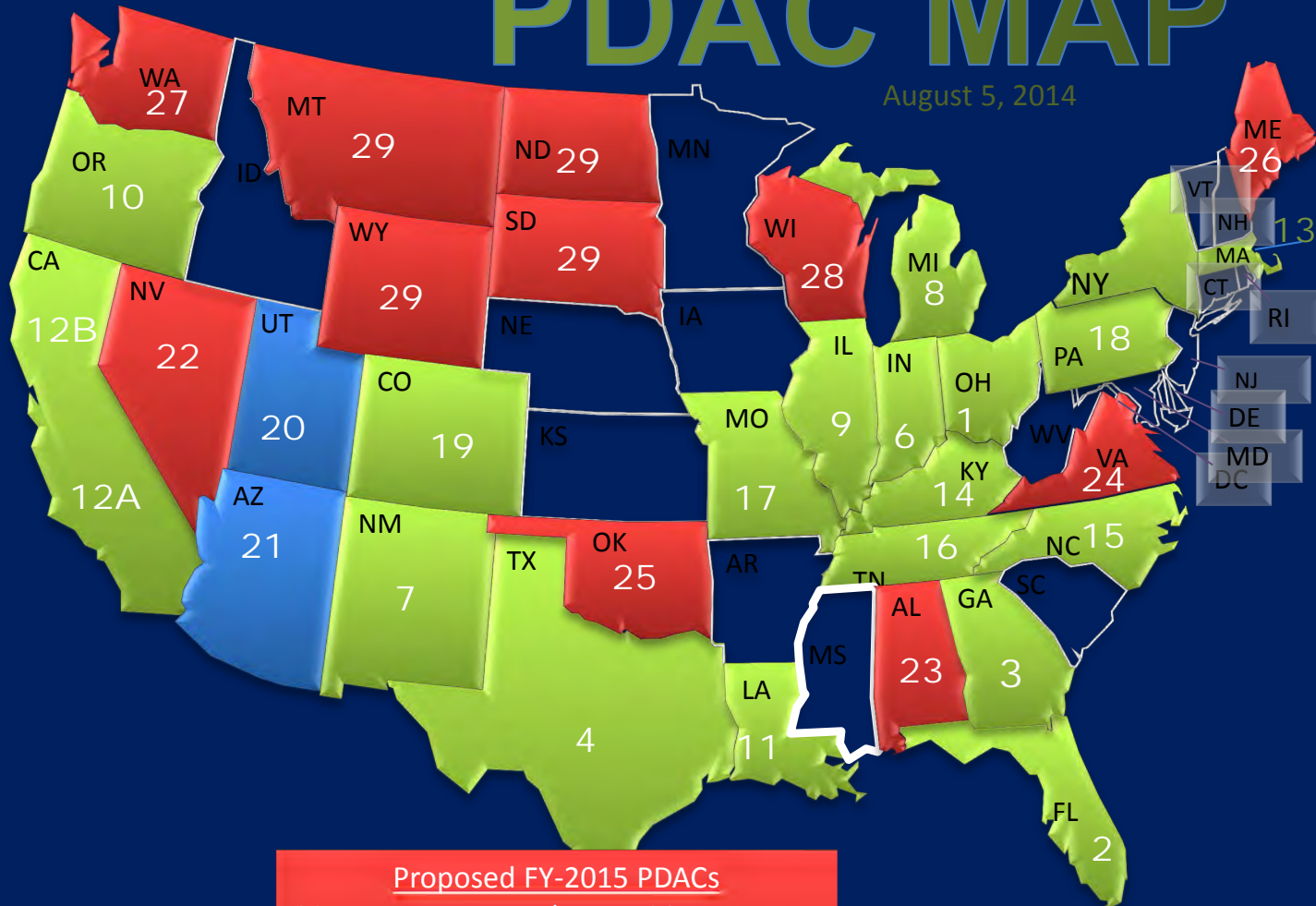
U.S. Drug Enforcement Administration
Office of Diversion Control



Community Coalitions and Advocacy Groups

PDAC MAP

August 5, 2014



Completed PDACs

Attendance

FY-2011

1-Cincinnati, OH 9/17-18/11 75

FY-2011 Total Attendance 75

FY-2012

2-WPB, FL 3/17-18/12 1,192

3-Atlanta, GA 6/2-3/12 328

4-Houston, TX 9/8-9/12 518

5-Long Island, NY 9/15-16/12 391

FY-2012 Total Attendance 2,429

FY-2013

6-Indianapolis, IN 12/8-9/12 137

7-Albuquerque, NM 3/2-3/13 284

8-Detroit, MI 5/4-5/13 643

9-Chicago, IL 6/22-23/13 321

10-Portland, OR 7/13-14/13 242

11-Baton Rouge, LA 8/3-4/13 259

12A-San Diego, CA 8/16-17/13 353

12B-San Jose, CA 8/18-19/13 434

13-Boston, MA 9/21-22/13 275

FY-2013 Total Attendance 2,948

FY-2014

14-Louisville, KY 11/16-17/13 149

15-Charlotte, NC 2/8-9/14 513

16-Knoxville, TN 3/22-23/14 246

17-St. Louis, MO 4/5-6/14 224

18-Philadelphia, PA 7/12-13/14 276

19-Denver, CO 8/2-3/14 174

FY-2014 Attendance To Date 1,582

Total Attendance To Date 7,034

Scheduled PDACs

20-Salt Lake City, UT Aug 23-24, 2014

21-Phoenix, AZ Sept 13-14, 2014

Proposed FY-2015 PDACs

22-Las Vegas, NV February 2015

23-Birmingham, AL April 2015

24-Richmond, VA May 2015

25-Oklahoma City, OK June 2015

26-Bangor, ME July 2015

27-Seattle, WA August 2015

28-Milwaukee, WI September 2015

29-Billings, MT (MT,WY,ND,SD) TBD





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

Friends and Family...For Free!!



The Medicine Cabinet and the Problem of Pharmaceutical Controlled Substance Disposal



The Problem – Easy Access





Medicine Cabinets: Easy Access

- More than half of teens (**73%**) indicate that it's easy to get prescription drugs from their parent's medicine cabinet
- Half of parents (**55%**) say anyone can access their medicine cabinet
- Almost four in 10 teens (**38%**) who have misused or abused a prescription drug obtained it from their parent's medicine cabinet



So Many Drugs in the Household – Why?

- Unreasonable quantities being prescribed
- Insurance rules



National Take Back Initiative

September 27, 2014

Got Drugs?

Turn in your
unused or expired
medication for safe disposal
Saturday **September 27, 2014**

Click here
for a collection
site near you.



10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration
Office of Diversion Control



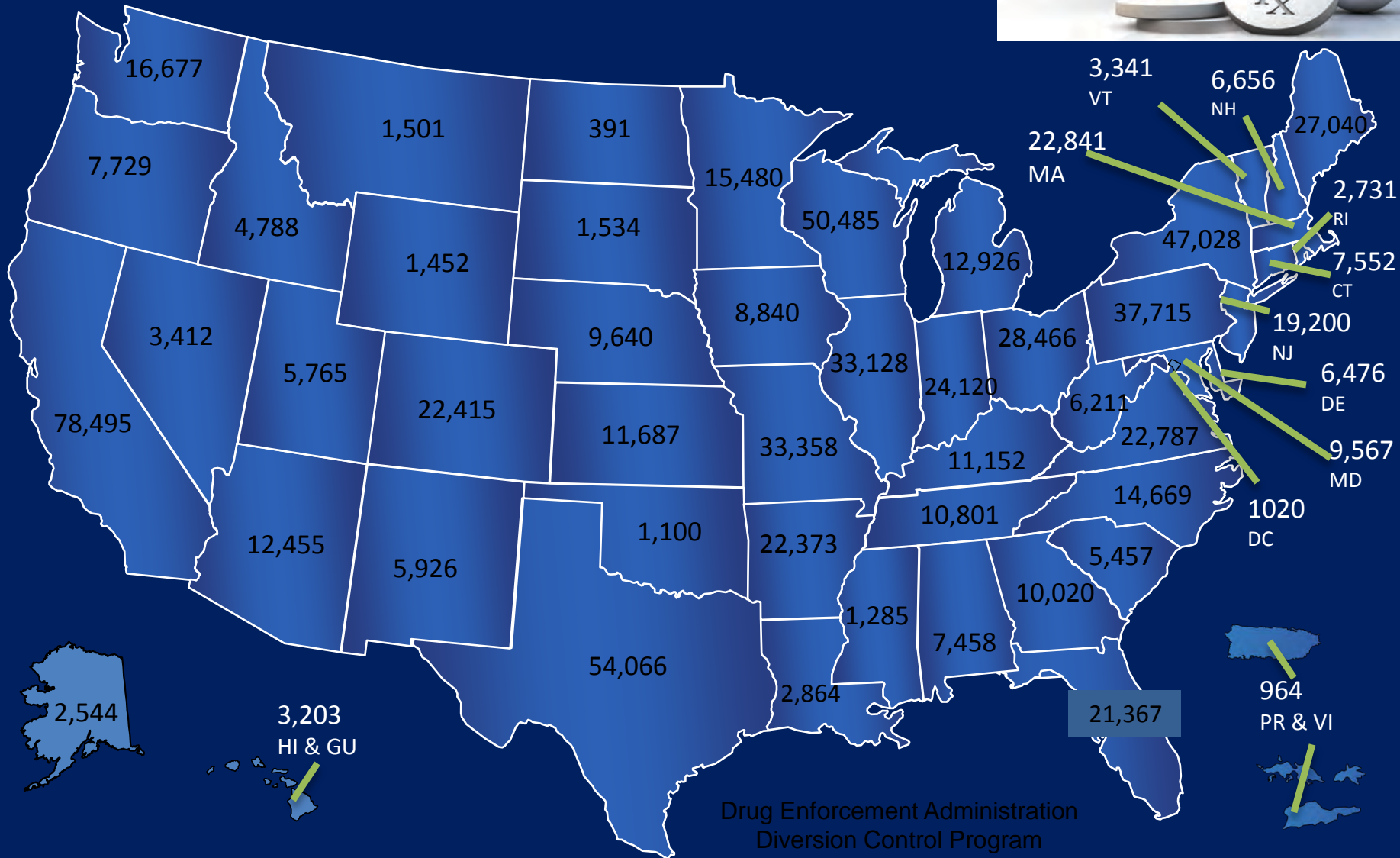
Nationwide Take-back Initiative

Over 3.4 million pounds (1,733 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

National Take Back Day: **April 26, 2014**

Total Weight Collected (pounds): 780,158 (390 Tons)





Notice of Proposed Rulemaking



PROZAC® (fluoxetine HCl) FISH (?)





Medicines Recommended for Disposal by Flushing Listed by Medicine and Active Ingredient

This list from FDA tells you what expired, unwanted, or unused medicines you should flush down the sink or toilet to help prevent danger to **people and pets in the home**.

Medicine	Active Ingredient
Abstral, tablets (sublingual)	Fentanyl
Actiq, oral transmucosal lozenge *	Fentanyl Citrate
Avinza, capsules (extended release)	Morphine Sulfate
Buprenorphine Hydrochloride, tablets (sublingual) *	Buprenorphine Hydrochloride
Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual) *	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Butrans, transdermal patch system	Buprenorphine
Daytrana, transdermal patch system	Methylphenidate
Demerol, tablets *	Meperidine Hydrochloride
Demerol, oral solution *	Meperidine Hydrochloride
Diastat/Diastat AcuDial, rectal gel	Diazepam
Dilaudid, tablets *	Hydromorphone Hydrochloride
Dilaudid, oral liquid	Hydromorphone Hydrochloride
Dolophine Hydrochloride, tablets *	Methadone Hydrochloride
Duragesic, patch (extended-release) *	Fentanyl
Embeda, capsules (extended release)	Morphine Sulfate; Naltrexone Hydrochloride
Exalgo, tablets (extended release)	Hydromorphone Hydrochloride
Fentora, tablets (buccal)	Fentanyl Citrate
Kadian, capsules (extended release)	Morphine Sulfate
Methadone Hydrochloride, oral solution *	Methadone Hydrochloride
Methadose, tablets *	Methadone Hydrochloride
Morphine Sulfate, tablets (immediate release) *	Morphine Sulfate
Morphine Sulfate, oral solution *	Morphine Sulfate
MS Contin, tablets (extended release) *	Morphine Sulfate
Nucynta ER, tablets (extended release)	Tapentadol
Onsolis, soluble film (buccal)	Fentanyl Citrate
Opana, tablets (immediate release)	Oxymorphone Hydrochloride
Opana ER, tablets (extended release)	Oxymorphone Hydrochloride
Oxecta, tablets (immediate release)	Oxycodone Hydrochloride
Oxycodone Hydrochloride, capsules	Oxycodone Hydrochloride
Oxycodone Hydrochloride, oral solution	Oxycodone Hydrochloride
Oxycontin, tablets (extended release) *	Oxycodone Hydrochloride
Percocet, tablets *	Acetaminophen; Oxycodone Hydrochloride
Percodan, tablets *	Aspirin; Oxycodone Hydrochloride
Suboxone, film (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Xyrem, oral solution	Sodium Oxybate
Zubsolv, tablets (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride

November 2013

Active Ingredient	Medicine
Acetaminophen; Oxycodone Hydrochloride	Percocet, tablets *
Aspirin; Oxycodone Hydrochloride	Percodan, tablets *
Buprenorphine	Butrans, transdermal patch (extended release)
Buprenorphine Hydrochloride	Buprenorphine Hydrochloride, tablets (sublingual) *
Buprenorphine Hydrochloride; Naloxone Hydrochloride	Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual) Suboxone, film (sublingual) Zubsolv, tablets (sublingual)
Diazepam	Diastat/Diastat AcuDial, rectal gel
Fentanyl	Abstral, tablets (sublingual) Duragesic, patch (extended-release) *
Fentanyl Citrate	Actiq, oral transmucosal lozenge * Fentora, tablets (buccal) Onsolis, soluble film (buccal)
Hydromorphone Hydrochloride	Dilaudid, tablets * Dilaudid, oral liquid Exalgo, tablets (extended release)
Meperidine Hydrochloride	Demerol, tablets * Demerol, oral solution *
Methadone Hydrochloride	Dolophine Hydrochloride, tablets * Methadone Hydrochloride, oral solution * Methadose, tablets *
Methylphenidate	Daytrana, transdermal patch system
Morphine Sulfate	Avinza, capsules (extended release) Kadian, capsules (extended release) Morphine Sulfate, tablets (immediate release) * Morphine Sulfate, oral solution MS Contin, tablets (extended release)
Morphine Sulfate; Naltrexone Hydrochloride	Embeda, capsules (extended release)
Oxycodone Hydrochloride	Oxecta, tablets (immediate release) Oxycodone Hydrochloride, capsules Oxycodone Hydrochloride, oral solution Oxycontin, tablets (extended release) *
Oxymorphone Hydrochloride	Opana, tablets (immediate release) Opana ER, tablets (extended release)
Sodium Oxybate	Xyrem, oral solution
Tapentadol	Nucynta ER, tablets (extended release)

November 2013



Questions to Discuss

- According to the National Survey on Drug Use and Health (NSDUH), in 2012, participants identified the most frequent method of obtaining a prescription-type psychotherapeutic drug that they most recently non-medically used as:
 - A) Internet
 - B) From a friend or relative for free
 - C) Purchased from a friend or relative
 - D) Purchased from stranger/drug dealer



Pharmaceuticals



Legend Drugs v. Controlled Substances



Legend Pharmaceuticals



Non-Controlled Substances

➤ Analgesic:

- Tramadol (Ultram®, Ultracet®)
- Schedule IV in CSA as of August 18, 2014

➤ Muscle Relaxant:

- Cyclobenzaprine (Flexeril®)



NFLIS Tramadol Reports

and Percentage of Total Narcotic Analgesics

Year	Estimated Reports	% of Total Narcotic Analgesics
2008	1,093	1.13%
2009	1,112	0.98%
2010	1,395	1.01%
2011	1,549	1.19%
2012	1,918	1.51%
2013	2,335	1.94%

Source: U.S. Drug Enforcement Administration, Office of Diversion Control. National Forensic Laboratory Information System (NFLIS): Annual Reports (2009-2013).

U.S. Drug Enforcement Administration
Office of Diversion Control



Controlled Pharmaceuticals



Prescription Requirements

	Schedule II	Schedule III	Schedule IV	Schedule V
Written	Yes	Yes	Yes	Yes
Oral	Emergency Only*	Yes	Yes	Yes
Facsimile	Yes**	Yes	Yes	Yes
Refills	No	Yes#	Yes#	Yes#
Partial Fills	Yes***	Yes	Yes	Yes

* Must be reduced in writing, and followed by sign, hard copy of the prescription.

** A signed, hard copy of the prescription must be presented before the medication is dispensed.

*** 72 hour time limitation.

With medical authorization, up to 5 in 6 months.



Opiates



Papaver



Somniferum

Codeine

Morphine

Thebaine

Hydrocodone

Hydromorphone

Oxycodone
Hydrocodone



Most commonly prescribed prescription
medicine?

Hydrocodone/acetaminophen



Worldwide Hydrocodone Use

- 67 Countries reported an estimated need requirement for hydrocodone to the International Narcotics Control Board
- 20 countries reported an estimated need of 1 kilogram or greater.
- 4 countries reported an estimated need between 500 grams and 999 grams
- 10 countries reported an estimated need between 100 grams and 499 grams
- 6 countries reported a need between 25 grams and 99 grams
- 27 countries reported a need of less than 25 grams



Worldwide Hydrocodone Use

- **Of the 20 Countries** that reported an estimated needs requirement for hydrocodone at one kilogram or more
- **8 countries** reported an estimated need of 1 kilogram to 5 kilograms
- **4 countries** reported an estimated need over 5 kilograms to 10 kilograms
- **8 countries** reported an estimated need over 10 kilograms



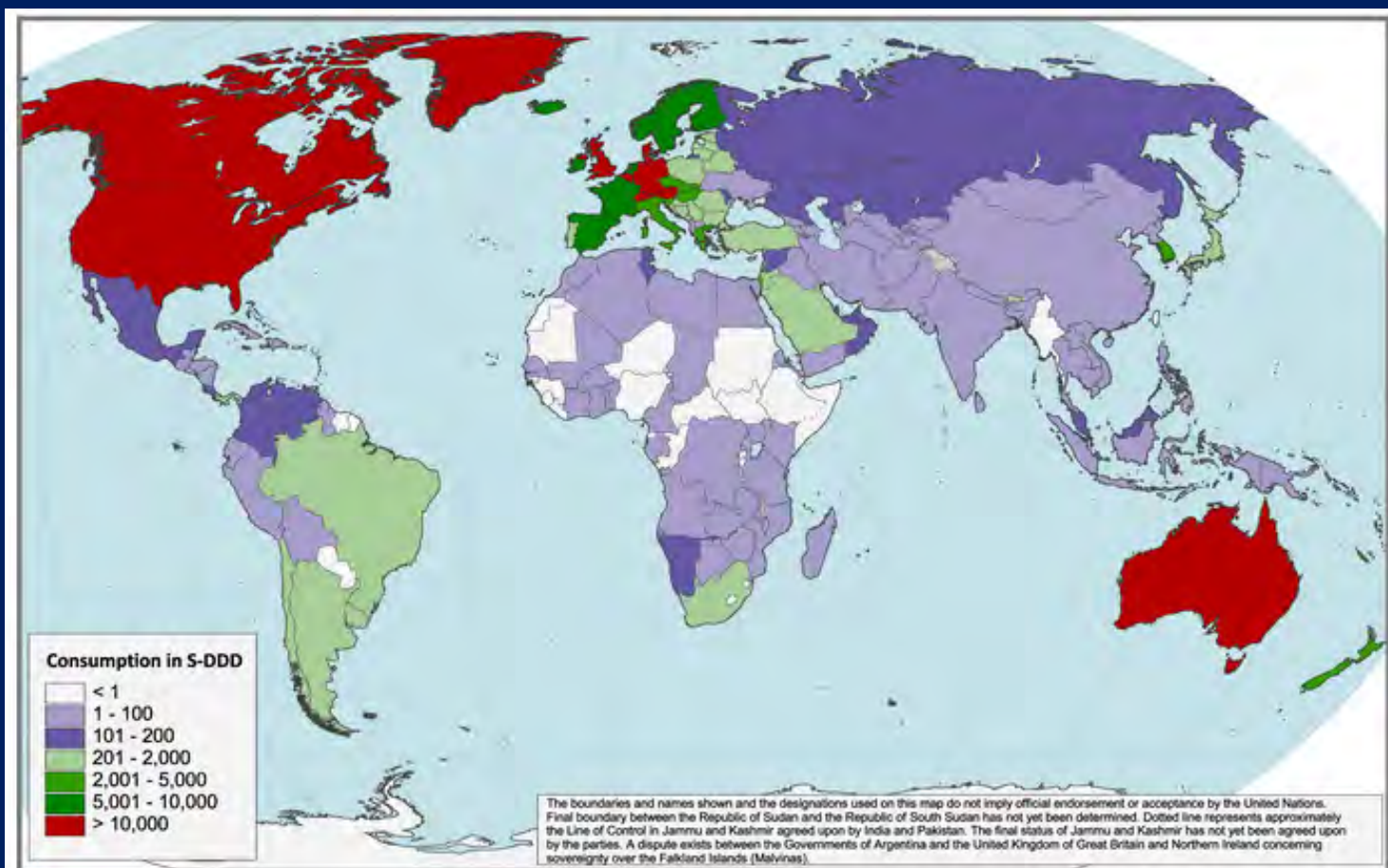
Top 10 List

- 10 Guatemala 10 kilograms
- 09 India 10 kilograms
- 08 Vietnam 20 kilograms
- 07 China 20 kilograms
- 06 Denmark 25.5 kilograms
- 05 Columbia 30 kilograms
- 04 Syrian Republic 50 kilograms
- 03 Canada 115.5 kilograms
- 02 United Kingdom 200 kilograms
- 01 United States 79,700 kilograms 99.3%



INCB: Availability of opioids* for pain management (2010-2012 average)

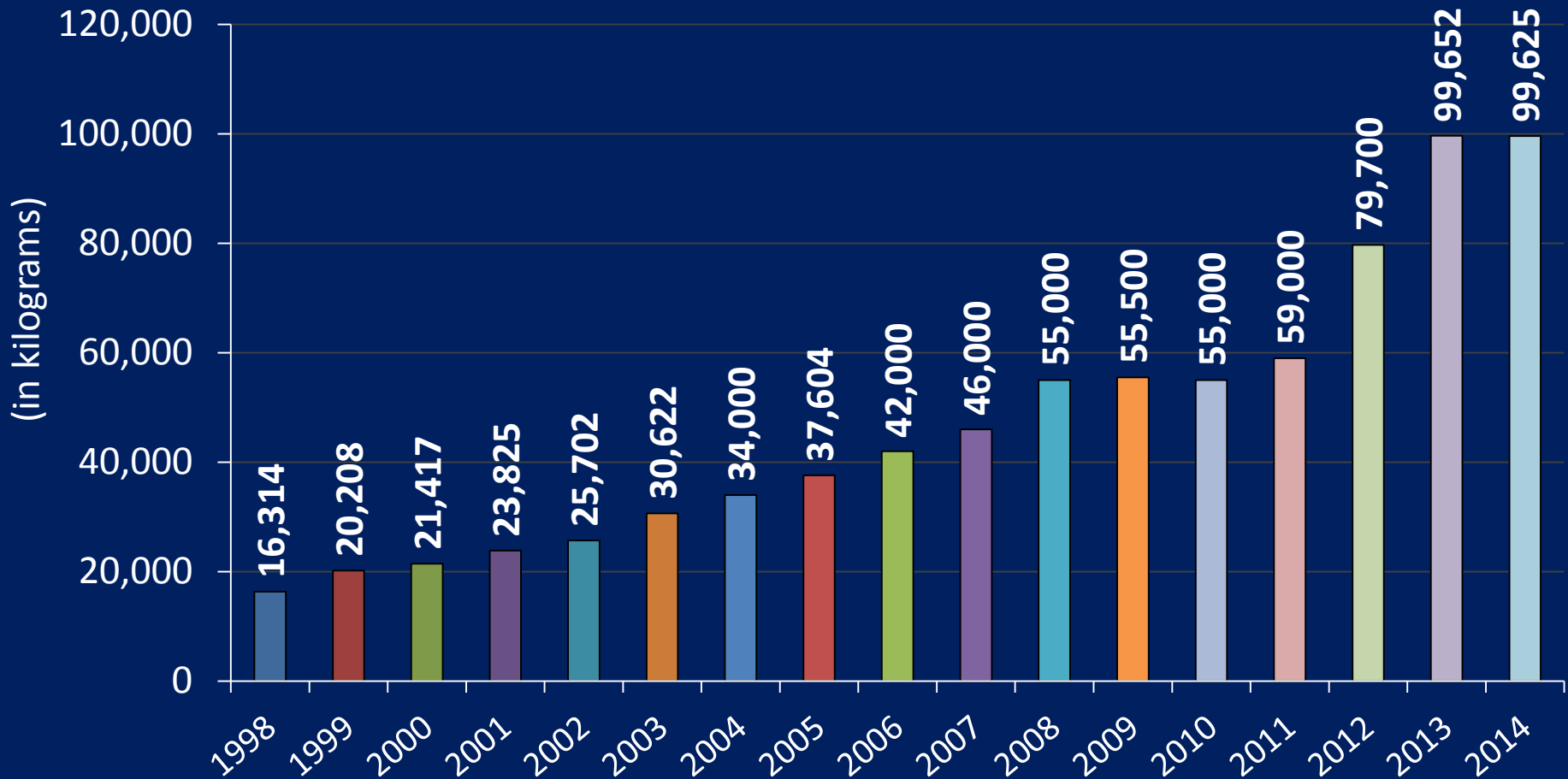
(Consumption in defined daily doses for statistical purposes (S-DDD)
per million inhabitants per day)



*Codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and trimeperidine.

Hydrocodone

Aggregate Production Quota History





State Ranking* - Hydrocodone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	28,774,533	12	TX	898,281	23	WA	403,596	34	WV	139,222	45	DE	64,336
2	VA	4,457,905	13	CO	799,972	24	OH	394,758	35	AR	138,262	46	ME	54,020
3	MD	3,285,370	14	HI	726,532	25	CT	384,584	36	VT	132,800	47	MT	45,860
4	IL	2,941,699	15	IN	679,249	26	ID	314,675	37	AK	129,362	48	SD	31,300
5	GA	2,819,902	16	NV	663,745	27	MS	275,033	38	ND	120,630	49	RI	26,012
6	PA	2,589,438	17	MO	582,549	28	WI	272,985	39	MA	107,280	50	PR	25,412
7	TN	1,583,792	18	OK	542,220	29	LA	249,230	40	KS	107,195	51	DC	20,920
8	AL	1,381,772	19	NC	534,746	30	OR	232,470	41	NM	106,471	52	NH	18,460
9	FL	1,353,701	20	NY	512,374	31	MN	185,255	42	UT	103,700	53	GU	5,400
10	MI	1,251,007	21	NJ	423,465	32	KY	170,442	43	WY	89,332	54	VI	1,300
11	AZ	1,237,287	22	SC	405,412	33	IA	164,520	44	NE	86,912	55	AS	0

*** Business Activity - Practitioners**



State Ranking* - Hydrocodone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	982,753,220	12	NC	220,543,770	23	AR	125,187,020	34	NJ	54,941,330	45	NH	14,409,370
2	TX	812,141,952	13	NY	217,125,500	24	MS	123,188,700	35	ID	52,435,880	46	WY	13,179,270
3	TN	418,088,514	14	MO	207,872,984	25	OR	113,906,944	36	MD	49,448,687	47	AK	11,796,700
4	MI	412,915,381	15	KY	206,344,080	26	WI	110,312,770	37	NM	41,193,590	48	ND	10,835,260
5	FL	360,582,430	16	OK	188,704,600	27	KS	95,057,760	38	NE	38,116,235	49	DE	8,551,270
6	IL	316,993,320	17	LA	169,317,429	28	WV	84,004,890	39	CT	32,965,210	50	VT	7,360,560
7	IN	278,352,426	18	SC	158,208,080	29	CO	77,397,300	40	ME	27,390,940	51	DC	2,335,710
8	OH	277,099,286	19	WA	146,735,785	30	IA	70,917,830	41	MT	26,673,510	52	PR	1,896,180
9	GA	256,397,200	20	VA	143,641,503	31	MN	68,784,400	42	HI	19,188,150	53	VI	435,730
10	AL	251,95,746	21	AZ	142,370,620	32	UT	61,701,660	43	RI	18,408,190	54	GU	227,600
11	PA	251,95,746	22	NV	132,819,940	33	MA	56,870,370	44	SD	16,805,590	55	AS	0

*** Business Activity – Retail Pharmacies**



Hydrocodone Combinations

Currently, the CSA defines hydrocodone substance as Schedule II, while its combination products as Schedule III.

On October 6, 2014, all hydrocodone products will be placed in schedule II.

(see 79FR49661 dated August 22, 2014)



Schedule II

- The drug or other substance has a high potential for abuse
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions
- Abuse of the drug or other substance may lead to severe psychological or physical dependence

Schedule III

- The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I or II
- The drug or other substance has a currently accepted medical use in treatment in the United States
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence

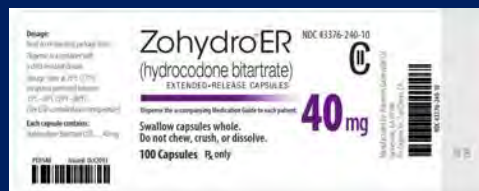
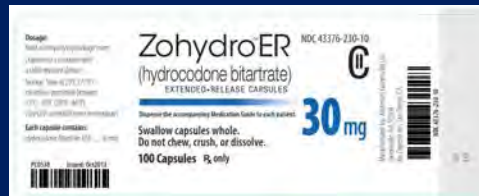
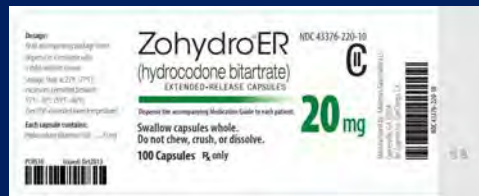
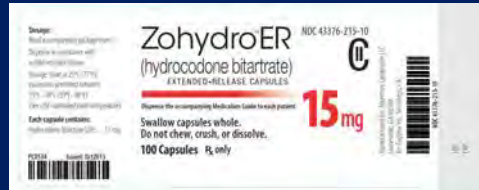
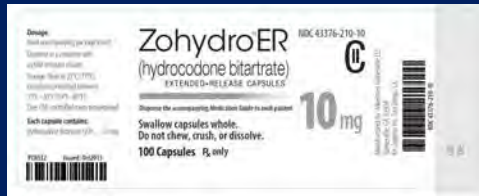


Dosing Data for Clinically Employed Opioid Analgesics

DRUG	APPROXIMATE EQUI-ANALGESIC ORAL DOSE	APPROXIMATE EQUI-ANALGESIC PARENTERAL DOSE	RECOMMENDED STARTING DOSE (adults >50 kg)		RECOMMENDED STARTING DOSE (children and adults <50 kg) ^a	
			ORAL	PARENTERAL	ORAL	PARENTERAL
Opioid Agonists						
Morphine ^b	30 mg q3–4h (around-the-clock dosing) 60 mg q3–4h (single dose or intermittent dosing)	10 mg q3–4h	15 mg q3–4h	5 mg q3–4h	0.3 mg/kg q3–4h	0.1 mg/kg q3–4h
Codeine ^c	130 mg q3–4h	75 mg q3–4h	30 mg q3–4h	30 mg q2h (IM/SC)	1 mg/kg q3–4h ^d	Not recommended
Hydromorphone ^b (DILAUDID)	7.5 mg q3–4h	1.5 mg q3–4h	4 mg q3–4h	1 mg q3–4h	0.06 mg/kg q3–4h	0.015 mg/kg q3–4h
Hydrocodone (in LORCET, LORTAB, VICODIN, others, typically with acetaminophen)	30 mg q3–4h	Not available	5 mg q3–4h	Not available	0.2 mg/kg q3–4h ^d	Not available
Levorphanol	4 mg q6–8h	2 mg q6–8h	2 mg q6–8h	1 mg q6–8h	0.04 mg/kg q6–8h	0.02 mg/kg q6–8h
Meperidine (DEMEROL)	300 mg q2–3h	100 mg q3h	Not recommended	50 mg q3h	Not recommended	0.75 mg/kg q2–3h
Methadone (DOLOPHINE, others)	20 mg q6–8h	10 mg q6–8h	2.5 mg q12h	2.5 mg q12h	0.2 mg/kg q12h	0.1 mg/kg q6–8h
Oxycodone (REXICODONE, OXYCONTIN, also in PERCOCET, PERCODAN, TYLOX, others) ^g	30 mg q3–4h	Not available	5 mg q3–4h	Not available	0.2 mg/kg q3–4h ^d	Not available
Oxymorphone ^b (NUMORPHAN)	Not available	1 mg q3–4h	Not available	1 mg q3–4h	Not recommended	Not recommended
Propoxyphene (DARVON)	130 mg ^e	Not available	65 mg q4–6h ^e	Not available	Not recommended	Not recommended
Tramadol ^f (ULTRAM)	100 mg ^e	100 mg	50–100 mg q6h ^e	50–100 mg q6h ^e	Not recommended	Not recommended
Opioid Agonist–Antagonists or Partial Agonists						
Buprenorphine (BUPRENEX)	Not available	0.3–0.4 mg q6–8h	Not available	0.4 mg q6–8h	Not available	0.004 mg/kg q6–8h
Butorphanol (STADOL)	Not available	2 mg q3–4h	Not available	2 mg q3–4h	Not available	Not recommended
Nalbuphine (NUBAIN)	Not available	10 mg q3–4h	Not available	10 mg q3–4h	Not available	0.1 mg/kg q3–4h



Approval of Single Entity Extended Release Hydrocodone



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

FDA Approval October 2013

Anticipated Launch March 2014

CURRENT RESEARCH (click one to see how you can help): [Support Bluelight by taking the 2013 Inflexion survey!](#)

Thread: Zohydro's Here: Our New Problem Child? (HOLY LORD IN HEAVEN)

POST REPLY

Results 1 to 25 of 63

Page 1 of 3

1

2

3

Last

View First Unread Thread Tools Search Thread Display

Zohydro's Here: Our New Problem Child? (HOLY LORD IN HEAVEN)

bigzip44

Greenlighter



Join Date: Aug 2009

Location: Seattle

Posts: 36



18-02-2014 01:19



Zohydro ER (hydrocodone bitartrate), created by Zogenix, which also makes needle-free sumatriptan injections, is to be released next month (March). They will be releasing this drug in 10, 15, 20, 30, 40, and 50 milligram CAPSULES, which I assume will be filled with a pure hydrocodone powder, despite the 11-2 panel of experts the FDA created to vote on the approval of the drug. This drug is now in production, obviously.

I was badly addicted to OxyContin for many years and I remain on buprenorphine to this day. This "new" drug, made from the same compound that first triggered my addiction to opioids (which I found in vicodin, of course) is to be released in EXACTLY the same way careless way that OXYCONTIN was released by Purdue Pharma except in a presumably even more abusable form, a powder within a capsule. Zogenix and **Zohydro**'s proponents have even gone so far as to reject claims that the new Tylenol-free formulation should be required to have a similar abuse preventative formulation that Purdue Pharma was finally forced into creating so as to continue selling their pure-formulation OxyCodone which is now, of course, the new, very unsexy OP.

Ah, now down to business. This drug is making my scrotum stir with anticipation; I cannot see a future where **Zohydro** exists where I also do not get high on it. What the fuck do you guys think about this new thing? Could this be the gnarliest opiate "epidemic" since, well, morphine? I want thoughts, information, experience, opinion, conjecture or speculation any of you professionals have on this new drug.

In my opinion, this is going to change history.

(FYI, this thread was moved from Other Drugs)

REPLY

QUOTE



miscbrahh

18-02-2014 03:06



shimazu

Ex-Bluelighter

Join Date: Mar 2012

Posts: 18,698

22-02-2014 16:02

I like hydrocodone but it always took too long for me to really enjoy vicodin. Not really a huge fan of the capsule approach either but people also produce fake Oxycodone pills so it always comes down to where you're getting them from.

Im just interested to see how hard these are pushed onto current pain patients vs how many people just stick with their regular hydro pills. Still though, any drug in an ER version that isn't abuse proof is cool in my book

REPLY

QUOTE

StealYourFace

Bluelighter

Join Date: Oct 2011

Posts: 66

25-02-2014 00:29

The good news (for us) is that it uses Spheroidal Oral Drug Absorption System. Similar to Adderall XR, you can mash up the little beads and release the goodness 😊

REPLY

QUOTE

Felonious Monk

Moderator

Drug Culture

Join Date: Nov 2013

Location: Interzone

Posts: 710

25-02-2014 00:44

Originally Posted by shimazu

are more people using opiates now on average or are there just more people period and more ways to get in trouble for it?

rhetorical question really, but I tend to think a lot of famous "eccentric" people back in the day were really just huge drug addicts

I think the consensus is that more people are using opioids nowadays, especially in the last 5 years, which is why it's starting to be recognized as a problem again. Everything I've read says that all markers of opioid use are up, and anecdotally people are seeing a lot more problems than they used to as well.

-treatment centers/prisons are seeing more upper-middle-class white males using heroin and strong opiates than they ever have before (and more of that population on MMT or bupe as well)

-opiate OD has become a major COD for middle-aged women

-heroin is stronger (in 😊 than it's ever been since the passage of the CSA (and cheaper)

Location: Boston

Posts: 825

REPLY

QUOTE



#9

StealYourFace

Bluelighter

Join Date: Oct 2011

Posts: 66

18-02-2014 16:40



Looking at the product sheet on the mfg website, it looks as if the time release system is similar to Adderall XR/ Dex Spansules with the little time release balls inside. If this is true, these would be awesome. I've never sniffed hydrocodone before for obvious reasons, but this would make it very easy.

Crosses fingers

REPLY

QUOTE



#10

Whosajiggawaaa

Bluelighter



Join Date: Jul 2011

Location: Here. I grew up in a crackhouse.

Posts: 3,152

18-02-2014 18:09



I have never tried hydrocodone only oxy and almost every other opiod. Sort of amped.

REPLY

QUOTE



#11



jackie jones

Bluelight Crew



Join Date: Jul 2008

Location: A spoonful of sugar
helps the medicine go down.

Posts: 5,589

20-02-2014 15:32

#19



ZohydroER
(hydrocodone bitartrate)
EXTENDED-RELEASE CAPSULES

1st

Oral, Extended Release
Hydrocodone without
Acetaminophen for Treating
Chronic Pain

PDUFA Date March 1, 2013



REPLY

QUOTE



Bigfanofthemdrugs

Moderator

Drug Culture
Cannabis Discussion



Join Date: Mar 2012

Location: The Limbic System

20-02-2014 20:20

#20



Idk what you guys are tripping about, I'm stoked to get in on some of that, hydrocodone is one of my favorite opioids. It's just as euphoric as oxy IMO.



State Ranking* - Oxycodone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	PA	1,308,331	12	NV	151,894	23	TX	69,412	34	MA	21,088	45	ME	6,340
2	MD	555,982	13	NC	138,196	24	NH	45,600	35	MS	20,380	46	VT	5,600
3	GA	537,699	14	NY	137,156	25	NJ	45,070	36	IN	18,844	47	ND	5,010
4	CA	491,759	15	MO	114,292	26	WY	44,770	37	AR	14,570	48	RI	3,800
5	CT	361,320	16	VA	108,026	27	WA	38,054	38	LA	13,100	49	WV	800
6	TN	345,806	17	MI	86,616	28	MN	35,760	39	NM	12,695	50	DC	700
7	AL	299,774	18	KY	85,682	29	IA	35,350	40	AK	12,670	51	MT	400
8	FL	271,623	19	AZ	85,502	30	OR	34,565	41	SD	12,264	52	PR	300
9	CO	261,580	20	OK	80,600	31	OH	28,808	42	NE	9,953	53	AS	0
10	WI	251,580	21	IL	75,540	32	ID	28,060	43	DE	9,880	54	GU	0
11	SC	155,549	22	HI	75,230	33	KS	22,350	44	UT	9,370	55	VI	0

*** Business Activity - Practitioners**



State Ranking* - Oxycodone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	PA	297,341,980	12	MD	128,027,280	23	CT	72,412,470	34	KS	38,925,890	45	MT	15,404,320
2	FL	291,383,620	13	VA	124,771,088	24	MN	72,203,730	35	NM	36,568,830	46	PR	11,507,780
3	CA	281,630,294	14	GA	122,888,860	25	AL	66,004,480	36	MS	30,021,050	47	AK	10,382,220
4	NY	268,408,239	15	MO	102,988,470	26	TX	61,493,810	37	ME	29,744,160	48	VT	10,160,680
5	OH	254,919,240	16	WI	97,740,170	27	OK	60,056,840	38	NH	29,056,310	49	WY	9,042,220
6	NC	222,945,670	17	OR	95,608,810	28	NV	58,577,300	39	DE	26,926,890	50	DC	6,897,540
7	NJ	177,267,830	18	IN	92,666,390	29	LA	54,777,500	40	IA	24,029,580	51	ND	6,645,960
8	AZ	163,531,150	19	CO	89,415,210	30	UT	52,478,120	41	ID	18,623,640	52	SD	6,596,300
9	TN	155,131,080	20	MI	86,251,570	31	WV	44,705,160	42	RI	17,868,720	53	GU	411,600
10	MA	137,178,760	21	SC	79,444,900	32	IL	44,362,470	43	HI	16,361,480	54	VI	291,000
11	WA	129,721,790	22	KY	74,443,010	33	AR	39,813,350	44	NE	15,564,300	55	AS	0

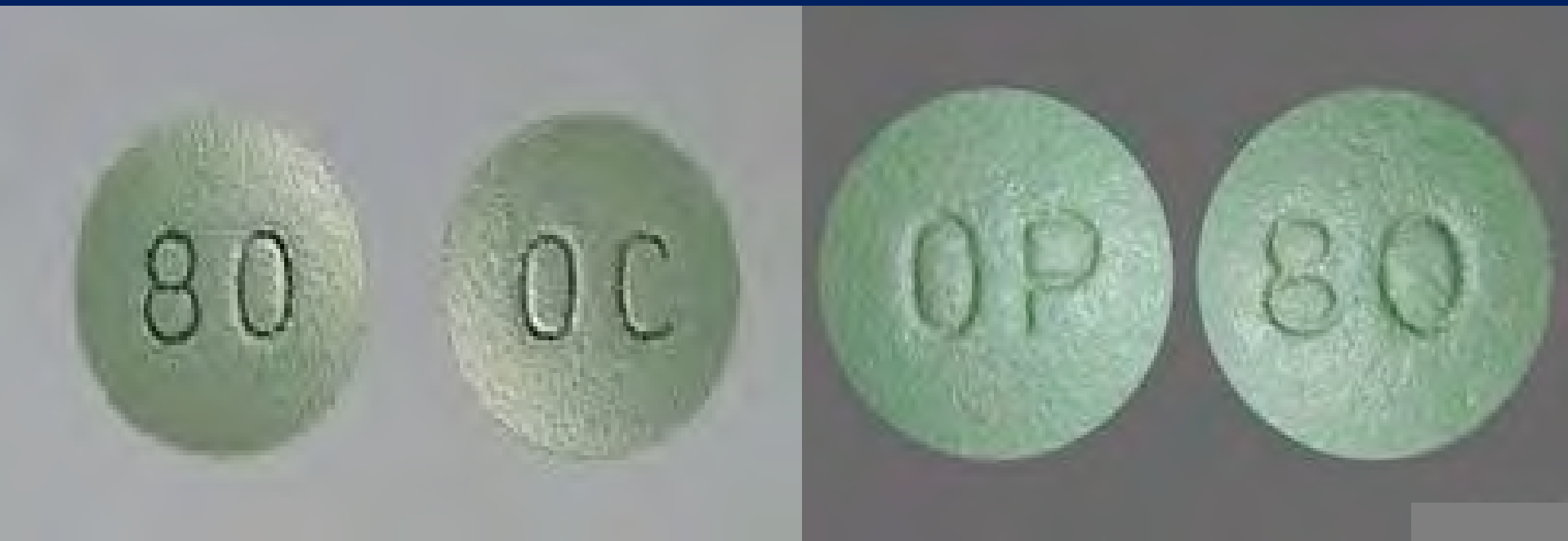
*** Business Activity - Retail Pharmacies**

Source: Drug Enforcement Administration, Office of Diversion Control,
Pharmaceutical Investigations Section, Targeting and Analysis Unit
Most current ARCOS information as of March 18, 2014

U.S. Drug Enforcement Administration
Office of Diversion Control



Oxycodone HCL CR (OxyContin®) Reformulation





New OxyContin[®] OP



08-27-2010, 01:11 AM

[mz.mary420](#)
Member



Join Date: May 2010
Location: down south
Posts: 6

#17

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 😞

* if anyone has tried to smoke this new formulated shit, please post! thanks

Quote

08-27-2010, 06:09 AM

[mephist00](#)
Member



Join Date: Apr 2008
Location: NY
Age: 25
Posts: 628

#18

ya my friend has tried to smoke the new ones... said its very harsh on the lungs and throat..

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

Quote:

Originally Posted by **stalk**
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.



Oxycodone 15mg/30mg Immediate Release





Other Oxycodone Products

Percodan

Tylox

Percocet



Trade Name: Percodan-Demi
Controlled Ingredient: oxycodone hydrochloride 2.25 mg and
oxycodone terephthalate 0.19 mg
Other Ingredients: aspirin, 325 mg



Trade Name: Percodan
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate 0.38 mg
Other Ingredients: aspirin, 325 mg

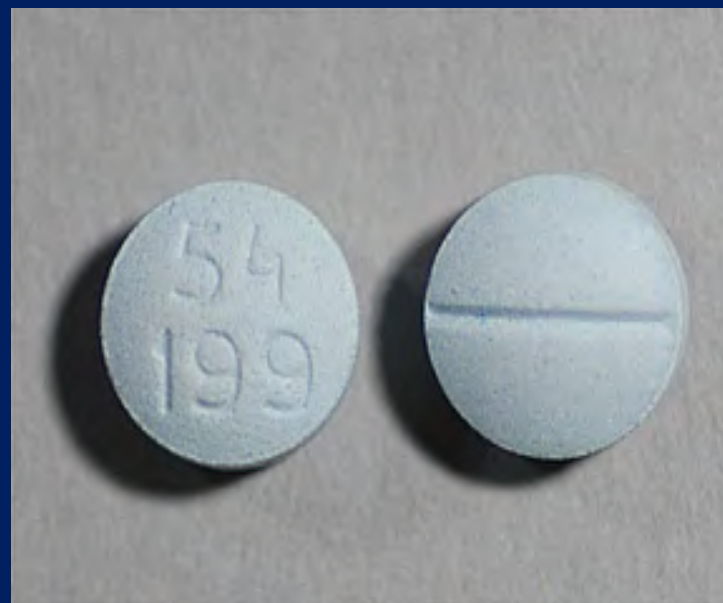


Trade Name: Tylox
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate 38 mg
Other Ingredients: Acetaminophen, 500 mg



Trade Name: Percocet
Controlled Ingredient: oxycodone hydrochloride, 5 mg
Other Ingredients: Acetaminophen, 325 mg

Roxicodone



FDA Approves Abuse-Deterrent Oxycodone/Naloxone Combo

Susan Jeffrey

July 23, 2014

The US Food and Drug Administration (FDA) has approved an abuse-deterrent extended-release formulation of oxycodone (*Targiniq ER*, Purdue Pharma LP), a combination of oxycodone hydrochloride and naloxone hydrochloride, the agency announced today.

The new formulation is approved to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment, for which alternative treatment options are inadequate.

It is the second extended-release/long acting (ER/LA) opioid with FDA-approved labeling describing its abuse-deterrent properties "consistent with the FDA's 2013 draft guidance for industry, [Abuse-Deterrent Opioids – Evaluation and Labeling](#)," a statement from the FDA notes.

"The FDA is committed to combating the misuse and abuse of all opioids, and the development of opioids that are harder to abuse is needed in order to help address the public health crisis of prescription drug abuse in the US," said Sharon Hertz, MD, deputy director of the Division of Anesthesia, Analgesia, and Addiction Products in the FDA's Center for Drug Evaluation and Research. "Encouraging the development of opioids with abuse-deterrent properties is just one component of a broader approach to reducing abuse and misuse, and will better enable the FDA to balance addressing this problem with meeting the needs of the millions of people in this country suffering from pain."

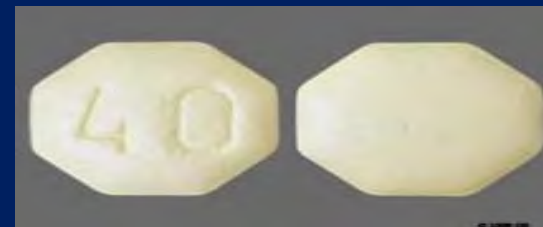
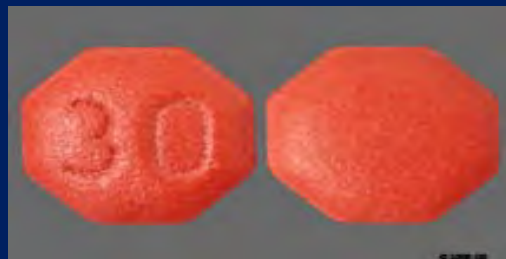
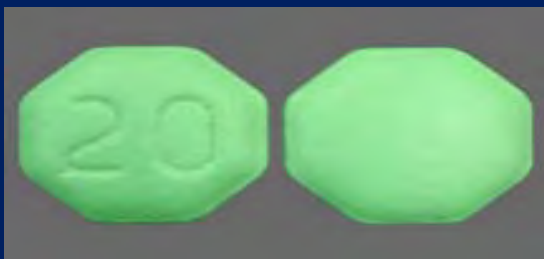


Oxymorphone Extended Release

Opana ER® (Schedule II)

➤ Opana ER® - (Schedule II)

- Treats constant, around the clock, moderate to severe pain
- Becoming popular and is abused in similar fashion to oxycodone ; August 2010 (Los Angeles FD TDS)
- Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
- Street: \$10.00 – \$80.00





State Ranking* - Oxymorphone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	MD	45,330	12	AK	0	23	GU	0	34	MT	0	45	PR	0
2	PA	35,460	13	AL	0	24	IA	0	35	NC	0	46	RI	0
3	VA	5,070	14	AR	0	25	ID	0	36	ND	0	47	SC	0
4	KY	1,380	15	AS	0	26	IL	0	37	NE	0	48	SD	0
5	LA	1,050	16	AZ	0	27	IN	0	38	NH	0	49	TX	0
6	HI	990	17	CA	0	28	MA	0	39	NJ	0	50	UT	0
7	TN	540	18	CO	0	29	ME	0	40	NM	0	51	VI	0
8	WY	420	19	CT	0	30	MI	0	41	NY	0	52	VT	0
9	DE	300	20	DC	0	31	MN	0	42	OH	0	53	WA	0
10	KS	180	21	FL	0	32	MO	0	43	OK	0	54	WI	0
11	NV		22	GA	0	33	MS	0	44	OR	0	55	WV	0

*** Business Activity - Practitioners**



State Ranking* - Oxymorphone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	NC	8,621,821	12	MI	2,020,472	23	NV	1,335,360	34	NM	435,669	45	MN	159,783
2	TN	8,145,510	13	AL	1,987,229	24	WA	1,333,688	35	AR	428,906	46	WY	129,511
3	CA	6,556,971	14	AZ	1,951,458	25	KY	1,219,666	36	DE	385,550	47	MT	116,721
4	PA	5,337,595	15	MD	1,921,612	26	CT	1,118,461	37	ME	372,129	48	VT	97,620
5	FL	5,476,047	16	SC	1,843,598	27	OR	1,025,032	38	ID	363,429	49	AK	85,302
6	NY	4,131,582	17	IL	1,757,351	28	WV	973,615	39	NH	305,802	50	DC	43,873
7	OH	3,837,483	18	OK	1,745,516	29	WI	971,452	40	IA	296,276	51	ND	43,632
8	TX	2,852,122	19	GA	1,735,588	30	MA	900,033	41	NE	288,980	52	PR	4,520
9	VA	2,412,242	20	MO	1,695,523	31	MS	871,950	42	HI	254,500	53	VI	1,766
10	IN	2,102,229	21	LA	1,629,911	32	KS	861,194	43	SD	192,465	54	AS	0
11	NJ	2,020,472	22	CO	1,627,981	33	UT	810,857	44	RI	170,867	55	GU	0

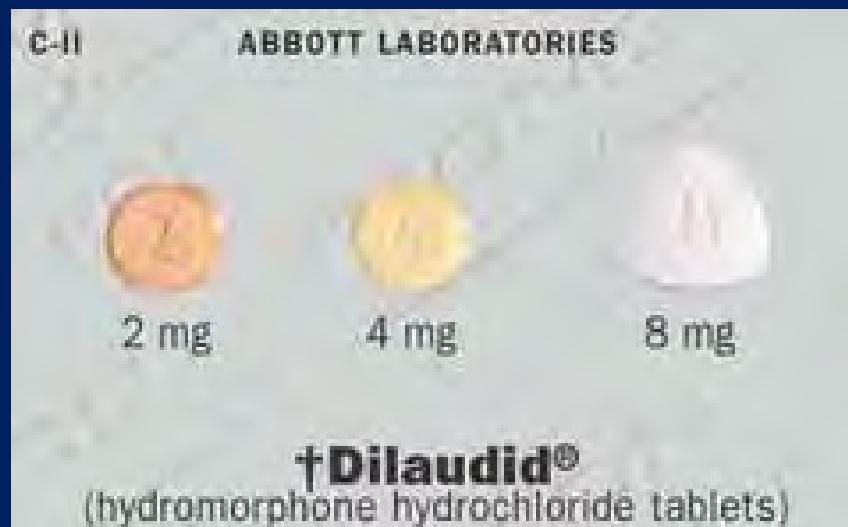
*** Business Activity - Retail Pharmacies**

Source: Drug Enforcement Administration, Office of Diversion Control,
Pharmaceutical Investigations Section, Targeting and Analysis Unit
Most current ARCOS information as of March 18, 2014

U.S. Drug Enforcement Administration
Office of Diversion Control



Hydromorphone





State Ranking* - Hydromorphone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	IL	49,720	12	WY	6,030	23	WI	1,800	34	NE	490	45	DC	0
2	CT	34,068	13	NY	5,300	24	IN	1,100	35	MI	350	46	GU	0
3	MD	29,980	14	NJ	5,200	25	NC	1,000	36	MA	300	47	ID	0
4	CA	26,916	15	NV	4,800	26	IA	800	37	MN	300	48	MT	0
5	GA	24,070	16	FL	4,720	27	OH	700	38	AZ	100	49	OK	0
6	PA	23,600	17	TN	3,930	28	SD	600	39	MS	100	50	PR	0
7	AL	10,760	18	WA	3,500	29	KS	600	40	ND	100	51	RI	0
8	CO	10,540	19	KY	3,300	30	LA	600	41	NH	100	52	UT	0
9	VA	8,750	20	OR	3,000	31	TX	600	42	NM	100	53	VI	0
10	DE	7,750	21	HI	2,520	32	AK	570	43	AR	0	54	VT	0
11	SC	6,030	22	MO	2,220	33	ME	500	44	AS	0	55	WV	0

*** Business Activity - Practitioners**

Source: Drug Enforcement Administration, Office of Diversion Control,
Pharmaceutical Investigations Section, Targeting and Analysis Unit
Most current ARCOS information as of March 18, 2014

U.S. Drug Enforcement Administration
Office of Diversion Control



State Ranking* - Hydromorphone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	FL	42,112,076	12	OH	8,734,282	23	IN	4,818,262	34	NH	2,131,164	45	ND	807,848
2	CA	41,943,654	13	MA	8,436,554	24	SC	4,689,324	35	DE	2,033,006	46	RI	804,084
3	NY	18,541,210	14	IL	8,364,938	25	OK	3,253,084	36	UT	1,965,778	47	AK	741,012
4	TX	16,018,946	15	CO	7,010,882	26	IA	3,170,384	37	MT	1,810,554	48	HI	664,172
5	VA	12,347,728	16	CT	6,592,026	27	AL	3,131,472	38	ID	1,642,828	49	WY	631,400
6	PA	11,666,044	17	GA	6,464,995	28	WI	3,104,648	39	VT	1,629,024	50	DC	523,100
7	WA	10,640,008	18	AZ	6,359,788	29	NV	3,048,632	40	ME	1,537,142	51	SD	476,232
8	MI	9,003,516	19	MO	6,340,348	30	AR	2,804,078	41	MS	1,482,408	52	PR	40,600
9	NJ	8,823,974	20	OR	6,339,056	31	KS	2,797,794	42	NM	1,396,384	53	GU	35,200
10	MD	8,223,974	21	MN	5,264,954	32	LA	2,733,498	43	WV	1,377,282	54	VI	13,000
11	NC	8,223,974	22	TN	4,870,220	33	KY	2,235,398	44	NE	984,210	55	AS	0

*** Business Activity - Retail Pharmacies**

Source: Drug Enforcement Administration, Office of Diversion Control,
Pharmaceutical Investigations Section, Targeting and Analysis Unit
Most current ARCOS information as of March 18, 2014

U.S. Drug Enforcement Administration
Office of Diversion Control



Other Opiates of Interest



Trade Name: MS Contin
Controlled Ingredient: morphine sulfate, 100 mg



Trade Name: MS Contin
Controlled Ingredient: morphine sulfate, 45 mg



Trade Name: MS Contin
Controlled Ingredient: morphine sulfate, 30 mg



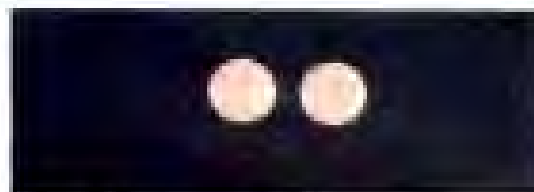
Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 30 mg



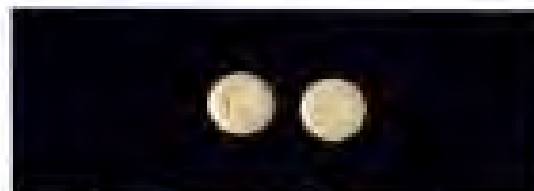
Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 100 mg



Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 60 mg



Trade Name: Dilaudid
Controlled Ingredient:
hydromorphone hydrochloride, 2 mg



Trade Name: Dilaudid
Controlled Ingredient:
hydromorphone hydrochloride, 4 mg

Fentanyl



Fentora®



Actiq®

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



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





Opiates v. Heroin



Papaver



Somniferum

Codeine

Morphine

Thebaine

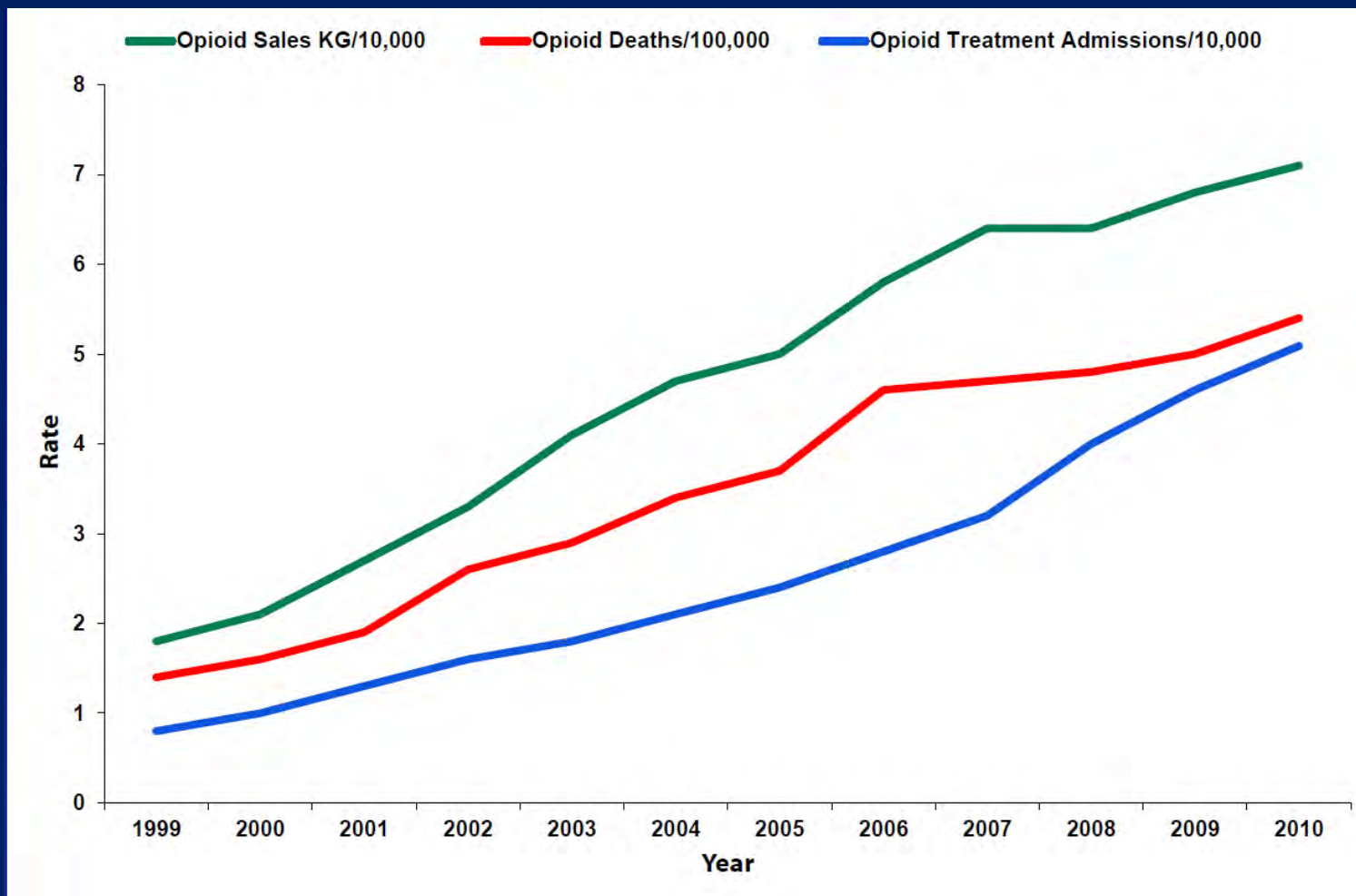
Hydrocodone

Hydromorphone

Oxycodone
Hydrocodone



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

U.S. Drug Enforcement Administration
Office of Diversion Control



Circle of Addiction & the Next Generation

Oxycodone
Combinations

Percocet®

\$7-\$10/tab

Hydrocodone

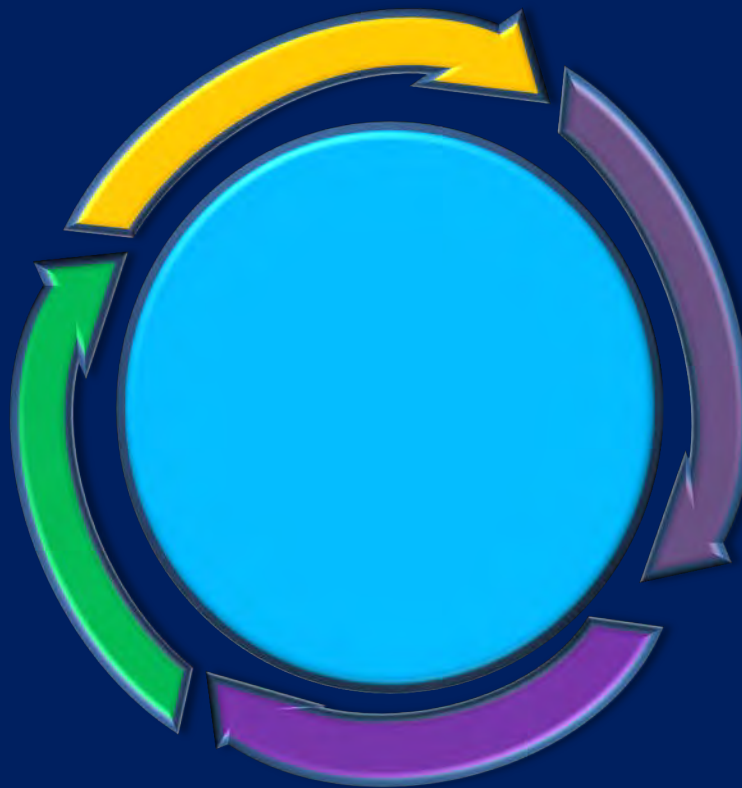
Lorcet®

\$5-\$7/tab

OxyContin®
\$80/tab

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

Heroin
\$10/bag



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The Examiner

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WEDNESDAY, DECEMBER 5, 2012

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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

Post Nation

More people died from heroin overdoses in New York City last year than any year since 2003



By **Mark Berman** August 28 Follow @themarkberman

The number of people who died from unintentional heroin overdoses in New York City last year was the highest toll the city has seen in a decade, according to [data released Thursday](#) by the city's Department of Health and Mental Hygiene.

In New York, where the overall rate of drug overdose deaths has dramatically risen since 2010, there is a national problem playing out across the city's streets. The number of overdoses involving heroin in the city has significantly increased since 2010, accounting for more than half of New York City's overdoses last year. And more than three-quarters of the overdoses in the city involved an opioid of some kind.

This information comes amid a pair of national epidemics operating in tandem: A [surge in heroin usage](#) nationwide has been accompanied by a [much larger opioid epidemic](#), with drugs such as oxycodone and

Advertisement

Source: The Washington Post, August 28, 2014
<http://www.washingtonpost.com/news/post-nation/wp/2014/08/28/more-people-died-from-heroin-overdoses-in-new-york-city-last-year-than-any-year-since-2003/>

Most Read National

1 4chan: The 'shock post' site that hosted the private Jennifer Lawre...



2 Leaks of nude celebrity photos raise concerns about security of the cl...





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	107,272	87,249
2010	104,676	84,170
2011	109,049	86,513
2012	127,568	101,512
2013	142,433	114,1485



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

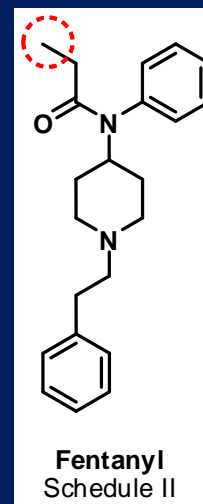
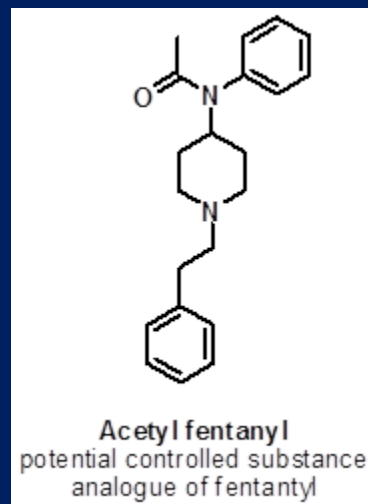
Acetylfentanyl

- Chemically-modified derivative of the powerful prescription painkiller Fentanyl
- is reportedly “50 times more potent than heroin and 100 times stronger than morphine
- May 2013 - 10,000 pills of “Desmethy Fentanyl” intercepted in Montreal— hidden inside a microwave oven and a toaster destined for Colorado
 - Additional 1,500 kilograms of various raw materials; enough to make an additional 3 million pills seized



Acetylfentanyl

- RI Medical Examiner's Office regarding twelve (**12**) overdose deaths in March/April 2013
- Preliminary Lab/Toxicology reports attribute OD deaths to Acetylfentanyl
 - 5 of 12 overdose deaths occurred in Woonsocket, RI
 - May 16, 2013 two individuals arrested in Woonsocket, RI in possession of 28 grams of suspected Acetyl fentanyl
 - Attempts will be made to confirm link to OD deaths



Synthetic Opioid AH-79216

- Synthetic Opioid
- Mimics heroin
- 21 overdose deaths associated in Europe
- Relatively new in US market
Seized in Reno, NV
- Dealer attempting to get a substance that is “not an analogue”
- This is marketed as “badger repellant”



W-15 (Synthetic Opioid)

#1

04-08-2013, 09:07 PM


xool
Peasant

Join Date: Jan 2009

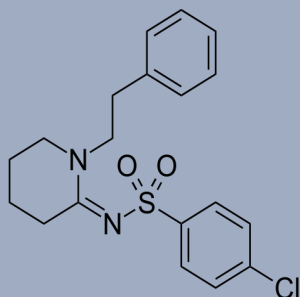
Thanks: 28

Thanked 11 Times in 7 Posts

W-15 (New RC opioid)

Noticed a few vendors stocking W-15 recently. Seriously little info available on it, but I thought there might be a few people here interested. Apparently it's about 5x more potent than morphine. That's all I've really found out, so here's some pics! 

Looks like this:



Hopefully a few knowledgeable people will have some insight. 😊

UPDATE: Found an experience report whilst searching. It's on reddit:http://www.reddit.com/r/opiates/comm...ort_rc_opiate/

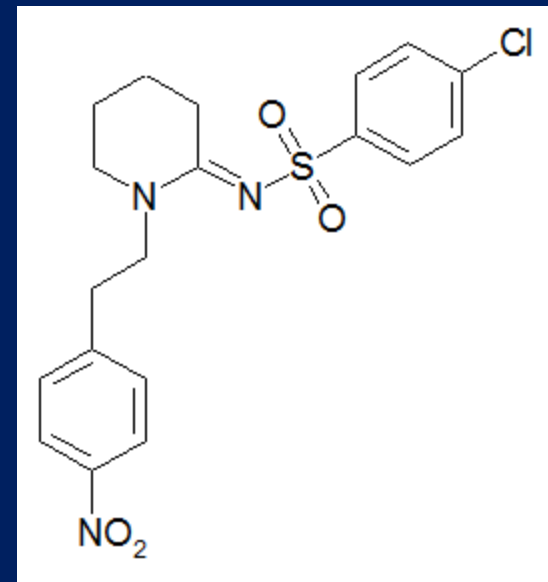
According to that, doesn't look very promising :/

Last edited by xool; 04-08-2013 at 09:15 PM.



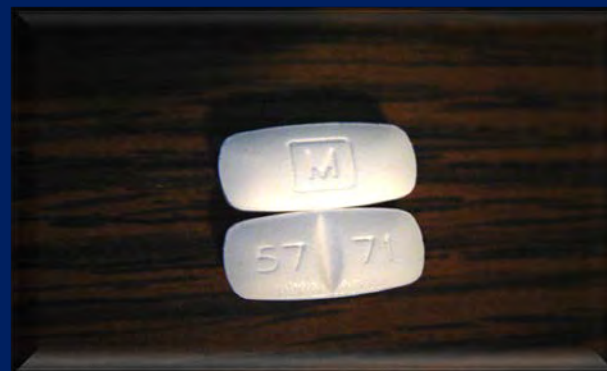
W-18 (Synthetic Opioid)

- **-(4-Nitrophenylethyl)piperidylidene-2-(4-chlorophenyl)sulfonamide (W-18)** is a potent [μ-opioid](#) agonist with a distinctive chemical structure which is not closely related to other established families of opioid drugs.
- This compound was found to be around 10,000x more potent than [morphine](#) in animal studies, however due to its structural differences from other opioid drugs it would be difficult to represent as being "[substantially similar in chemical structure](#)" to any controlled drugs. This makes it likely that it would not be illegalized under drug analog laws.
- **Nitrophenylethyl)piperidylidene-2-(4-chlorophenyl)sulfonamide**





Methadone- 5mg & 10mg



Mallinckrodt Pharmaceuticals 5 mg & 10mg

Methadone 40 mg



NDC 0406-0540-34

100 TABLETS

METHADOSE™
Dispersible Tablets **C**
(Methadone Hydrochloride
Tablets for Oral Suspension USP)

40 mg

Each tablet contains:
Methadone Hydrochloride USP..... 40 mg
Rx only

Mallinckrodt

U.S. Drug Enforcement Administration
Office of Diversion Control

Usual Dosage:
See accompanying literature for dosage.

Keep tightly closed.

Dispense in a tight container (USP) with a child-resistant closure.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Do not accept if seal over bottle opening is broken or missing.

Mallinckrodt Inc.,
Hazelwood, MO 63042 USA.

COVIDIEN™



State Ranking* - Methadone

January – December 2013

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	76,770,300	12	GA	17,349,100	23	NV	8,426,800	34	ID	4,893,800	45	NM	2,064,900
2	FL	43,294,600	13	IN	16,977,500	24	IL	8,152,000	35	CT	4,523,200	46	NE	1,940,000
3	MI	27,065,900	14	VA	13,664,800	25	LA	7,477,600	36	NH	3,986,000	47	RI	1,193,700
4	WA	24,649,700	15	MA	12,565,800	26	AR	6,996,100	37	WV	3,745,000	48	SD	763,900
5	TX	23,886,000	16	TN	11,459,400	27	CO	6,622,900	38	MS	3,150,800	49	WY	735,800
6	NY	23,757,900	17	MD	11,249,100	28	UT	6,427,100	39	IA	3,137,600	50	ND	727,100
7	PA	21,758,600	18	AZ	10,765,700	29	OK	6,415,000	40	HI	2,569,900	51	DC	294,400
8	NC	19,959,900	19	WI	9,665,400	30	SC	6,375,200	41	DE	2,519,000	52	PR	40,700
9	OH	18,541,800	20	KY	9,457,500	31	MN	5,889,700	42	AK	2,354,800	53	GU	34,600
10	OR	18,324,700	21	NJ	8,924,100	32	KS	5,275,500	43	VT	2,352,000	54	VI	15,600
11	AL	8,584,900	22	MO	8,584,900	33	ME	5,076,000	44	MT	2,187,700	55	AS	0

*** Business Activity - Retail Pharmacies**

Treatment of Narcotic Addiction



WHY IS IT ALSO USED AS AN ANALGESIC?

Cheapest narcotic pain reliever – synthetic

Insurance companies

What's the problem?



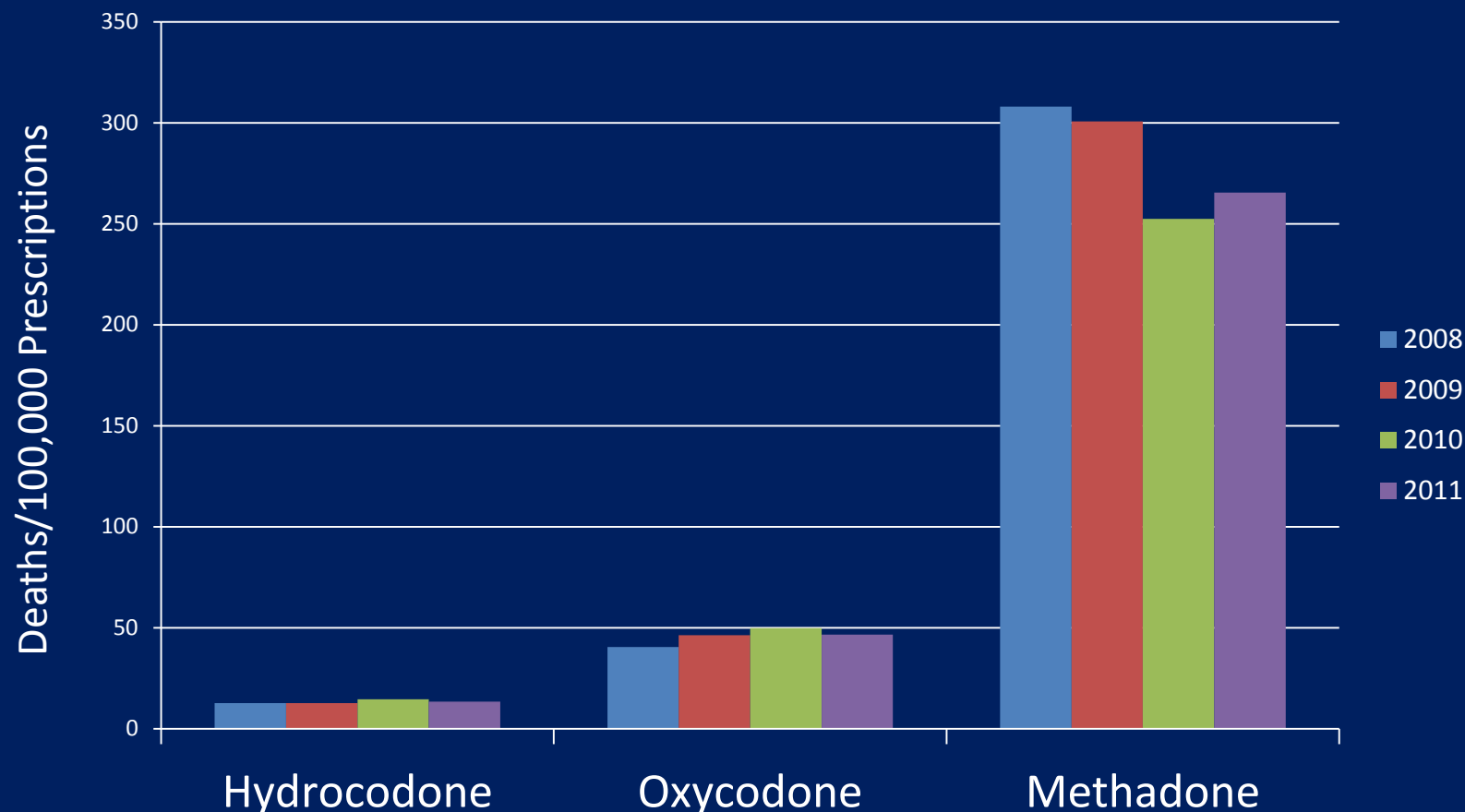
Overdose...Why?

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



Florida Deaths Per 100,000 Prescriptions

2008-2011



- Sources:
- Death Data : Florida Department of Law Enforcement, "Drugs Identified in Deceased Persons by Florida Medical Examiners"
- Prescription Data: IMS Exponent, State Level: Florida Retail Prescription Data



One Pill can Kill

CE Article: (ACOME, CMI, ACEP) 1 CE credit for this article

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.

Name _____ Date _____
Address _____

Rx

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.

The Methadone Poisoning by Jonathan J. Lipman, Ph.D.

U.S. Drug Enforcement Administration
Office of Diversion Control

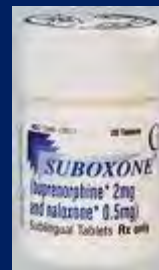
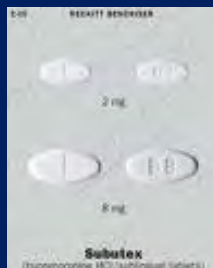
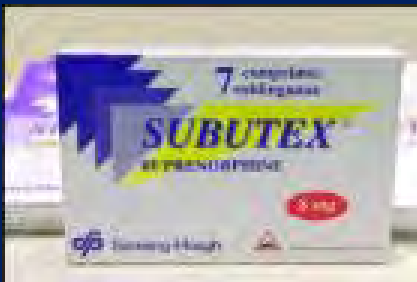


Other FDA Approved Drugs for Narcotic Addiction Treatment

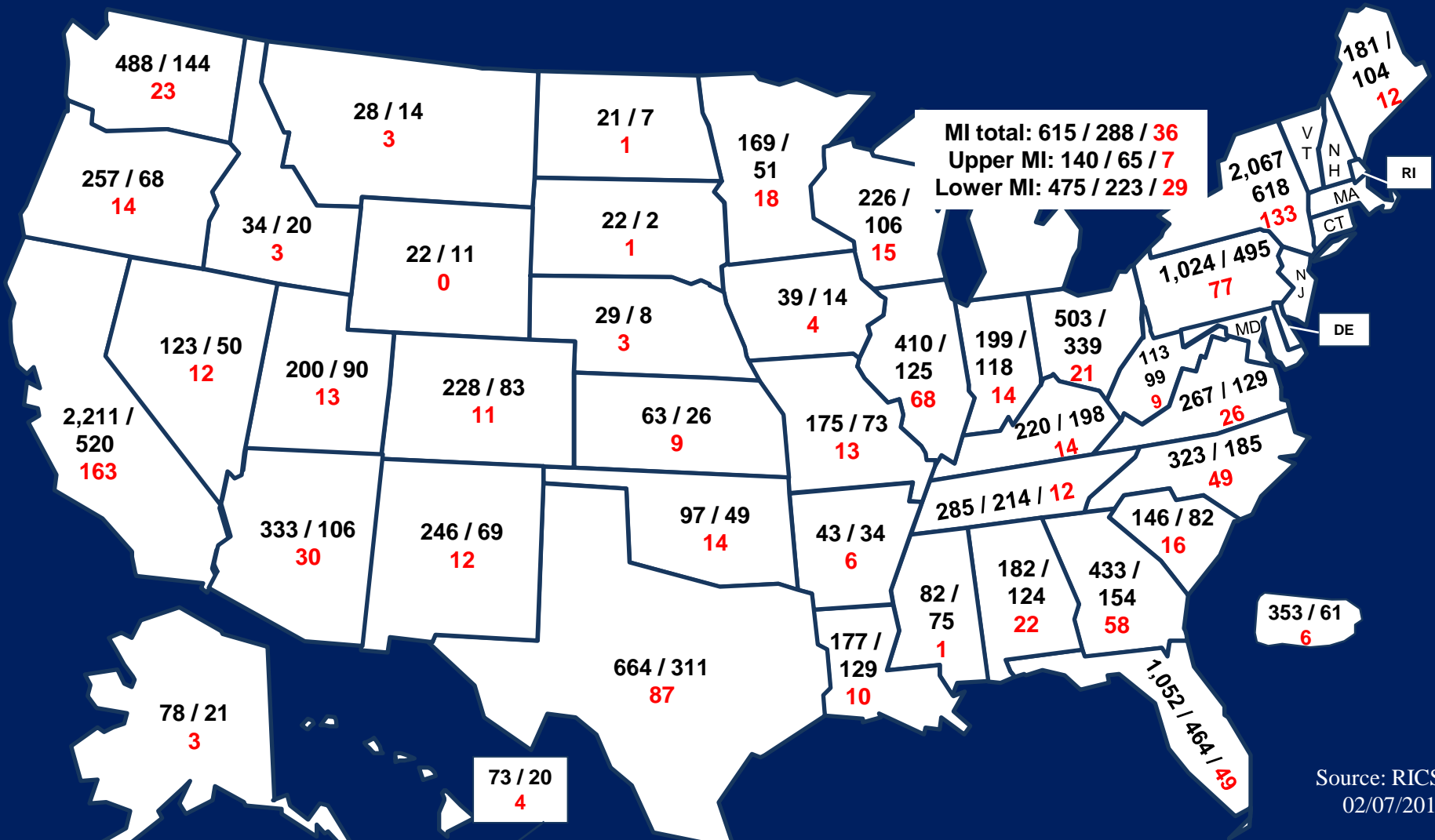
➤ Schedule III

– Buprenorphine – Drug Code 9064

- Subutex (sublingual, single entity tablet)
- Suboxone (sublingual, buprenorphine/naloxone tablet)



Current DATA-Waived (DW) Practitioners and Narcotic Treatment Programs (NTP), by State



Source: RICS,
02/07/2014

Key: 1st number = DW 30 (17,333)
 2nd number = DW 100 (7,169)
 3rd number = NTP (1,344)

State	DW30	DW100	NTPs
VT	133	43	10
NH	56	37	8
MA	845	395	61

State	DW30	DW100	NTPs
CT	333	153	38
RI	113	66	17
NJ	624	281	35

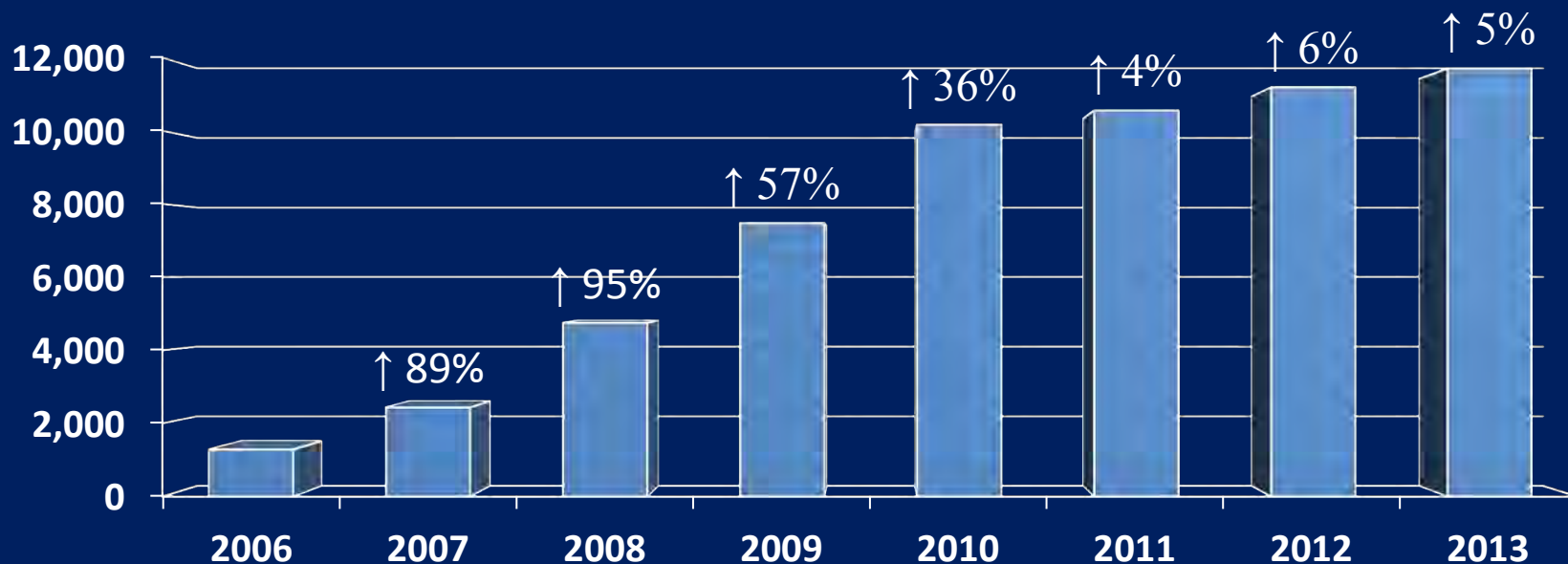
State	DW30	DW100	NTPs
DE	55	31	9
MD	587	247	65
DC	74	15	5



Buprenorphine

Federal, State and Local Laboratory Exhibits

(Sources: NFLIS and STRIDE)





States With the Highest Number of Buprenorphine Laboratory Exhibits

(Source: NFLIS - State and Local Forensic Laboratories)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
MA	4	125	291	516	815	940	904	1,296	1,391	1,008	616	7,906
MD	0	6	20	109	255	644	820	1,107	1,148	1,222	1,081	6,412
PA	0	18	39	185	288	545	934	1,111	1,179	989	912	6,200
NJ	4	9	37	72	146	334	507	624	603	669	808	3,813
NY	2	4	12	34	87	298	448	649	691	787	711	3,723



Benzodiazepines



Trade Name: Valium
Controlled Ingredient: diazepam,
10 mg



Trade Name: Valium
Controlled Ingredient: diazepam,
5 mg



Trade Name: Valium
Controlled Ingredient: diazepam,
2 mg



Alprazolam (Schedule IV)

- Brand name formulation of *Xanax*®
- Anti-anxiety agent used primarily for short-term relief of mild to moderate anxiety
- Part of the class of drugs called benzodiazepines, more commonly referred to as 'benzos'
- Extremely addictive
 - Once dependence has occurred, Xanax makes it markedly more difficult for individuals to successfully self-detox than other benzodiazepines \$2.00-\$2.50 for 2mg dosage unit.





Alprazolam Xanax[®] (Z-bars)

- Drug abusers often prefer alprazolam due to its rapid onset and longer duration of action
- Alprazolam was ranked third in the number of prescriptions for controlled substances in 2003, 2004, 2005 and 2006*
- For all sales of generic pharmaceuticals, alprazolam was ranked 7th**

* Source IMS Health

** Source Verispan VONA





Stimulants

Amphetamine Salts C-II

➤ Adderall ® C-II



Methylphenidate C-II

➤ Ritalin®

➤ Concerta®





Ritalin® / Concerta® / Adderall

Used legitimately to treat ADHD

Used non-medically to get high and as an academic “performance-enhancer” to improve memory and improve concentration – gain the edge

Higher GPA

Higher SAT / ACT score

Get that scholarship



Parents' Lax Attitudes and Permissiveness

- Approximately 29% of parents surveyed say they believe ADHD medication can improve a child's academic or testing performance, even if the teen does not have ADHD

Teen Attitudes

- ✓ **31%** believe prescription drugs (Ritalin or Adderall) can be used as study aids.
- ✓ **29%** believe taking a larger dose than prescribed to them is okay as long as they are not getting high.





ADHD Drugs

- 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

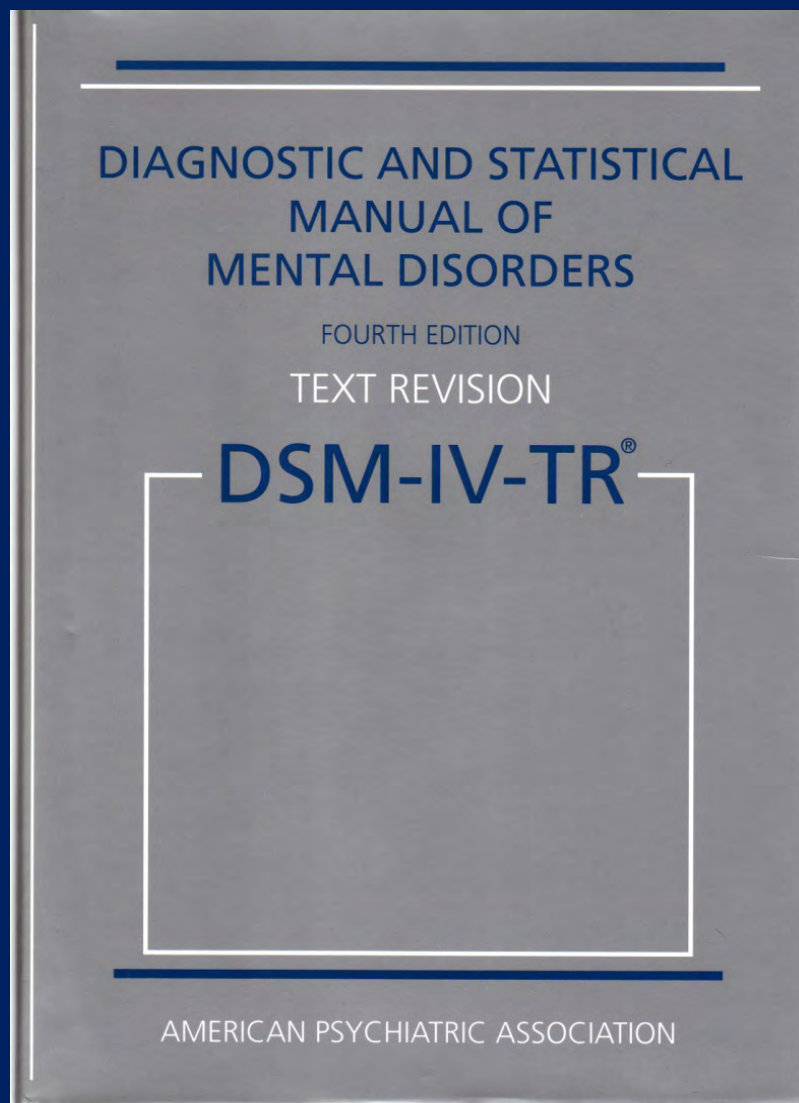


Trends in Abuse of Ritalin/Adderall

- One in eight teens (about 2.7 million) now reports having misused or abused these prescription stimulants at least once in their lifetime
- 9% of teens (about 1.9 million) report having misused or abused these prescription stimulants in the past year (up from 6% in 2008)
- 6% of teens (about 1.3 million) report abuse of these prescription stimulants in the past month (up from 4% in 2008)
- One in four teens (26%) believes that prescription drugs can be used as a study aid
- More than one in five teens (22%) says there is little or no risk in using Ritalin/Adderall without a prescription



REQUIRED READING



Attention-Deficit and Disruptive Behavior Disorders

Attention-Deficit/Hyperactivity Disorder

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)

culty sustaining attention in tasks or play activities and often find it hard to persist with tasks until completion (Criterion A1b). They often appear as if their mind is elsewhere or as if they are not listening or did not hear what has just been said (Criterion A1c). There may be frequent shifts from one uncompleted activity to another. Individuals diagnosed with this disorder may begin a task, move on to another, then turn to yet something else, prior to completing any one task. They often do not follow through on requests or instructions and fail to complete schoolwork, chores, or other duties (Criterion A1d). Failure to complete tasks should be considered in making this diagnosis only if it is due to inattention as opposed to other possible reasons (e.g., failure to understand instructions, defiance). These individuals often have difficulties organizing tasks and activities (Criterion A1e). Tasks that require sustained mental effort are experienced as unpleasant and markedly aversive. As a result, these individuals typically avoid or have a strong dislike for activities that demand sustained self-application and mental effort or that require organizational demands or close concentration (e.g., homework or paperwork) (Criterion A1f). This avoidance must be due to the person's difficulties with attention and not due to a primary oppositional attitude, although secondary oppositionalism may also occur. Work habits are often disorganized and the materials necessary for doing the task are often scattered, lost, or carelessly handled and damaged (Criterion A1g). Individuals with this disorder

- Fails to give close attention to details...makes 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

- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

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

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

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

- 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

that requests be met, mood lability, demoralization, dysphoria, rejection by peers, and poor self-esteem. Academic achievement is often markedly impaired and deval-

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Conduct Disorder. The rates of co-occurrence of Attention-Deficit/Hyperactivity Disorder with these other Disruptive Behavior Disorders are higher than with other mental disorders, and this co-occurrence is most likely in the two subtypes marked by hyperactivity-impulsivity (Hyperactive-Impulsive and Combined Types). Other associated disorders include Mood Disorders, Anxiety Disorders, Learning Disorders, and Communication Disorders in children with Attention-Deficit/Hyperactivity Disorder. Although Attention-Deficit/Hyperactivity Disorder appears in at least 50% of clinic-referred individuals with Tourette's Disorder, most individuals with Attention-Deficit/Hyperactivity Disorder do not have accompanying Tourette's Disorder. When the two disorders coexist, the onset of the Attention-Deficit/Hyperactivity Disorder often precedes the onset of the Tourette's Disorder.

There may be a history of child abuse or neglect, multiple foster placements, neurotoxin exposure (e.g., lead poisoning), infections (e.g., encephalitis), drug exposure in utero, or Mental Retardation. Although low birth weight may sometimes be associated with Attention-Deficit/Hyperactivity Disorder, most children with low birth weight do not develop Attention-Deficit/Hyperactivity Disorder, and most children with Attention-Deficit/Hyperactivity Disorder do not have a history of low birth weight.

Associated laboratory findings. There are no laboratory tests, neurological assessments, or attentional assessments that have been established as diagnostic in the clin-

experience few demands for sustained attention. However, even the attention of toddlers can be held in a variety of situations (e.g., the average 2- or 3-year-old child can typically sit with an adult looking through picture books). Young children with Attention-Deficit/Hyperactivity Disorder move excessively and typically are difficult to contain. Inquiring about a wide variety of behaviors in a young child may be helpful in ensuring that a full clinical picture has been obtained. Substantial impairment has been demonstrated in preschool-age children with Attention-Deficit/Hyperactivity Disorder. In school-age children, symptoms of inattention affect classroom work and academic performance. Impulsive symptoms may also lead to the breaking of familial, interpersonal, and educational rules. Symptoms of Attention-Deficit/Hyperactivity Disorder are typically at their most prominent during the elementary grades. As children mature, symptoms usually become less conspicuous. By late childhood and early adolescence, signs of excessive gross motor activity (e.g., excessive running and climbing, not remaining seated) are less common, and hyperactivity symptoms may be confined to fidgetiness or an inner feeling of jitteriness or restlessness. In adulthood, restlessness may lead to difficulty in participating in sedentary activities and to avoiding pastimes or occupations that provide limited opportunity for spontaneous movement (e.g., desk jobs). Social dysfunction in adults appears to be especially likely in those who had additional concurrent diagnoses in childhood. Caution should be exercised in making the diagnosis of Attention-Deficit/Hyperactivity Disorder in adults solely on the basis of the adult's recall of being inattentive or hyperactive as a child, because the validity of such retrospective data is



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 Seekers

- Drug rings
- Doctor-shopping
- Forged / fraudulent / altered prescriptions

➤ The medicine cabinet / obituaries

➤ The Internet

➤ Pain Clinics



Where are the Pharmaceuticals Coming From?

- Friends and Family for Free
- Medicine Cabinet
- Doctor Shopping
- Internet
- Pain Clinics



Prescription Fraud

➤ Fake prescriptions

- Highly organized
- Use real physician name and DEA Registrant Number
 - Contact Information false or “fake office”
 - (change locations often to avoid detection)
- Prescription printing services utilized
 - Not required to ask questions or verify information printed

➤ Stolen prescriptions

- Forged
- “Smurfed” to a large number of different pharmacies



Criminal Activity



Doctor Shopping



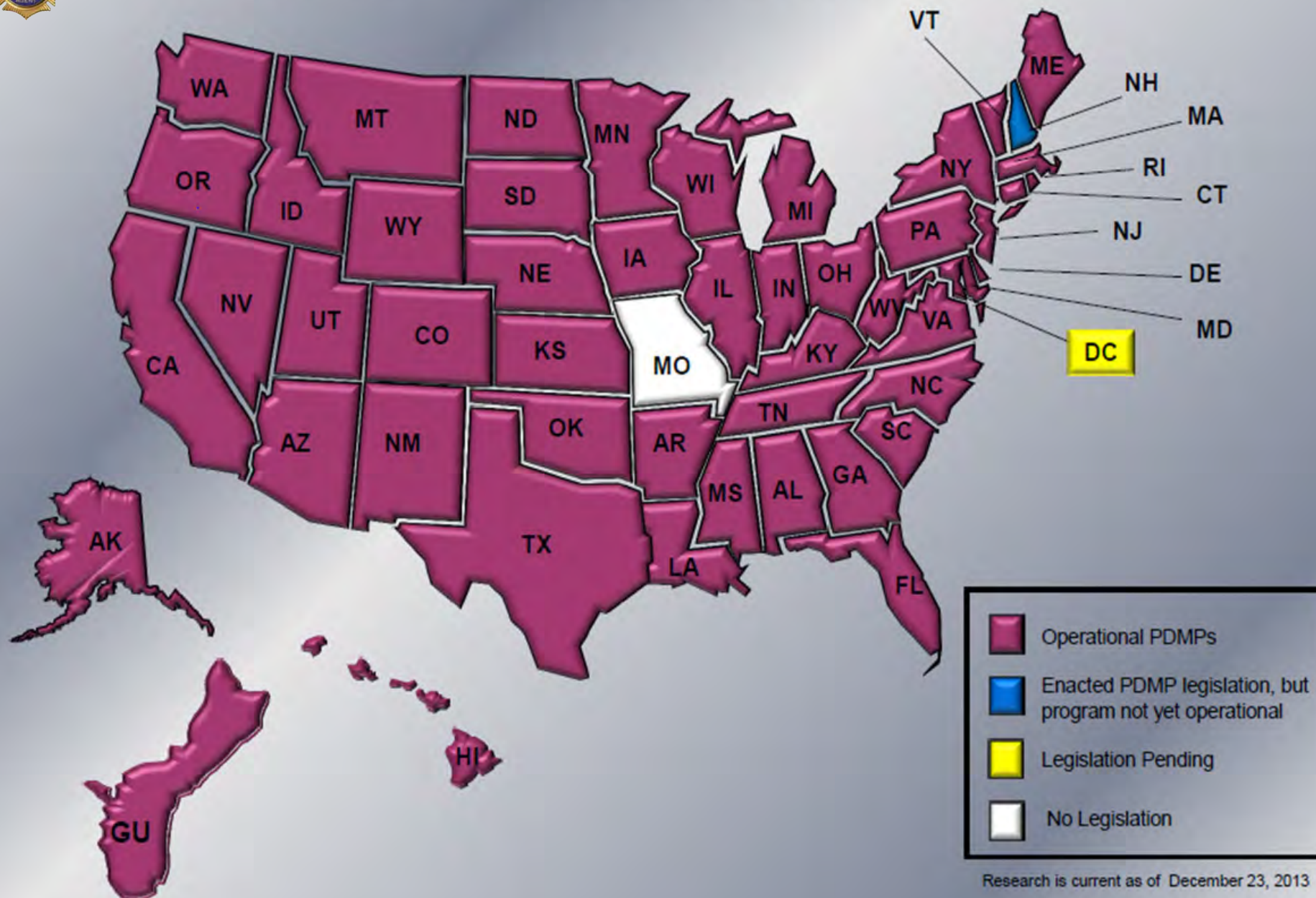


Prescription Drug Monitoring Programs



Status of Prescription Drug Monitoring Programs (PDMPs)

** To view PDMP Contact information, hover the mouse pointer over the state abbreviation*



Research is current as of December 23, 2013



Mandatory PDMP review before prescribing CS?



Pharmacist access to PDMP



Standard of Care



National Association of Boards of Pharmacy



Diversion via the Internet



Domestic 'Rx' Flow

1. Consumer in Montana orders hydrocodone on the Internet

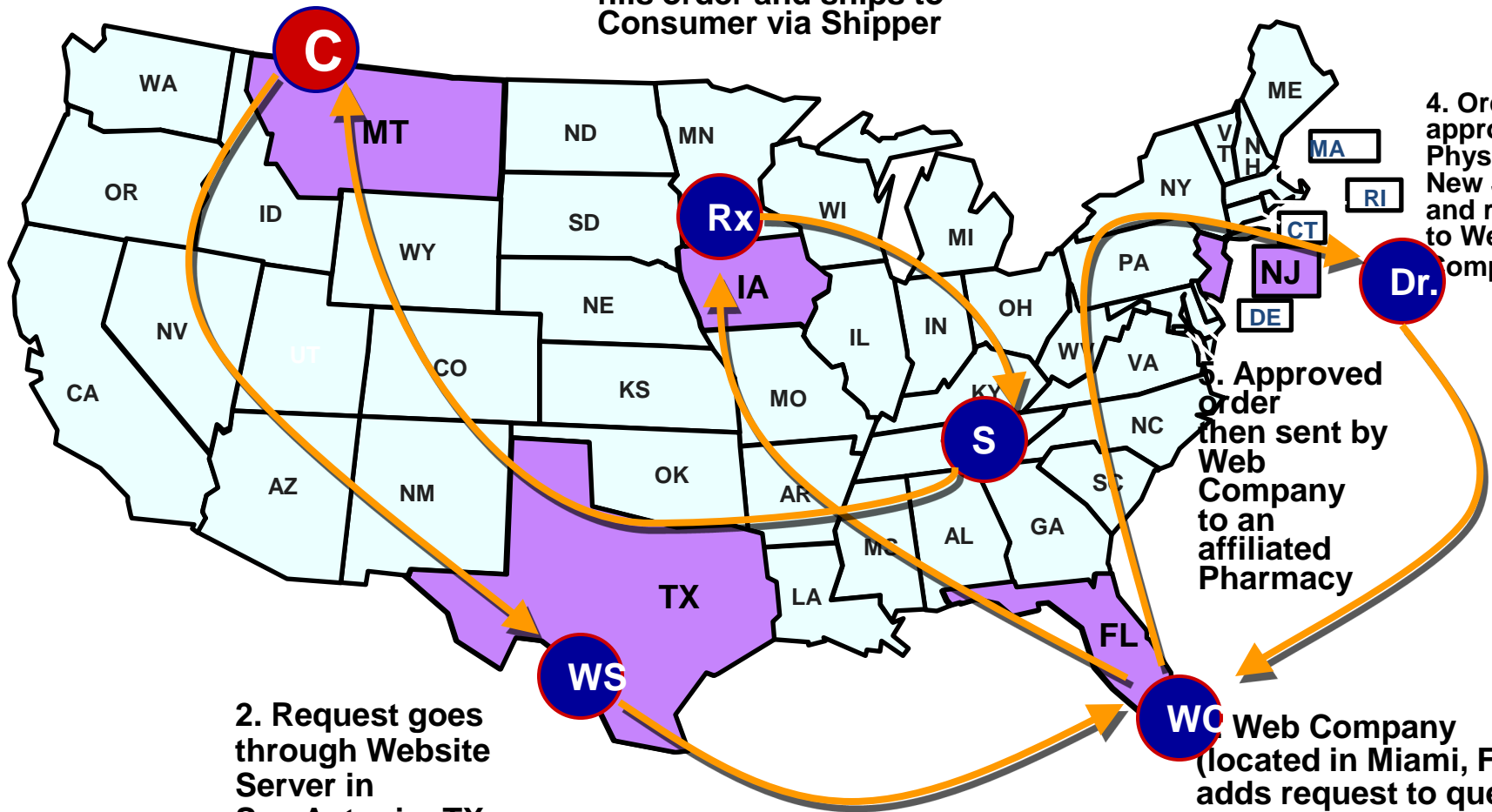
6. Pharmacy in Iowa fills order and ships to Consumer via Shipper

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

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

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

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





New Felony Offense Internet Trafficking - 10/15/2008

- 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)

What has been the reaction????



Per Se Violations

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

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



Current CSA Registrant Population

Total Population: 1,522,913

➤ Practitioner	-	1,177,306
➤ Mid-Level Practitioner	-	246,443
➤ Pharmacy	-	69,794
➤ Hospital/Clinic	-	16,045
➤ Teaching Institution	-	312
➤ Manufacturer	-	543
➤ Distributor	-	839
➤ Researcher	-	7,336
➤ Analytical Labs	-	1,524
➤ NTP	-	1,365
➤ Importer/Exporter	-	476
➤ ADS Machine	-	755
➤ Chemicals	-	1,005



SOOOO...How many have applied for registration for Internet Pharmacy Operations????

43 applications filed

23 withdrawn

7 applications filed in error

12 pending

NONE APPROVED



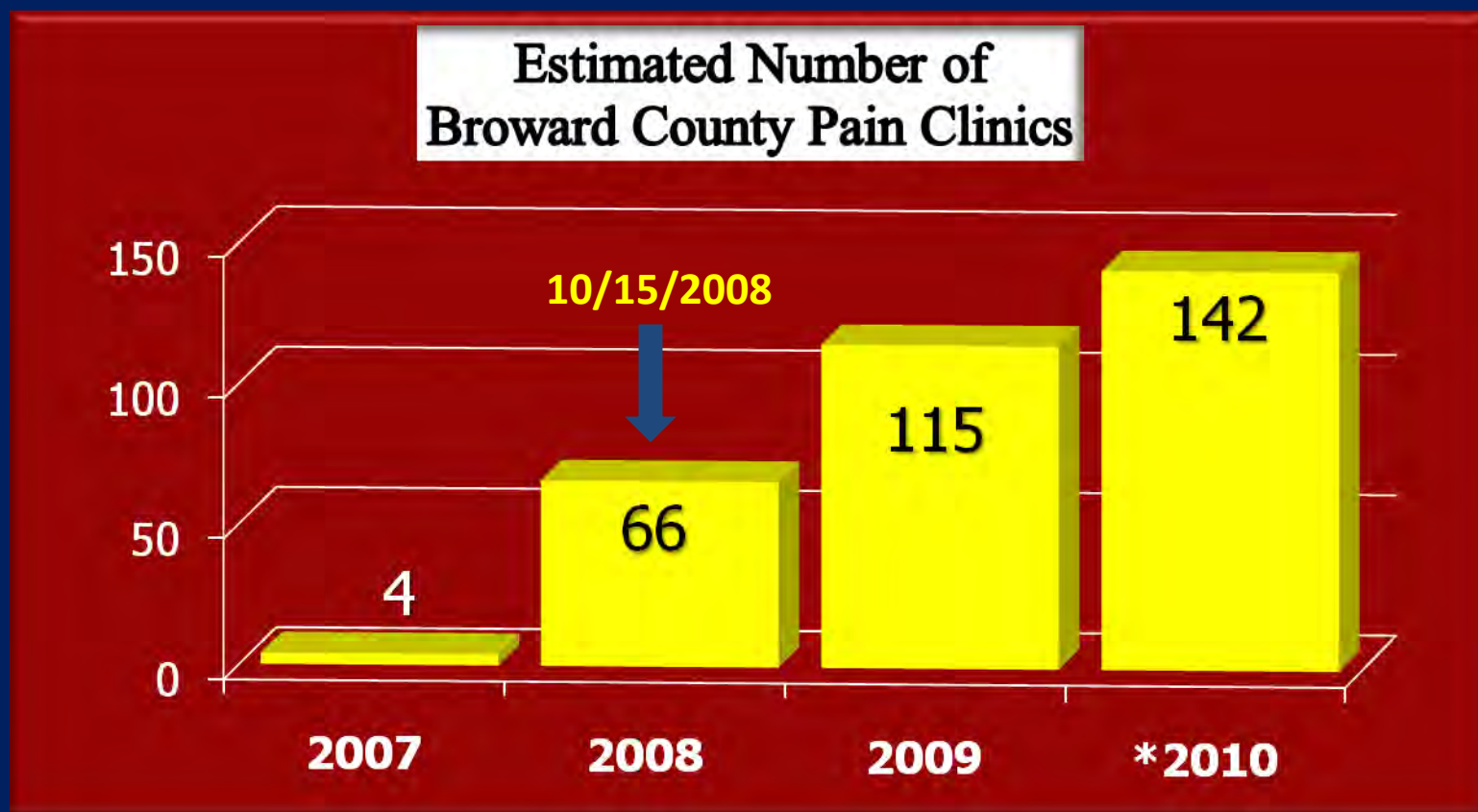
What took the place of Internet Medical Care and Internet CS pharmaceutical Distribution



Pain Clinics



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



NFLIS – Federal, State, and local cases reported

	Hydrocodone	Oxycodone
2002	9,376	8,288
2003	12,130	9,715
2004	16,401	13,492
2005	21,190	14,643
2006	24,984	17,927
2007	30,637	22,425
Ryan-Haight →	2008	33,731
	2009	38,084
	2010	39,444
	2011	37,483
	2012	35,140
	2013*	26,844
		31,897



Medical Care ?

- Many of these clinics are prescription/dispensing mills
- Minimal practitioner/patient interaction



Increased Law Enforcement Pressure

- Clinics migrating north and west
- Funded by owners in Florida



MIGRATION OF PAIN CLINICS





MIGRATION OF PAIN CLINICS





MIGRATION OF PAIN CLINICS



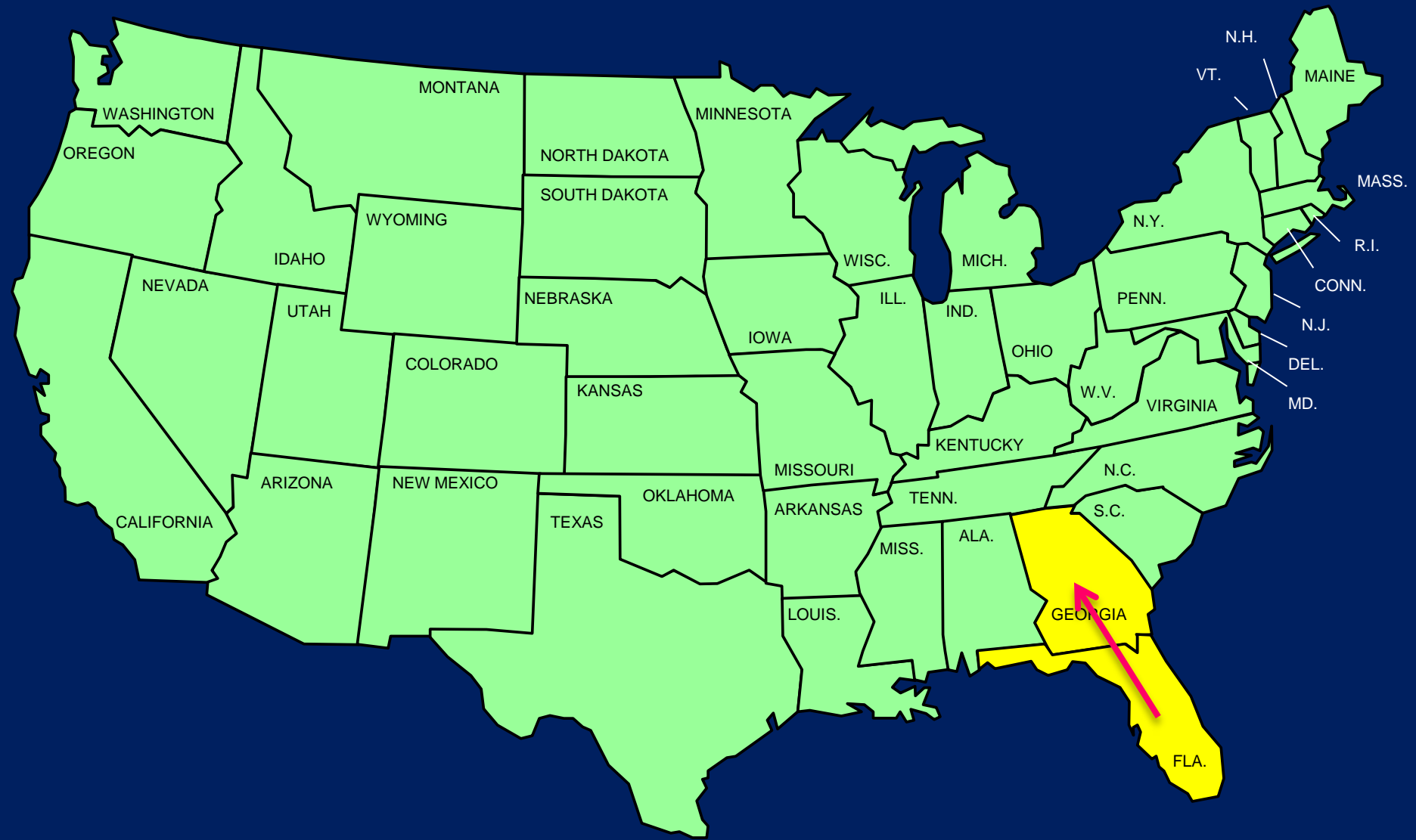


MIGRATION OF PAIN CLINICS



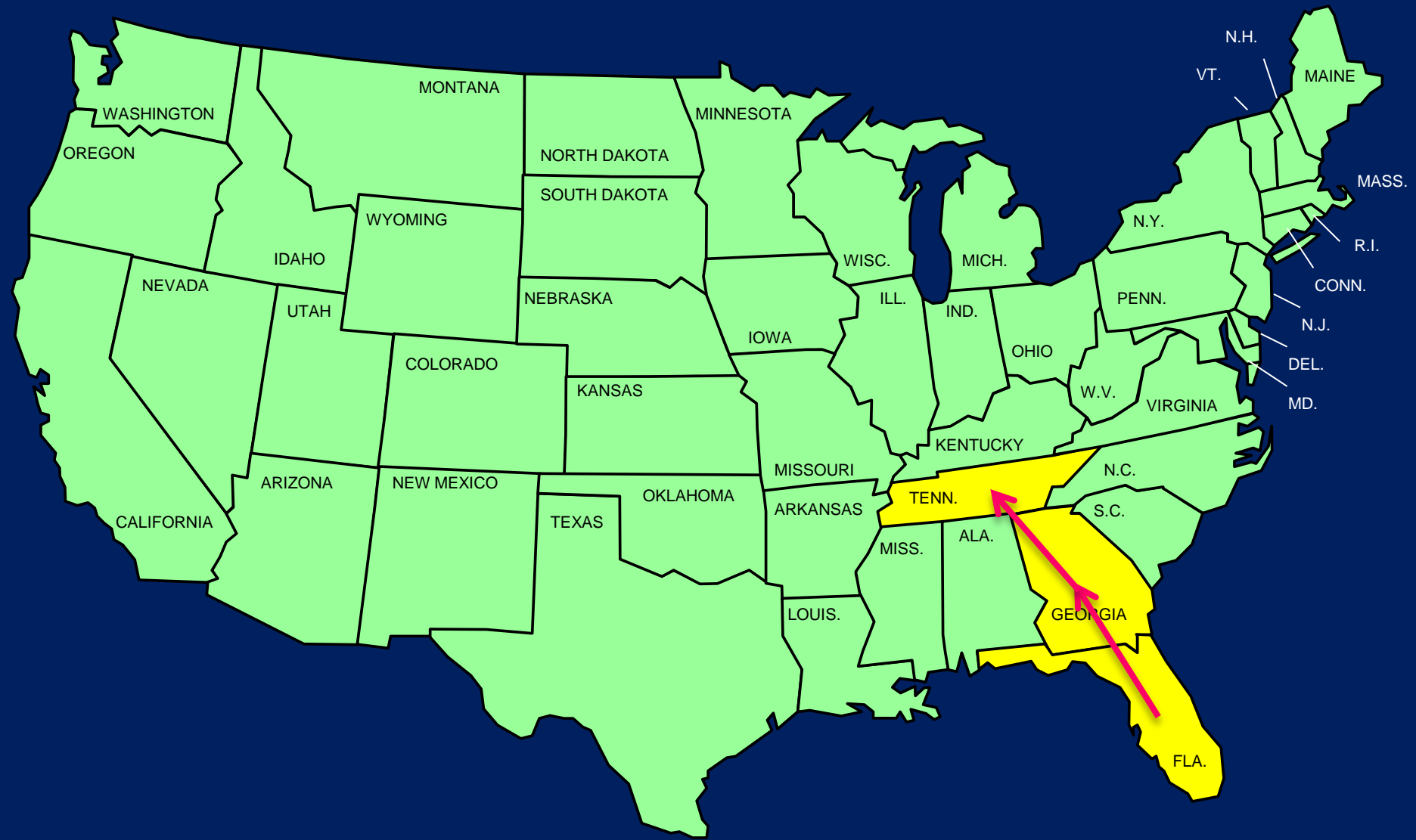


MIGRATION OF PAIN CLINICS





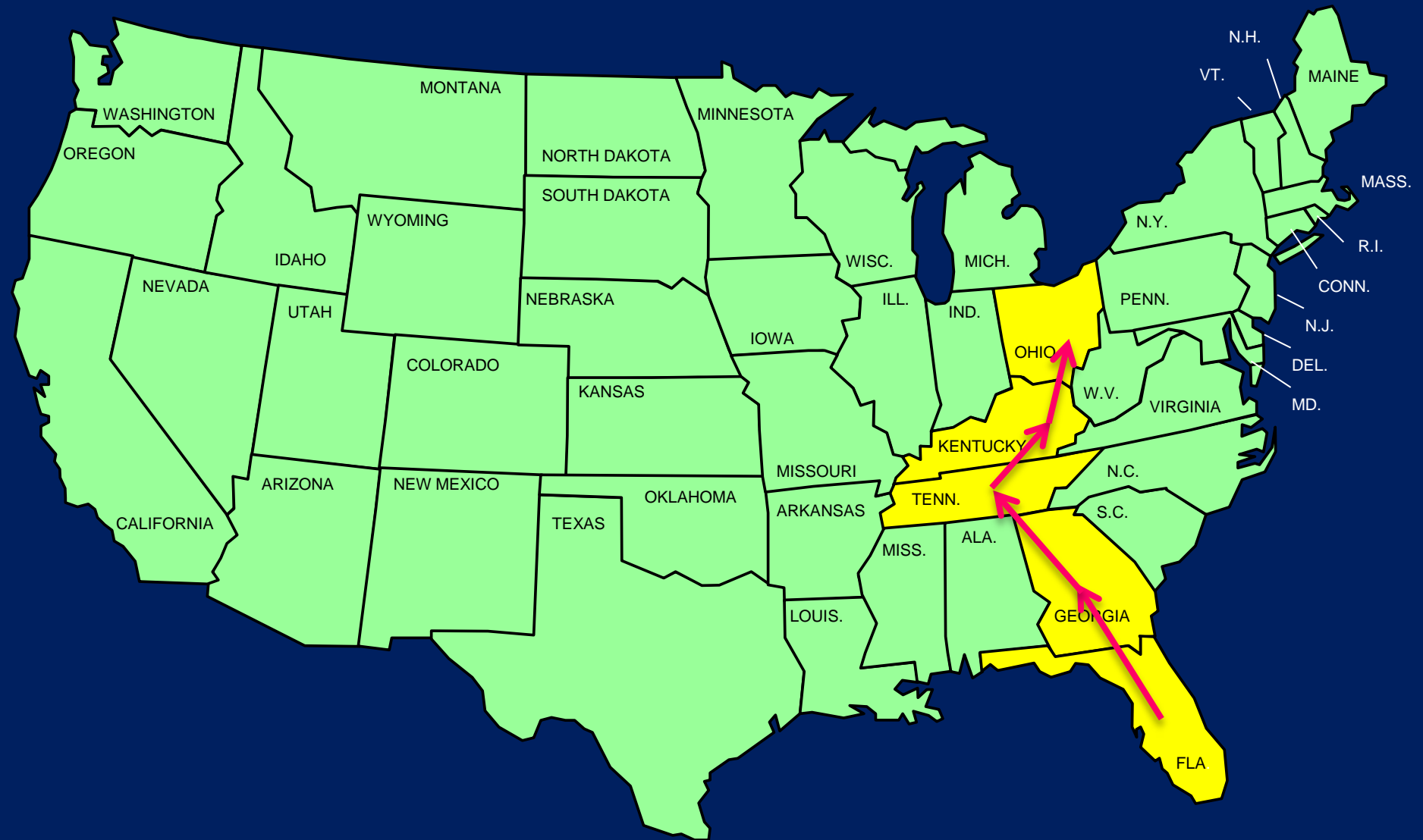
MIGRATION OF PAIN CLINICS





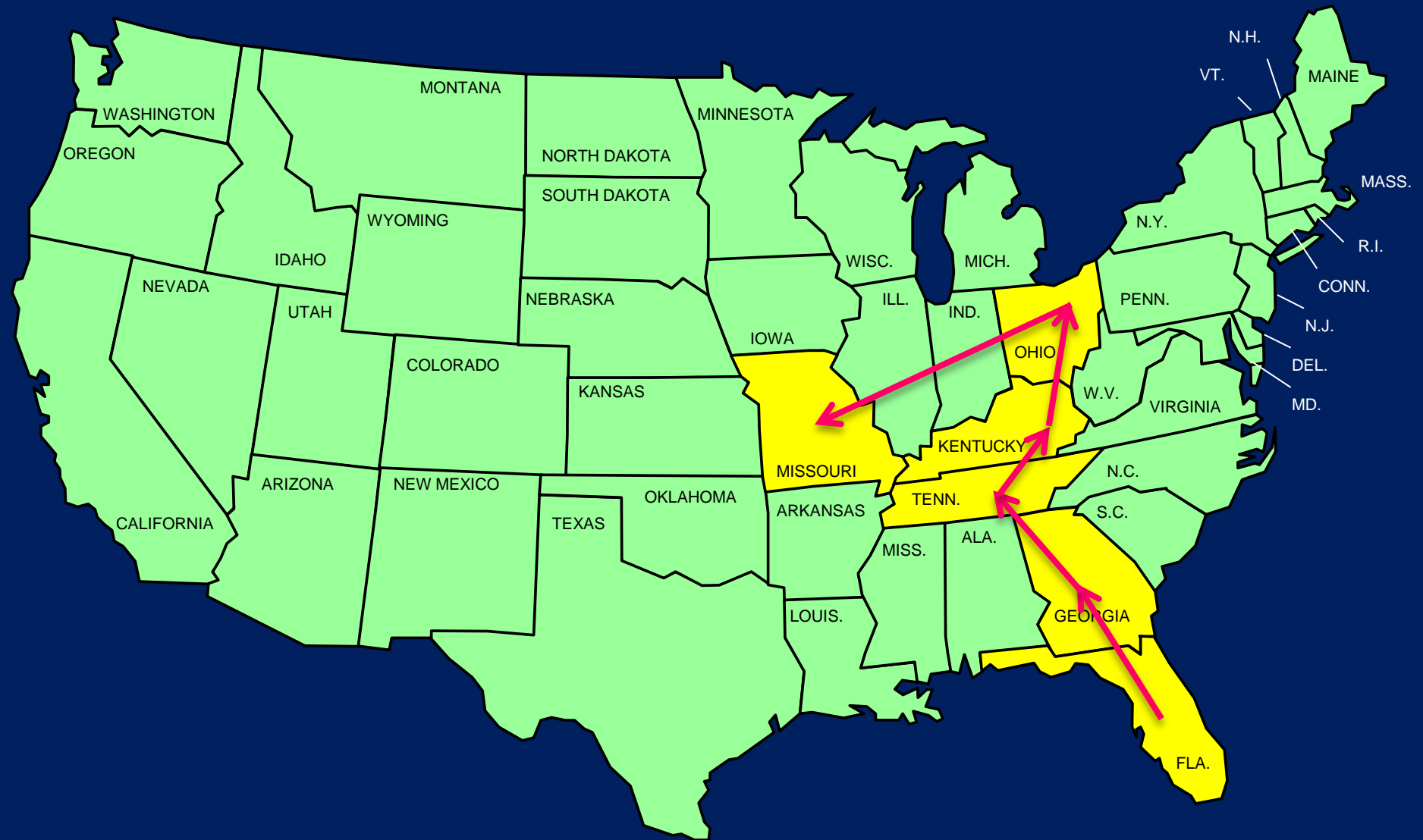


MIGRATION OF PAIN CLINICS





MIGRATION OF PAIN CLINICS



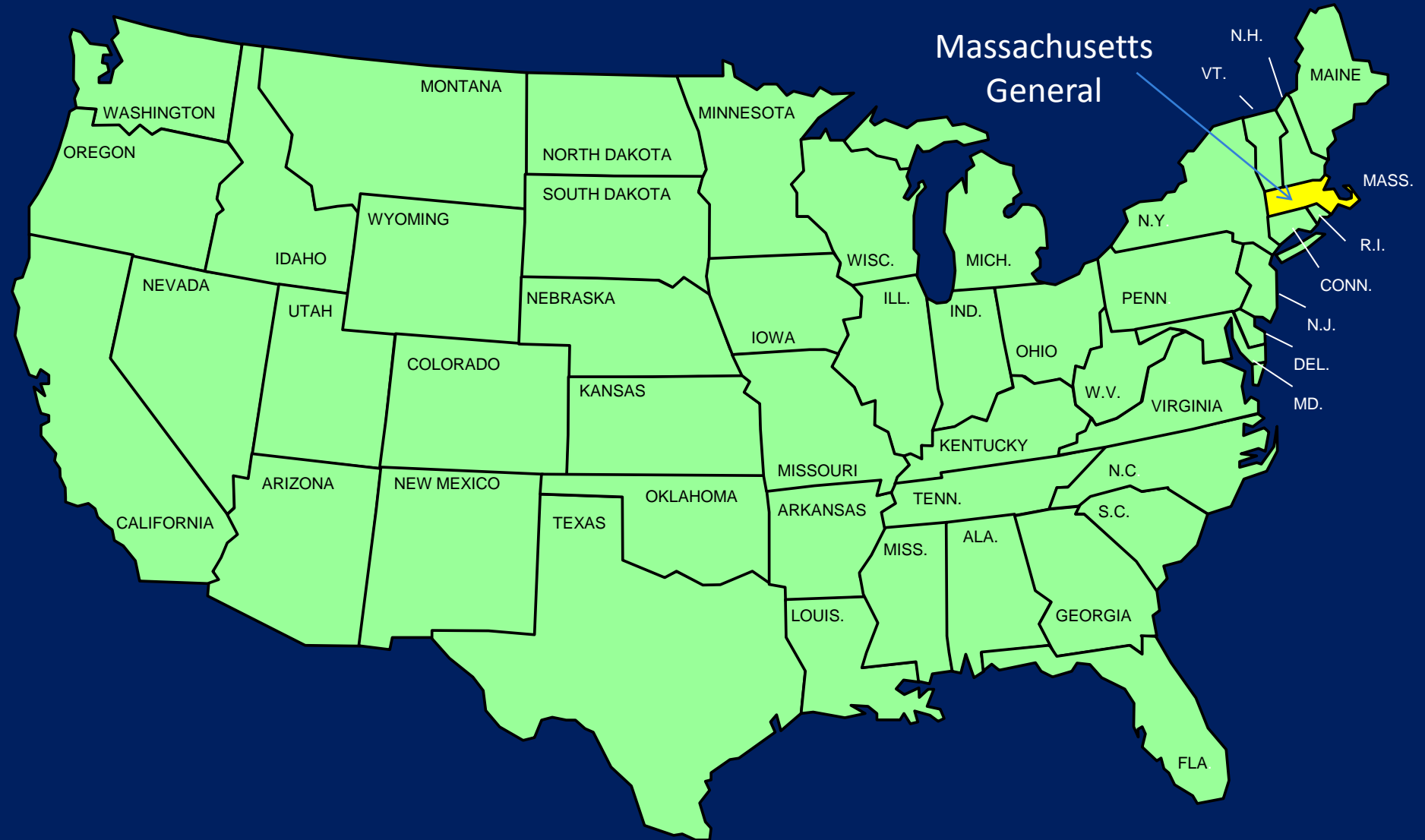


‘The Florida Migration’

- Vast majority of ‘patients’ visiting Florida “pain clinics” come from out-of-state:
 - Georgia
 - Kentucky
 - Tennessee
 - Ohio
 - Massachusetts
 - New Jersey
 - North and South Carolina
 - Virginia
 - West Virginia

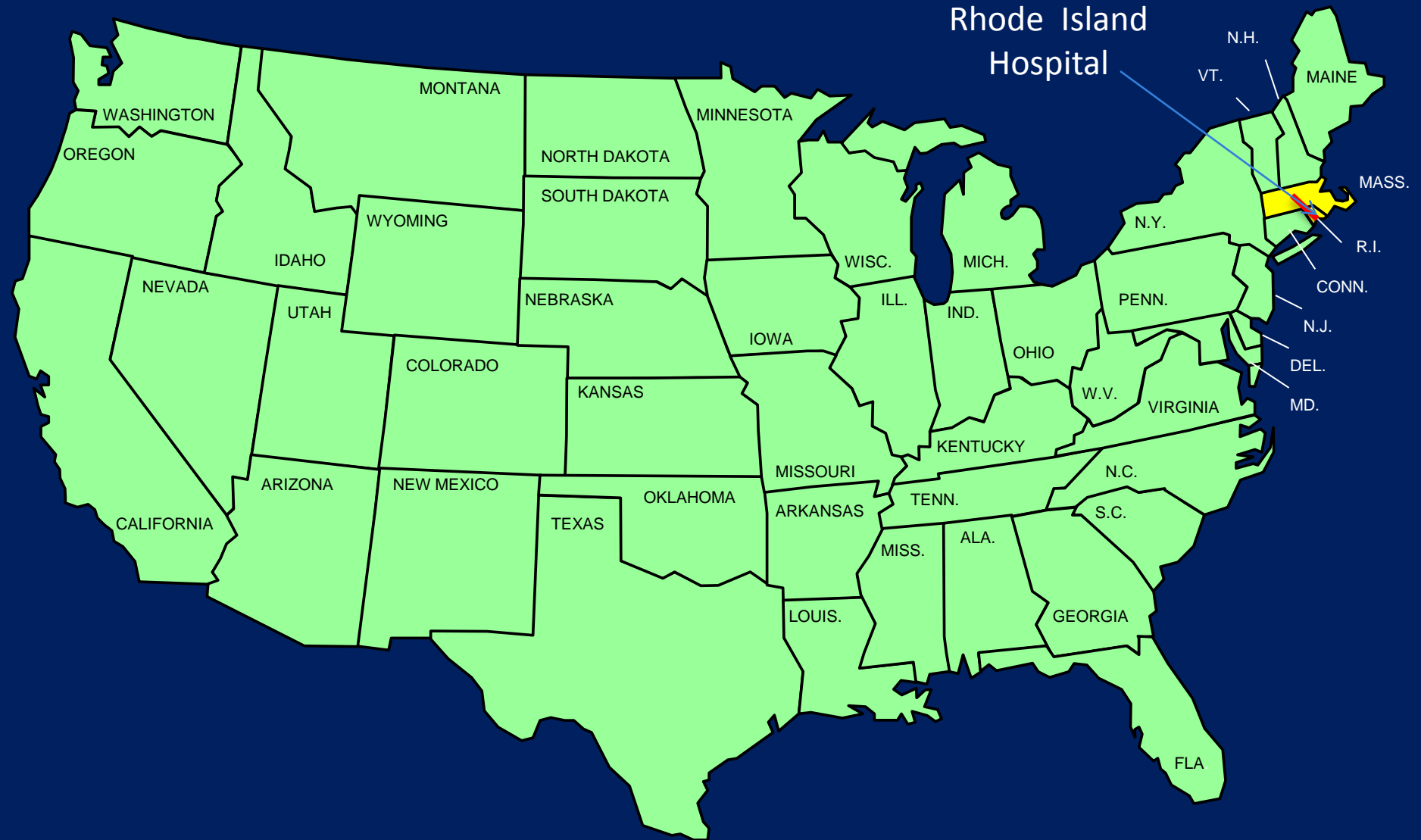


THE MIGRATION





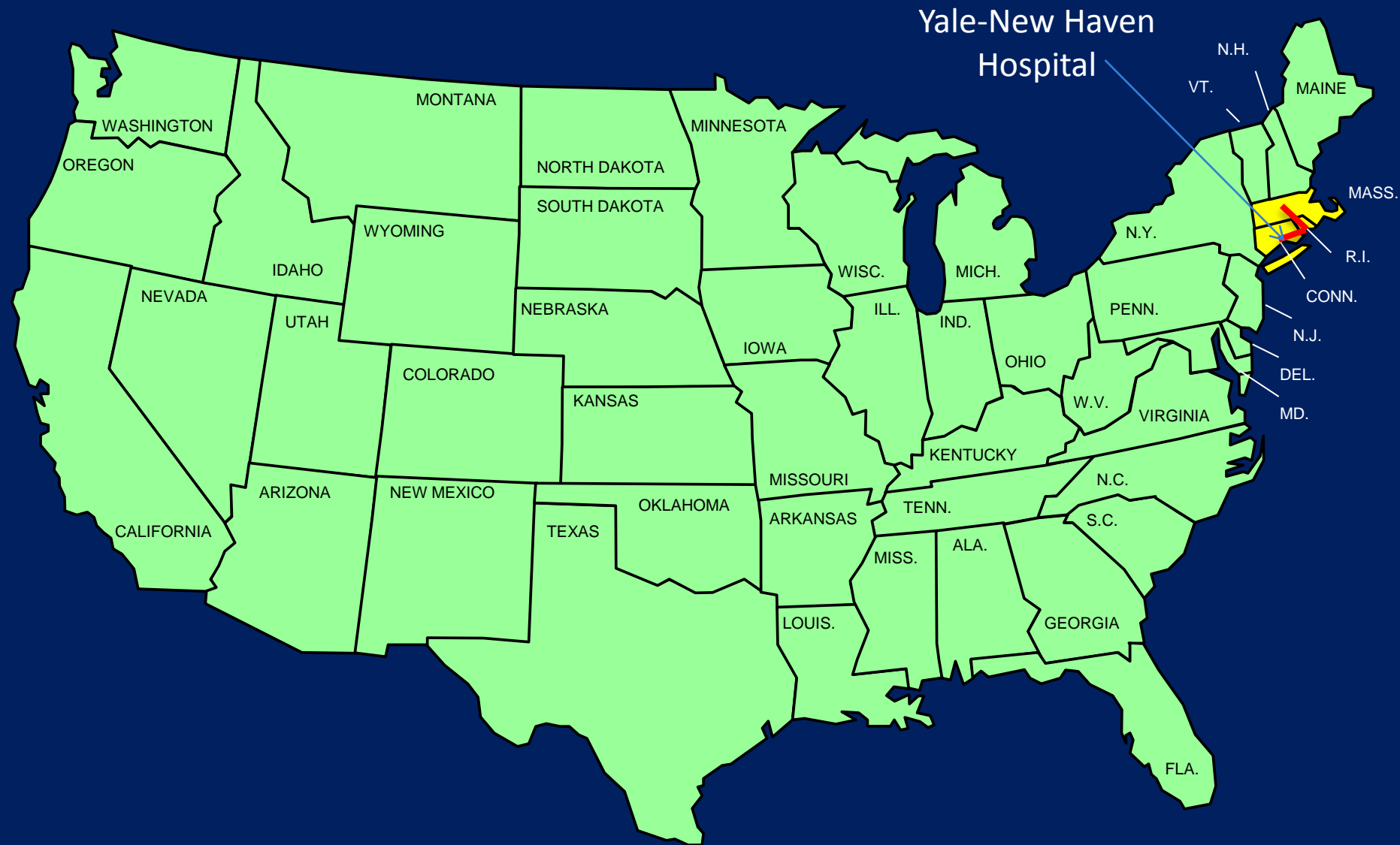
THE MIGRATION





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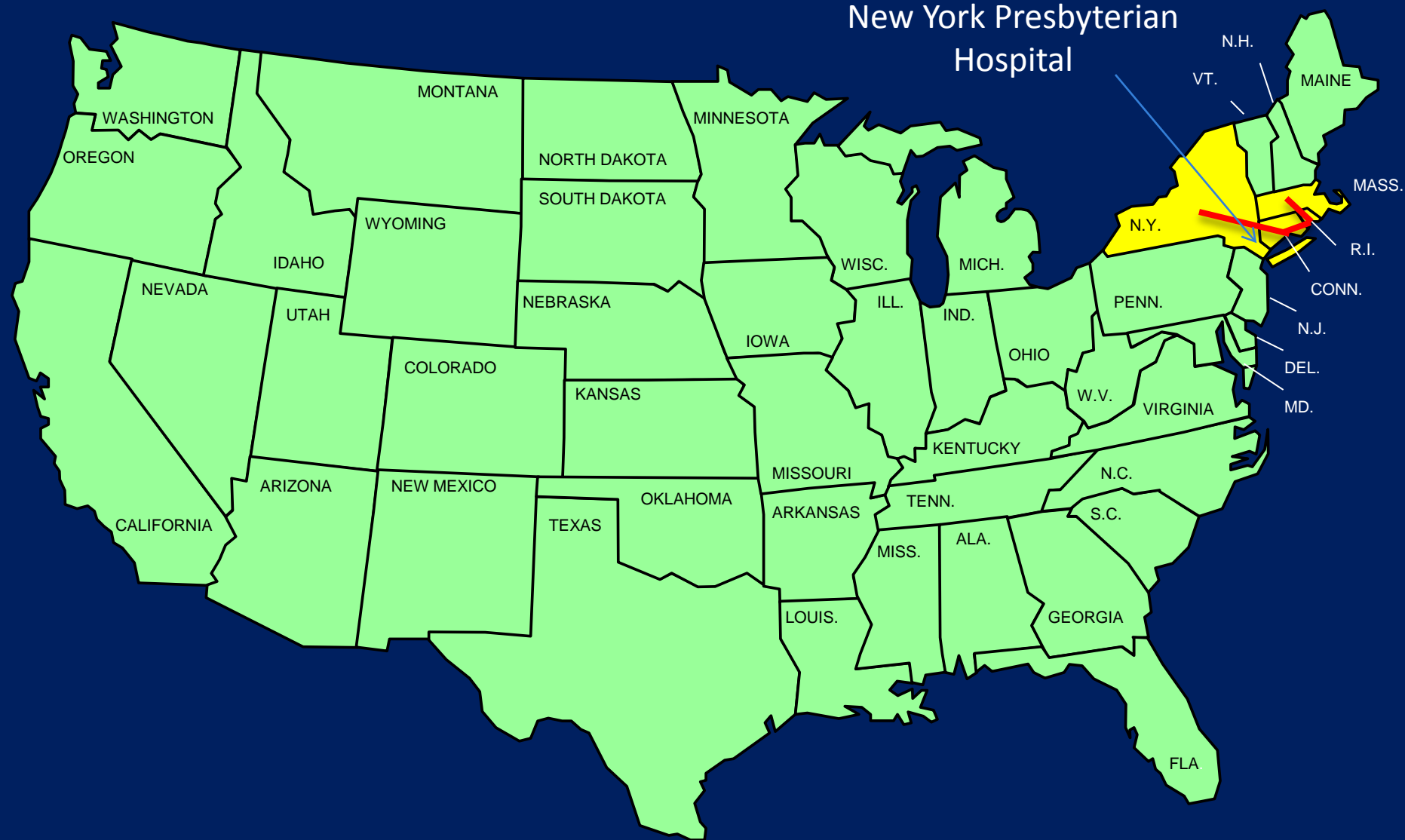
Yale-New Haven
Hospital





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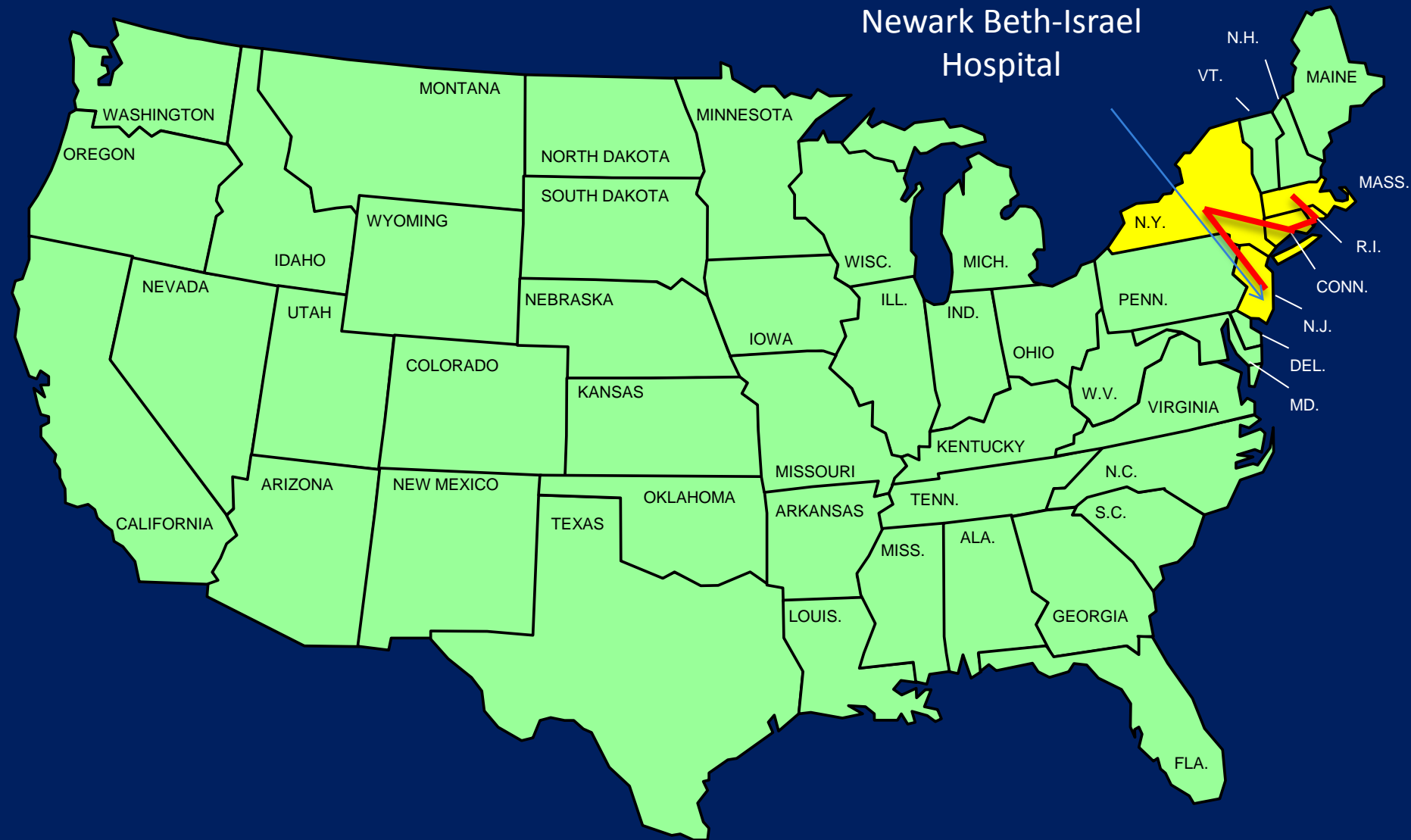
New York Presbyterian
Hospital





THE MIGRATION

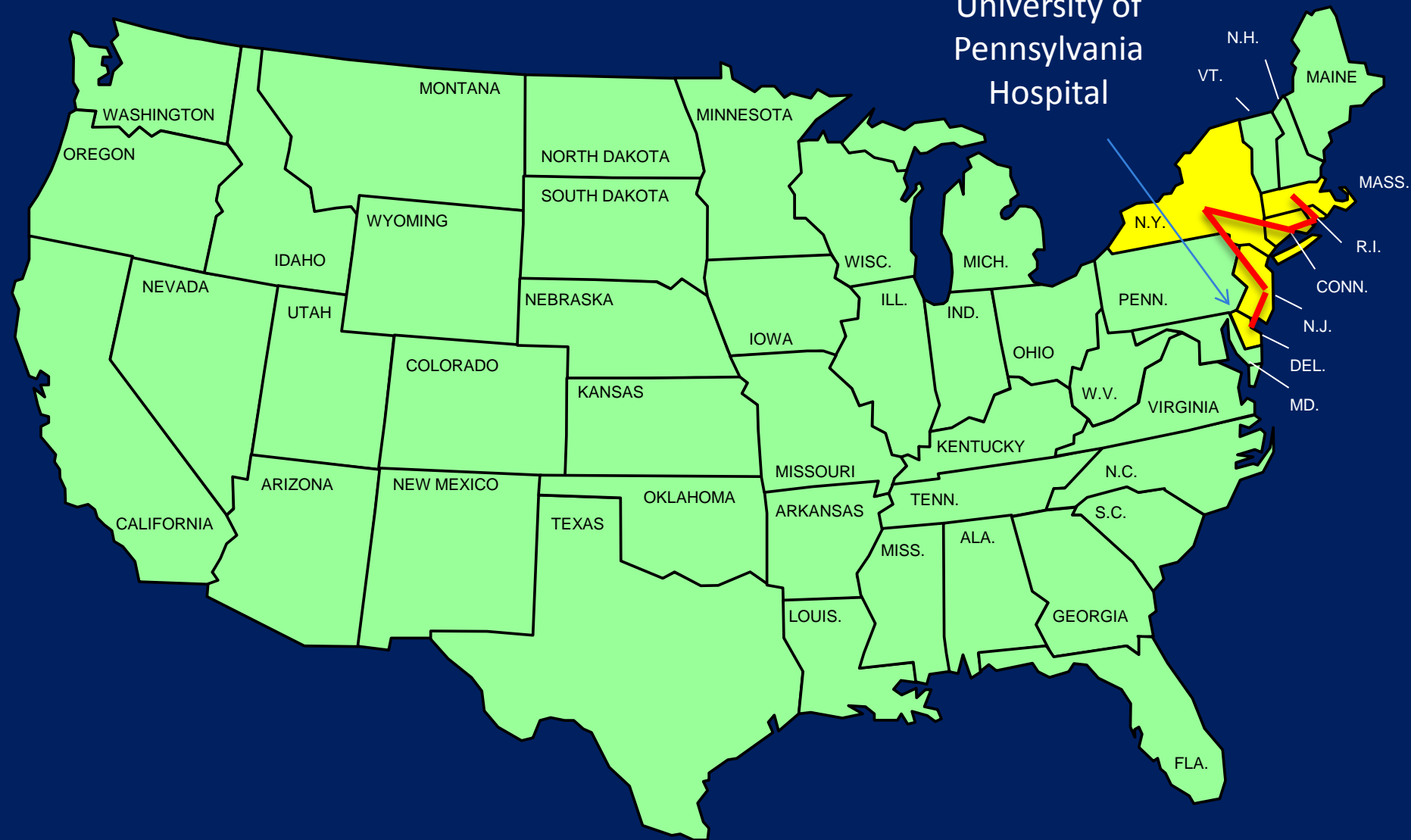
Newark Beth-Israel
Hospital





THE MIGRATION

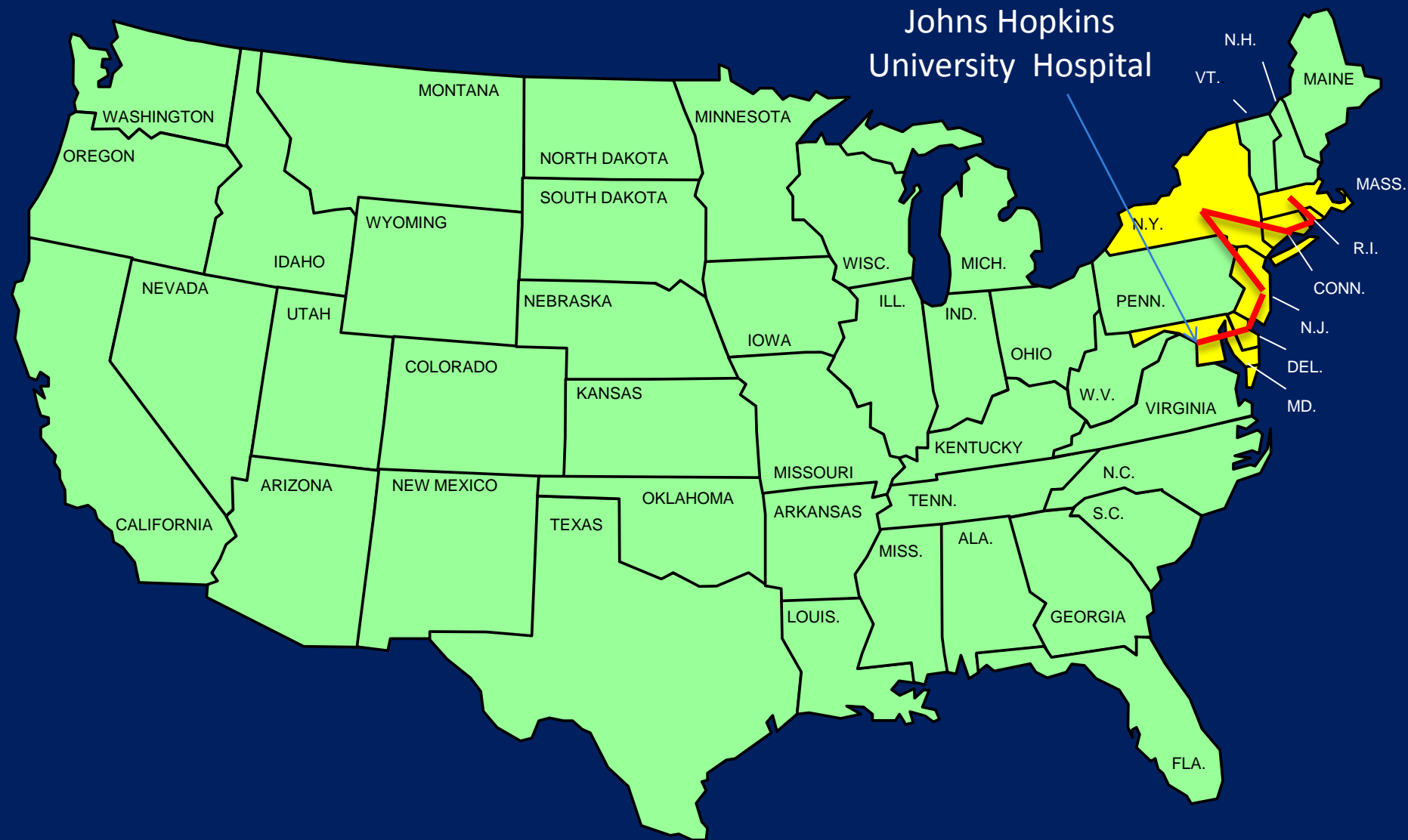
University of
Pennsylvania
Hospital





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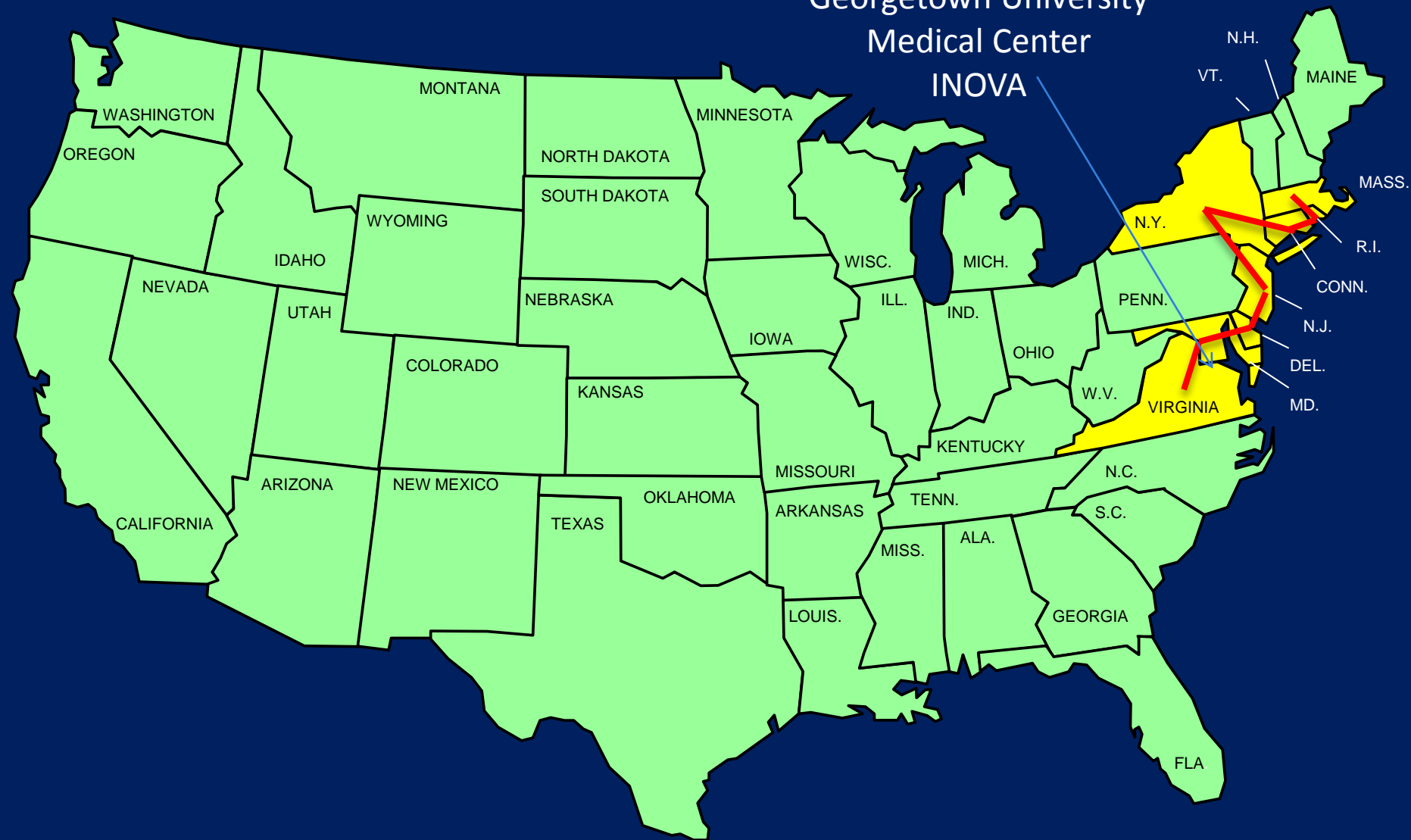
Johns Hopkins
University Hospital





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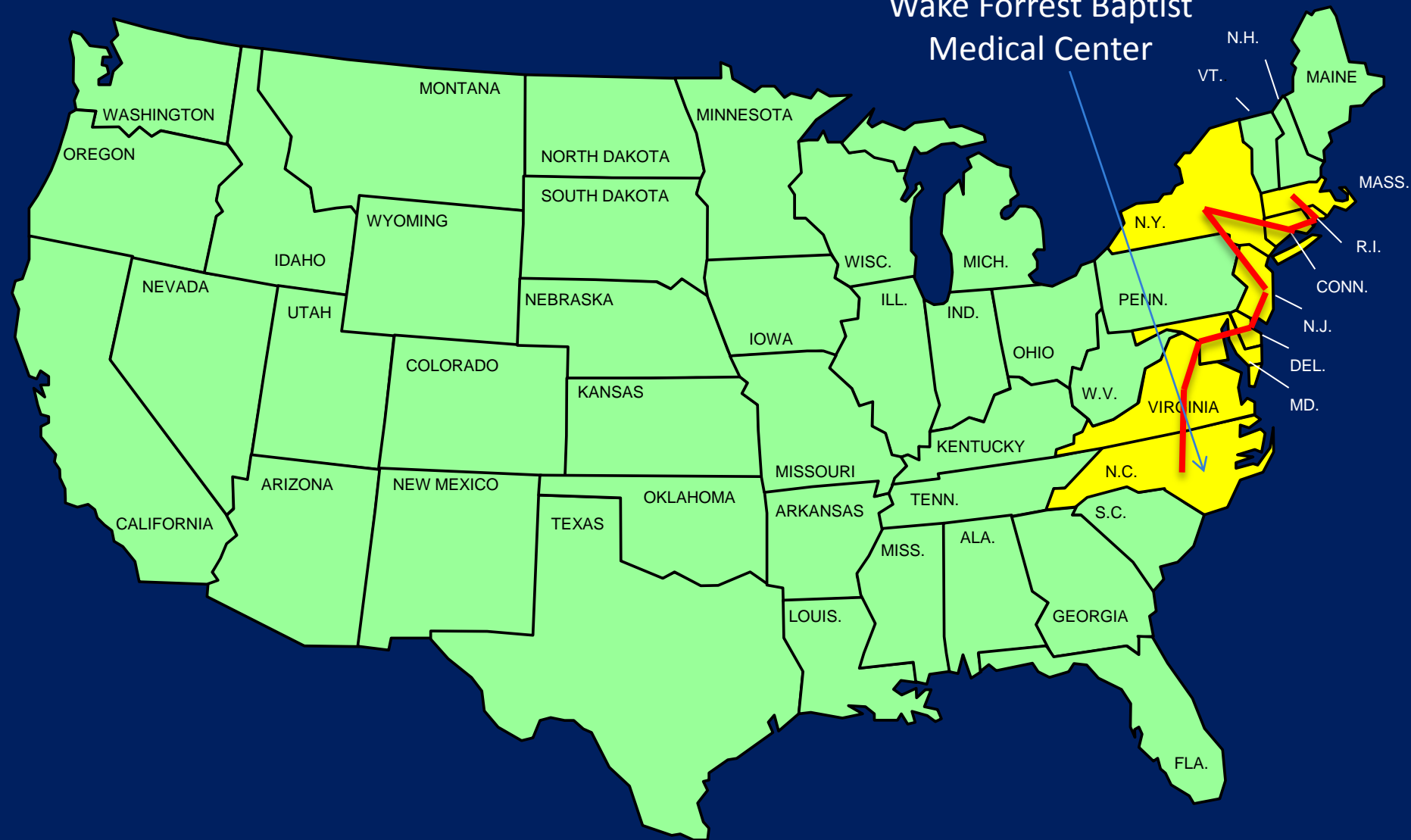
Georgetown University
Medical Center
INOVA





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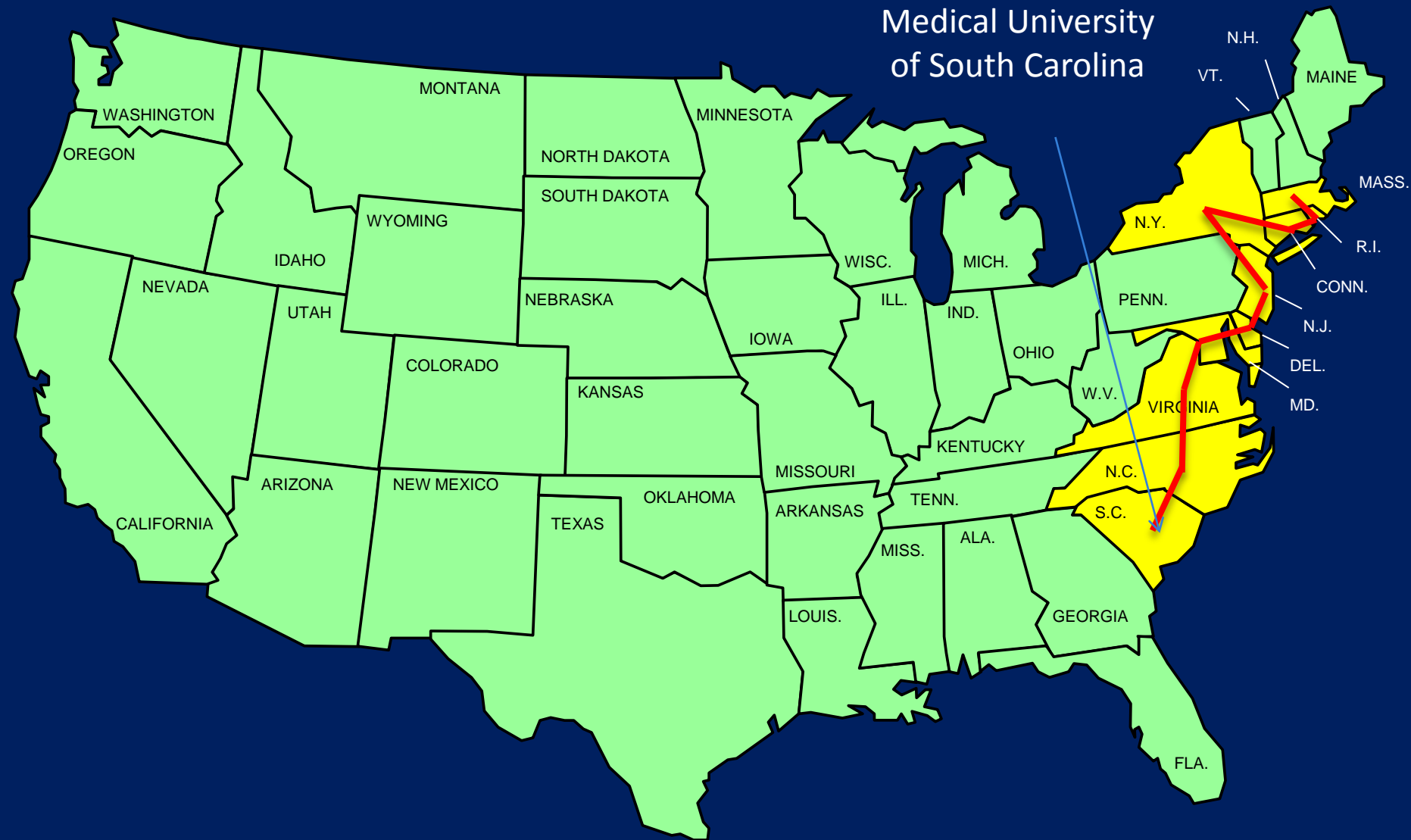
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Medical Center





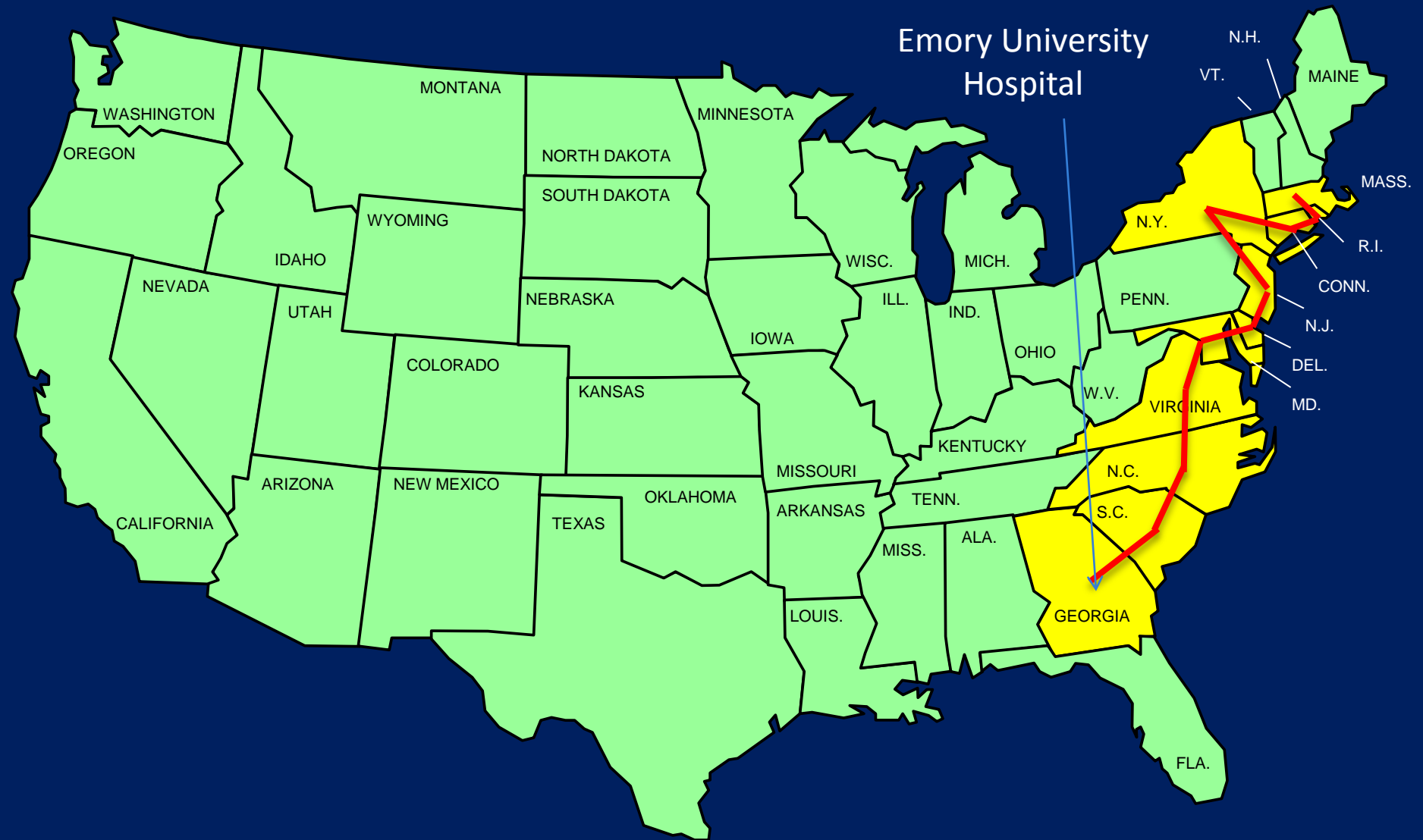
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Medical University
of South Carolina





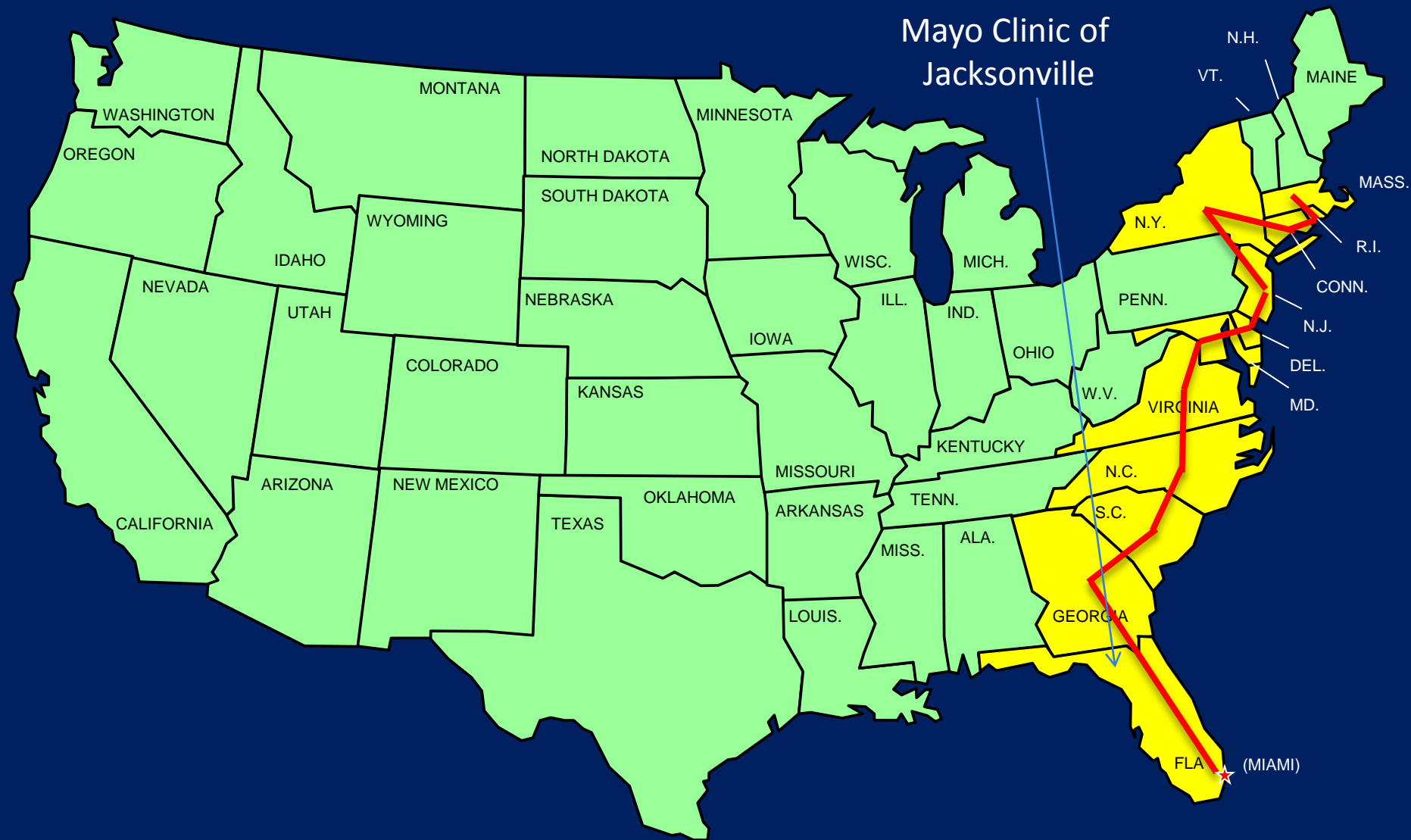
THE MIGRATION





THE MIGRATION

Mayo Clinic of
Jacksonville





MRI DONE TODAY

SAME DAY REPORTS GUARANTEED!

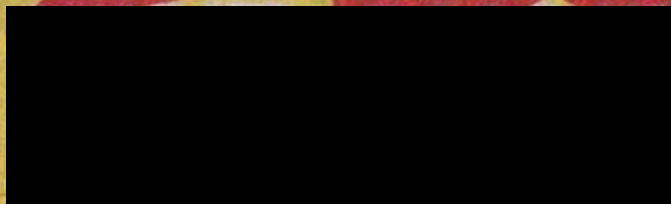
ALL WALK-INS WELCOME!!

— NO APPOINTMENT NEEDED —

All Reports Are Read With A Board Certified Radiologist For The Best Diagnostic Results.

\$240

CASH OR CREDIT ONLY



No Insurance
Accepted



“short waits or
we will pay you”



“earn \$\$\$ for
patient referrals” (sic)

LOW PRICES ON MEDS!

2 DOCTORS ON THE PREMISES MEANS NO WAITS

- Be on time for your appointment and we guarantee short waits or we will pay you!! (Details at front desk)
- Still use the Patient Loyalty Program to earn FREE Visits
- Still earn \$\$\$ for patient referrals
- **SAME FRIENDLY STAFF AND OWNER**

SAVE \$\$
With Our Patient Loyalty Program

\$100 OFF
Initial Visit w/ Ad

Walk-Ins Welcome at 12 Noon Daily.

CALL TODAY FOR APPOINTMENT



Chronic Pain?

Stop Hurting & Start Living!



Established • Professional • Dedicated

Utilizing FDA Approved Medications
Outpatient Detox Available

**ACCEPTING
NEW PATIENTS
DON'T DELAY! CALL TODAY!**



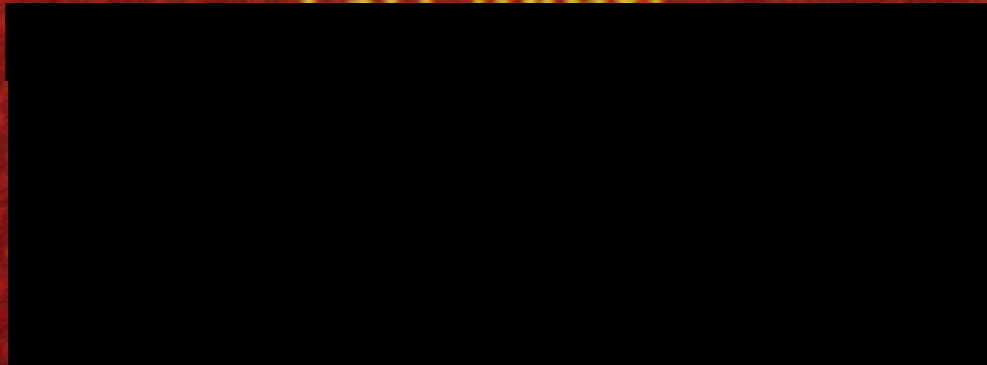
OUTPATIENT DETOX



Get Back The Life You Once Knew

*Confidential * Proven * Dedicated*

CALL TODAY!





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 or more; each subsequent visit may exceed \$200
- Prescriptions average 120-180 30mg oxycodone tablets per visit



Cost of Drugs

- According to medical experts, most clinics do not require sufficient medical history and tests for proper prescribing of Schedule II substances
- Oxycodone 30mg immediate release tablets cost approximately \$30.00 to \$40.00 per tablet on the street depending on the sale location in the U.S. (\$1 per mg or more)



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**



Reaction

- Shift from dispensing physicians to prescribing physicians
- New pharmacy applications in Florida increased dramatically in 2010



Clinic response to the Florida legislation
prohibiting the sale of CS from pain
clinics?

Buy Pharmacies!



Who is Applying?

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



National Association of Chain Drug Store Response

Patient Advocate, Healthcare Groups Urge Congress to Address Prescription Drug Diversion and Abuse

November 16, 2012

Alexandria, Va. – The National Association of Chain Drug Stores (NACDS) joined pain care advocacy and other healthcare organizations in urging Members of Congress to help address the problem of prescription drug diversion and abuse.

In a letter to the U.S. Senate Health, Education, Labor and Pensions (HELP) Committee, U.S. Judiciary Committee, U.S. House Committee on Judiciary and the U.S. House Energy and Commerce Committee, the organizations urged Congress to create a commission or advisory group to bring together all government agency stakeholders to address the problem.

The groups wrote, “[We] are committed to partnering with law enforcement agencies, policymakers, and others to work on viable strategies to solve the problems of prescription drug diversion and abuse. Although numerous groups and state and federal entities are working to reduce these problems, success remains difficult to achieve. One challenge is that many of these groups and entities are not working in a coordinated manner.”

The letter emphasized the importance of reducing prescription drug diversion and abuse without negatively impacting legitimate patient access and care.

“While appropriate policies must empower law enforcement officials to act aggressively against individuals and entities actually engaging in diversion or abuse, diversion/abuse control actions must be balanced against the needs of healthcare providers to provide care to legitimate patients. We must ensure that legitimate patients receive critical medicines without interruption,” the groups stated in the letter.

In addition to NACDS, the following organizations signed the letter: American Academy of Pain Management (AAPM); American Society for Pain Management Nursing (ASPMN); Center for Practical Bioethics; Inflexxion, Inc.; International Nurses Society on Addictions (IntNSA); National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC); National Fibromyalgia & Chronic Pain Association; *Pain Treatment Topics*; Purdue Pharma L.P.; U.S. Pain Foundation, Virginia Cancer Pain Initiative Inc.

These groups are committed to ensuring patient access to medications they need to help manage their pain, ranging from a variety of health-related issues and diseases. This letter to Congress further stresses the need to find a solution for this problem – and to do so expeditiously.

“Due to the urgent nature of the problems associated with prescription drug diversion and abuse, the advisory group’s recommendations should be provided to Congress within one year of its creation or enactment,” the groups concluded in the letter.



The Controlled Substances Act

21 United States Code

21 USC 801

Congressional Findings and declarations: Controlled Substances

Many of the drugs included within subchapter have a useful and legitimate purpose and are necessary to maintain health and general welfare

The illegal importation, manufacture, distribution and possession and improper use of a CS has a substantial detrimental effect on the health and welfare of the American People

Major portion of the traffic in controlled substances flows through interstate and foreign commerce

Local distribution and possession of CSs contribute to the swelling of interstate trafficking of such substances

CSs manufactured and distributed Intrastate cannot be differentiated from those distributed interstate

Federal control of the intrastate incidents of the traffic in controlled substances is essential to the effective control of the interstate incidents of such traffic

U.S. is party to international conventions designed to establish effective controls over CS trafficking

21 USC 802

Definitions

Probably the most important section of the Controlled Substances Act (“CSA”) and also the least read and understood

Provides definitions of words and terms used in the statutory construction of the CSA that will give the reader a better understanding of the true meaning of sections and provisions within of the CSA



CSA Registrant Population

Current Number of
DEA Registrants.....

1,523,712

March 20, 2014

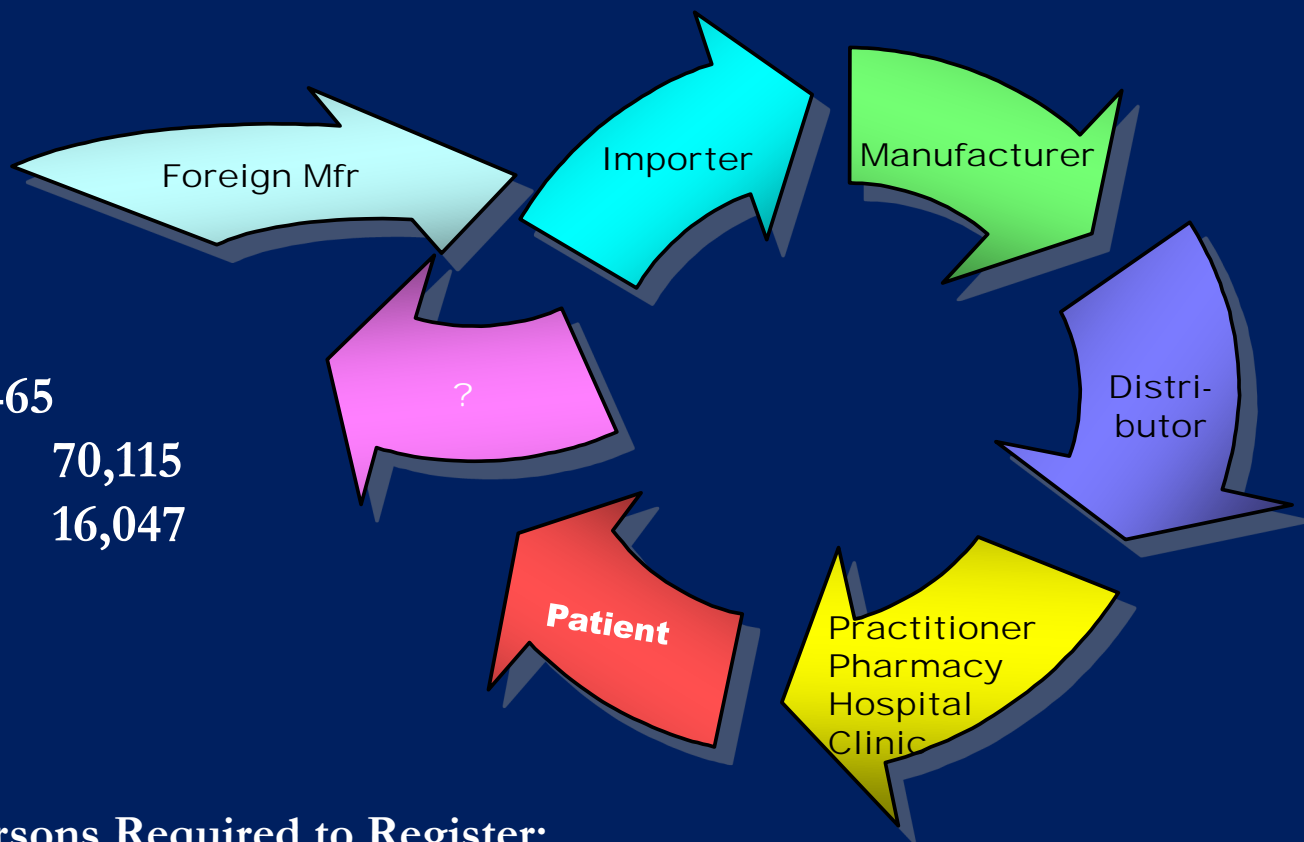
480,000

1973

**Provisional registrations in effect at the
time CSA was passed (relative to the
Harrison Narcotics Act of 1914)**



Closed System of Distribution



1,532,161 (06/04/2014)

Practitioners: 1,182,465

Retail Pharmacies: 70,115

Hospital/Clinics: 16,047

Law: 21 USC 822 (a) (1) Persons Required to Register:

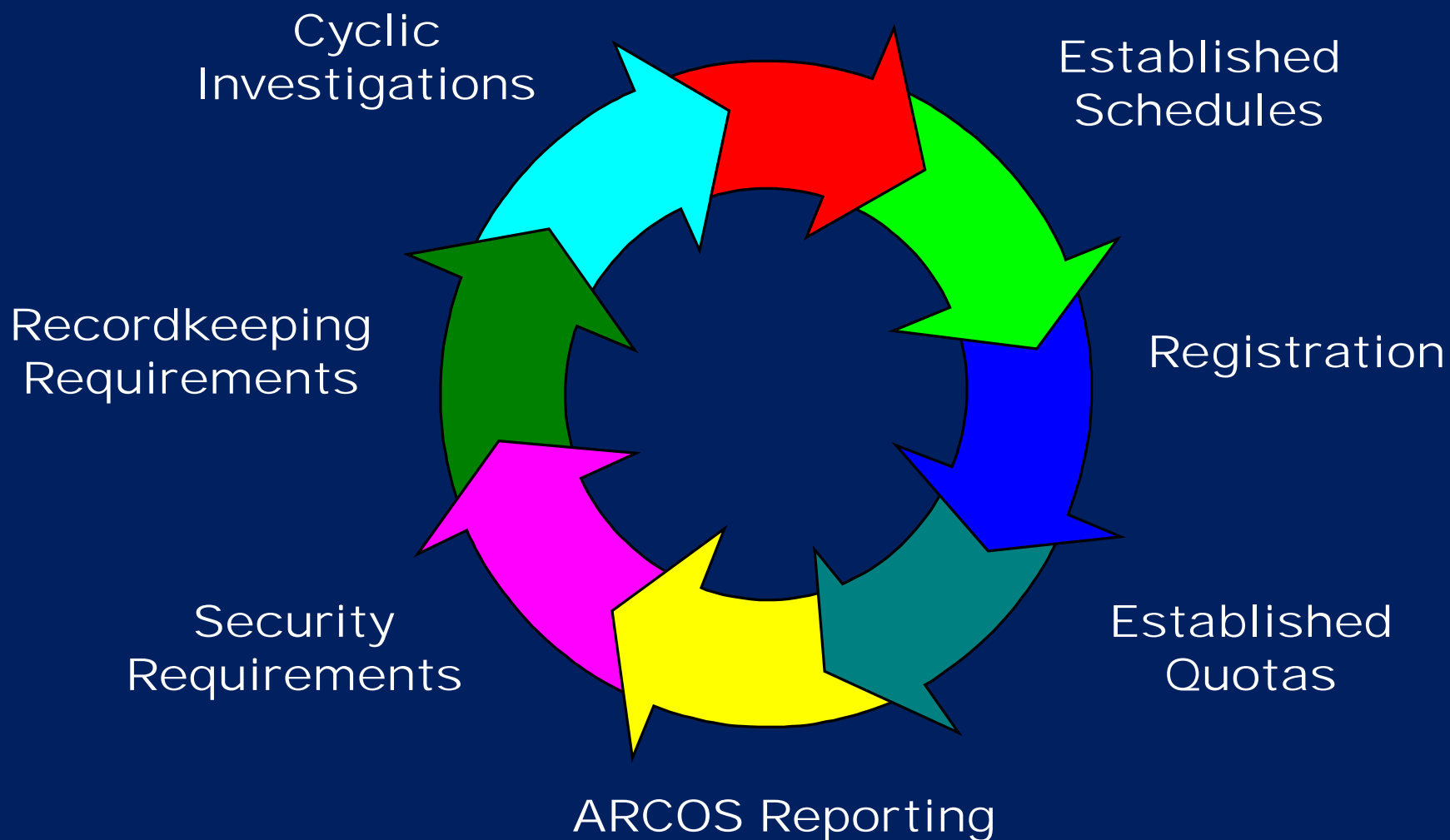
“Every person who manufactures or distributes any Controlled Substance or List I Chemical or who proposes to engage in ..”

Law: 21 USC 822 (a) (2) Persons Required to Register:

“Every person who dispenses, or who proposes to dispense any controlled substance ...”



Closed System of Distribution





Cutting off the Source of Supply





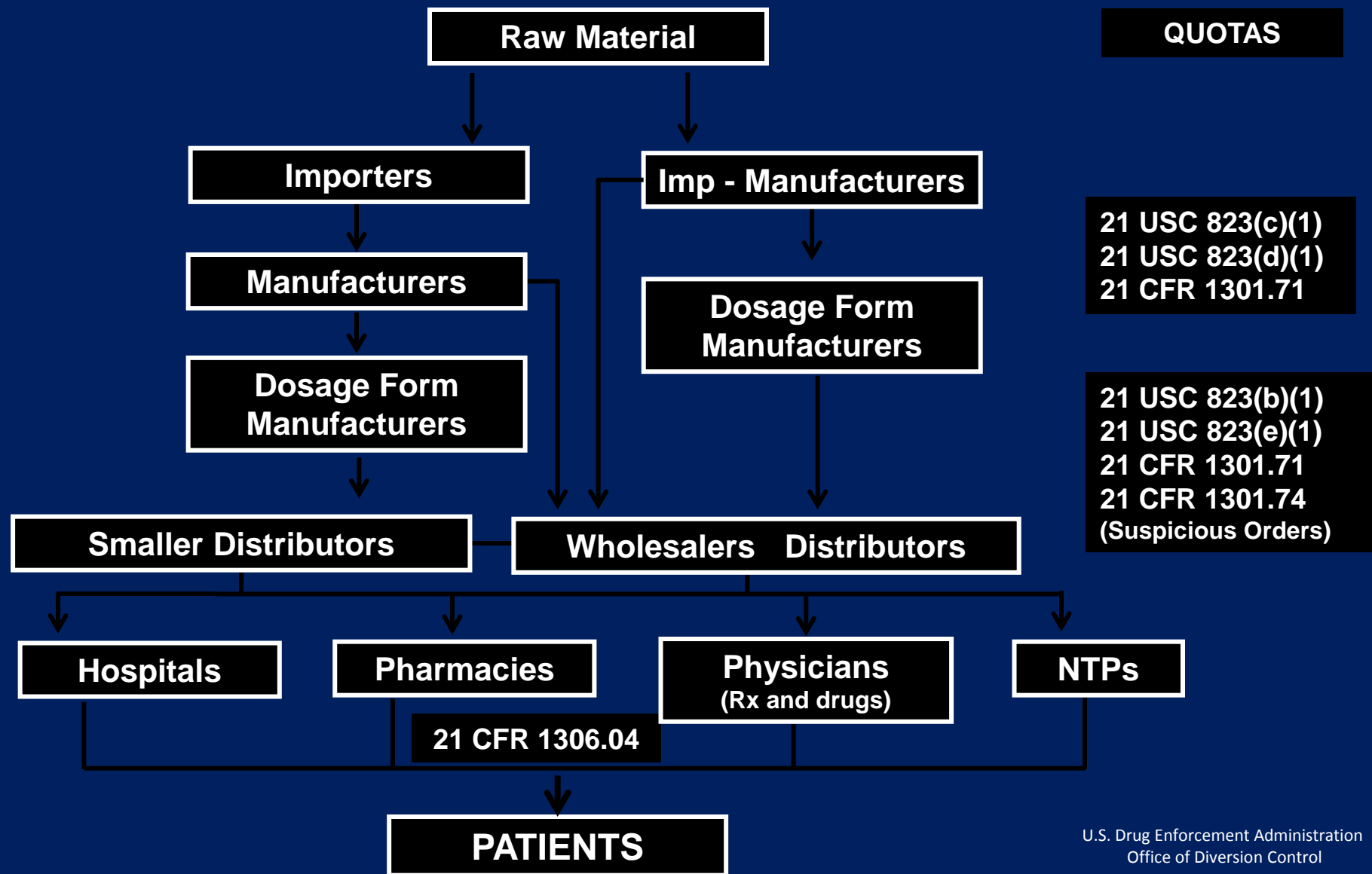
The Controlled Substances Act

Checks and Balances





The Flow of Pharmaceuticals





Diversion via the Internet



Domestic 'Rx' Flow

1. Consumer in Montana orders hydrocodone on the Internet

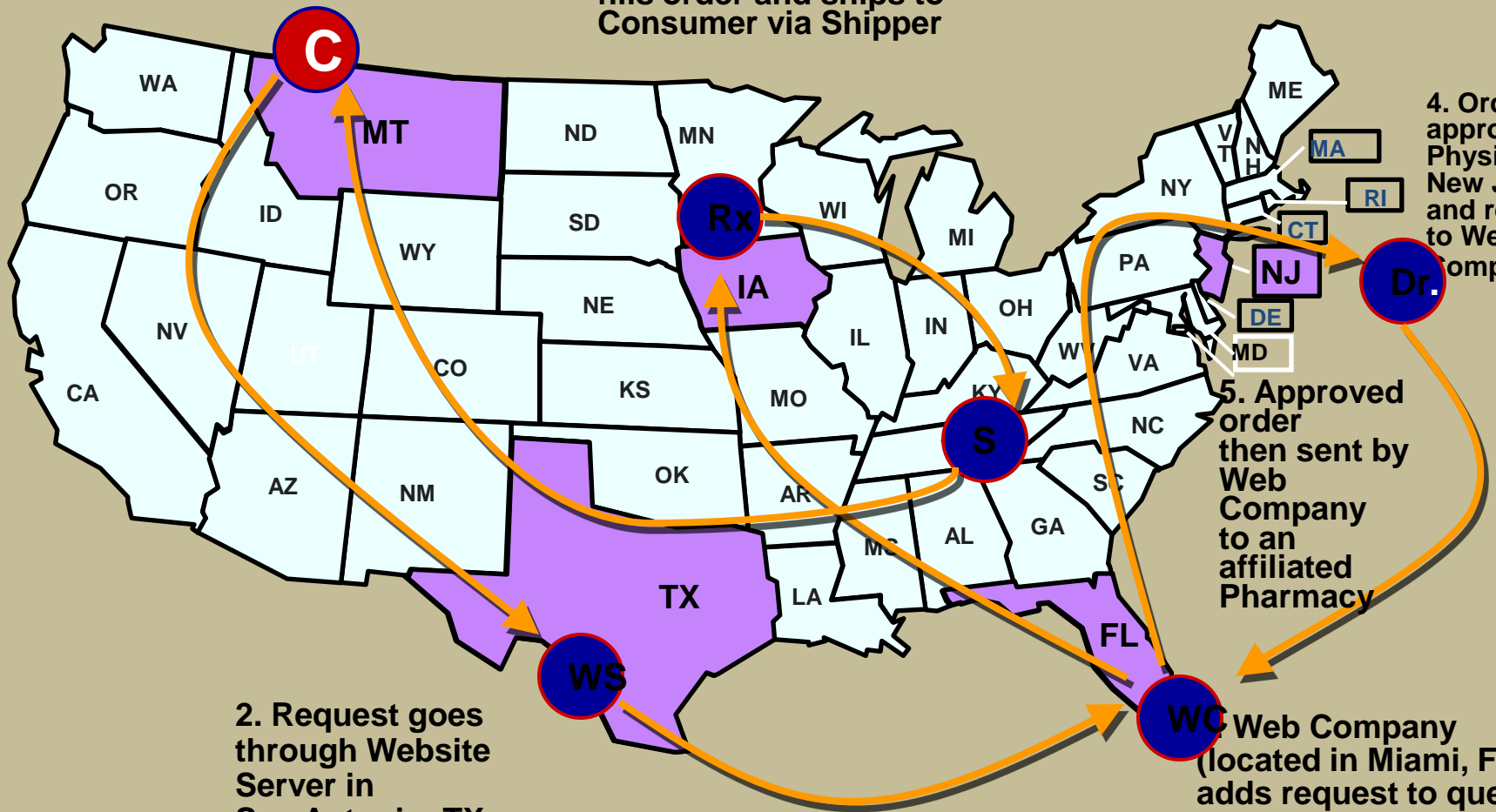
6. Pharmacy in Iowa fills order and ships to Consumer via Shipper

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

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

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





Purchases of hydrocodone by Known and Suspected Rogue Internet Pharmacies January 1, 2006 – December 31, 2006

1		Hillsborough	TAMPA	FLORIDA	33614	15,596,380
2		Pinellas	CLEARWATER	FLORIDA	33765	9,077,810
3		Hillsborough	TAMPA	FLORIDA	33614	8,760,876
4		Baltimore City	BALTIMORE	MARYLAND	21213	5,876,300
5		Hillsborough	TAMPA	FLORIDA	33619	5,718,200
6		Jefferson	RIVER RIDGE	LOUISIANA	70123	4,892,900
7		Hillsborough	TAMPA	FLORIDA	33634	4,733,290
8		Polk	LAKELAND	FLORIDA	33813	4,564,480
9		Hillsborough	TAMPA	FLORIDA	33612	4,220,840
10		Pinellas	CLEARWATER	FLORIDA	33759	3,819,320
11		Hillsborough	TAMPA	FLORIDA	33610	3,044,160
12				FLORIDA	33809	3,039,490
13					70123	2,750,000
14					34652	2,664,120
15					33613	1,902,900
16				FLORIDA	33801	1,726,020
17		Hillsborough	TAMPA	FLORIDA	33612	1,619,765
18		Hillsborough	TAMPA	FLORIDA	33604	1,570,350
19		Pinellas	TARPON SPRINGS	FLORIDA	34689	1,464,900
20		Lincoln	DENVER	NORTH CAROLINA	28037	1,402,450
21		Hillsborough	TAMPA	FLORIDA	33617	1,282,800
22		Hillsborough	TAMPA	FLORIDA	33619	1,272,860
23		Polk	LAKELAND	FLORIDA	33813	1,039,400
24		Pasco	WESLEY CHAPEL	FLORIDA	33543	1,030,050
25		Iredell	MOORESVILLE	NORTH CAROLINA	28117	902,500
26		Polk	LAKELAND	FLORIDA	33815	867,800
27		Broward	HOLLYWOOD	FLORIDA	33021	865,700
28		Los Angeles	ENCINO	CALIFORNIA	91436	798,100
29		Hillsborough	TAMPA	FLORIDA	33604	793,350
30		Pasco	NEW PORT RICHEY	FLORIDA	34652	583,400
31		Ravalli	FLORENCE	MONTANA	59833	362,000
32		Hillsborough	TAMPA	FLORIDA	33619	162,000
33		Broward	DEERFIELD BEACH	FLORIDA	33441	112,600
34		Hillsborough	TAMPA	FLORIDA	33614	49,600
						2,899,021

98,566,711



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)

DEA Distributor Initiative

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

- **August 2005 – Present:**

Briefings to 83 firms with 276 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



Checks and Balances Under the CSA

- Practitioners

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

United States v Moore 423 US 122 (1975)



The Controlled Substances Act Illegal Distribution

21 U.S.C. § 841 (a) Unlawful acts:

Except as authorized by this subchapter, it shall be unlawful for any person to knowingly or intentionally

(1) to manufacture, distribute or dispense, or possess with intent to manufacture, distribute or dispense, a controlled substance; or



US v. Moore 423 US 122 (1975)

Perfunctory initial physical exam...return visits no exam

Physical exam included needle mark checks...some were simulated

Patient received quantity of drugs requested...were charged based on quantity

Unsupervised urinalysis – results did not matter

Accurate records not kept – quantity dispensed not recorded

Practitioner not authorized to conduct methadone maintenance;

Patient directed prescribing;



US v. Rosen 582 F.2d 1032 (5th Cir. 1978)

Rosen was a 68 yo physician who had a practice that was focused on obesity. He dispensed large quantities of stimulants to undercover officers outside the scope and not for a legitimate purpose.

The 5th circuit had to address whether the medication was dispensed “for a legitimate medical purpose and in the course of the doctors professional practice.” In its analysis, the court stated, “We are however, able to glean from reported cases, certain recurring concomitance of condemned behavior, examples of which include the following:

An inordinately large quantity of controlled substances prescribed

Large numbers of prescription were issued

No physical exam given

The physician warned the patient to fill prescriptions at different drug stores



Rosen Factors (Red Flags)

- The physician issued prescriptions to a patient known to be delivering the drugs to others
- The physician prescribed controlled drugs at intervals inconsistent with legitimate medical treatment
- The physician involved used street slang rather than medical terminology for the drugs prescribed
- There was no logical relationship between the drug prescribed and treatment of the condition allegedly existing
- The physician wrote more than one prescription on occasions in order to spread them out



Other Factors (not all-inclusive)

Patients receiving the same combination of prescriptions; cocktail

Patients receiving the same strength of controlled substances; no individualized dosing: multiple prescriptions for the strongest dose

Majority of patients paying cash for their prescriptions

Patient asking for drugs in street slang

Patient directed prescribing

Early refills

No specialized training in pain management;

Individuals driving long distances to visit physicians and/or to fill prescriptions

No records/patient contracts/ urinalysis



Questions to Discuss

True or False...

For a controlled substance prescription to be effective, it must be, “issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.”

- A) True
- B) False



Pharmacists have a responsibility to protect patients, as well as the public, from the abuse, misuse and diversion of prescription drugs.

2014 AACCP Program Material



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))

U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)

U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)

U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)

East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)



Checks and Balances Under the CSA

Pharmacists – The Last Line of Defense

“An order purporting to be a prescription issued not in the course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.” (21 CFR § 1306.04(a))

U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)

U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)

U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)

East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)



The Last Line of Defense



Corresponding Responsibility

When prescriptions are clearly not issued for legitimate medical purposes, a pharmacist may not intentionally close his eyes and thereby avoid [actual] knowledge of the real purpose of the prescriptions.

(Ralph J. Bertolino, 55 FR 4729, 4730 (1990)),



Corresponding Responsibility Cases

East Main Street Pharmacy; Affirmance of Suspension Order

[Federal Register (Volume 75, Number 207) October 27, 2010
pages 66149-66165] ; see also Paul H. Volkman 73 FR 30630, 30642 (2008)

Holiday CVS, L.L.C, d/b/a CVS/Pharmacy Nos. 219 and 5195; Decision and order

[Federal Register Volume 77, Number 198 (Friday October 12, 2012) pages 62315-62346]



Potential Red Flags

Many customers receiving the same combination of prescriptions; cocktail

Many customers receiving the same strength of controlled substances; no individualized dosing: multiple prescriptions for the strongest dose

Many customers paying cash for their prescriptions

Early refills

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

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



Potential Red Flags continued

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.).

Overwhelming proportion of prescriptions filled by pharmacy are controlled substances

Pharmacist did not reach out to other pharmacists to determine why they were not filling a particular doctor's prescription

Verification of legitimacy not satisfied by a call to the doctors office



Red Flag?

What happens next?

You attempt to resolve...



Resolution is comprised of many factors

- Verification of a valid practitioner DEA number is required! It is not, however, the end of the pharmacist's duty. Invalid DEA number = Invalid RX
- Resolution cannot be based solely on patient ID and prescriber verification.
- You must use your professional judgment, training and experience...we all make mistakes
- Knowledge and history with the patient
- Circumstances of prescription presentation
- Experience with the prescribing practitioner
- It does not require a call to the practitioner for every CS RX
- This is not an all-inclusive list...



Who do I call to report a practitioner?

- State Board of Pharmacy/Medicine/Nursing/Dental
- State/County/Local Police
- DEA local office and Tactical Diversion Squad
- Health department
- HHS OIG if Medicare/Medicaid fraud



Practical Application of the Controlled Substances Act to the Current Rogue Pain Clinic Situation



CVS Florida

CVS

Sanford, FL

Store #219

Store #5195

Ronald Lynch MD

Lake Murray, FL

Registration Revoked 01/18/2011

Filled CS RXs until 09/2011

5 Miles ●

Anthony Wicks MD

Winter Springs, FL

Registration Expired 05/31/2011

CVS 219: 38 CS RXs June–July 2011, oxycodone 30 mg

CVS 5195: 17 CS RXs June–July 2011, oxycodone 30 mg

10 Miles ■

Carlos Gonzales MD

West Palm Beach, FL

184 Miles

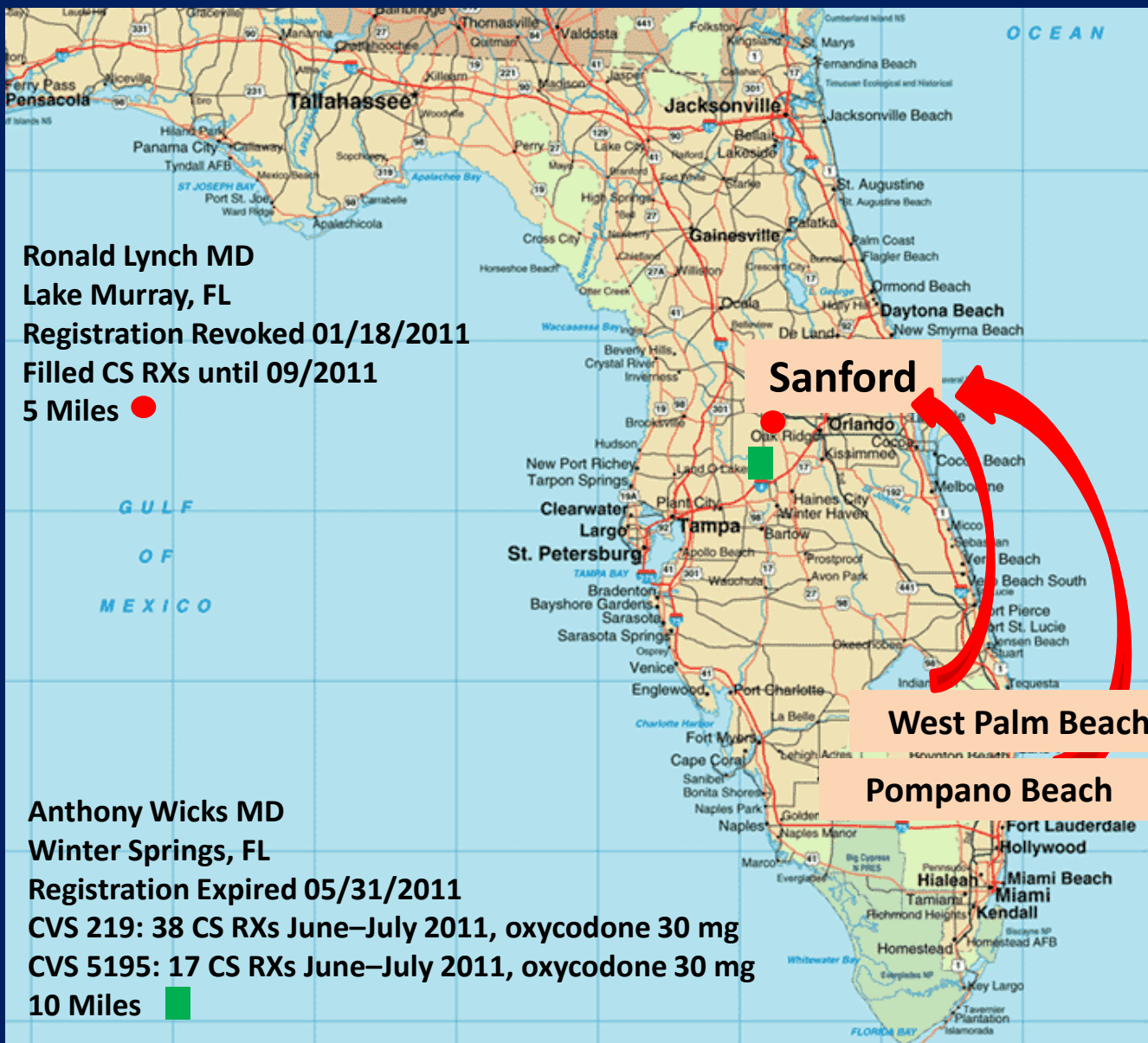
West Palm Beach

Pompano Beach

Jack Danton DO

Pompano Beach, FL

216 Miles





Cardinal Florida



During 2011, Cardinal Lakeland supplied 6 of the sixteen pharmacies with DEA registrations within the city limits of Sanford, FL, with approximately 3,144,120 units of oxycodone

Sanford Population – 53,570
58 units per resident

Of the 3,144,120 units
3,012,500 units (96%) went to
CVS #5195 and #219

CVS #5195, Sanford, FL
1.2 million units in 2011
1 chain store within 2 miles
purchased 25,700 units for
2011

CVS #219, Sanford, FL
1.8 million units in 2011
Two chain stores within 1 mile
collectively purchased 207,000
units



Other Cardinal Issues

- Didn't follow its own suspicious monitoring program – sales visits based on red flag trigger
- No on-site visits to chain retailers even though it was part of their suspicious ordering monitoring policies
- Low numbers of suspicious orders reported – none for either CVS pharmacy except for 1 report filed for CVS 219 after an AIW was served at the Cardinal Lakeland facility
- Comparison of the 2008 ISO and 2011 ISO revealed the same concerns. Different drugs involved, but the same story...high volume sales without appropriate due diligence
- Cardinal Lakeland customers received, on average, 5,364 units per month between 10/01/08 and 12/31/2011. In contrast, CVS 5195 received 58,223 units per month; Caremed received 59,264 units per month; Gulf Coast received 96,644 units per month and CVS 219 received 137,994 units per month



Are you involved in prescribing or dispensing in violation of the CSA?

What happens next?



DEA Legal Recourse

➤ Administrative

Immediate Suspension Order (ISO)
Memorandum of Agreement (MOA)
Order to Show Cause (OTSC)

➤ Civil

Fines

➤ Criminal

Tactical Diversion Squads





How Do You Lose Your Registration?

The Order to Show Cause Process

21 USC § 824

- a) Grounds –
 - 1. Falsification of Application
 - 2. Felony Conviction
 - 3. State License or Registration suspended, revoked or denied – no longer authorized by State law
 - 4. Inconsistent with Public Interest
 - 5. Excluded from participation in Title 42 USC § 1320a-7(a) program
- b) AG discretion, may suspend any registration simultaneously with Order to Show Cause upon a finding of Imminent Danger to Public Health and Safety



Questions to Discuss

- The Attorney General can immediately suspend a DEA registration based on the determination that the continued registration poses an imminent danger to public health or safety;
- A) True
- B) False



HR 4709



**What can happen when these
checks and balances collapse
and diversion occurs?**

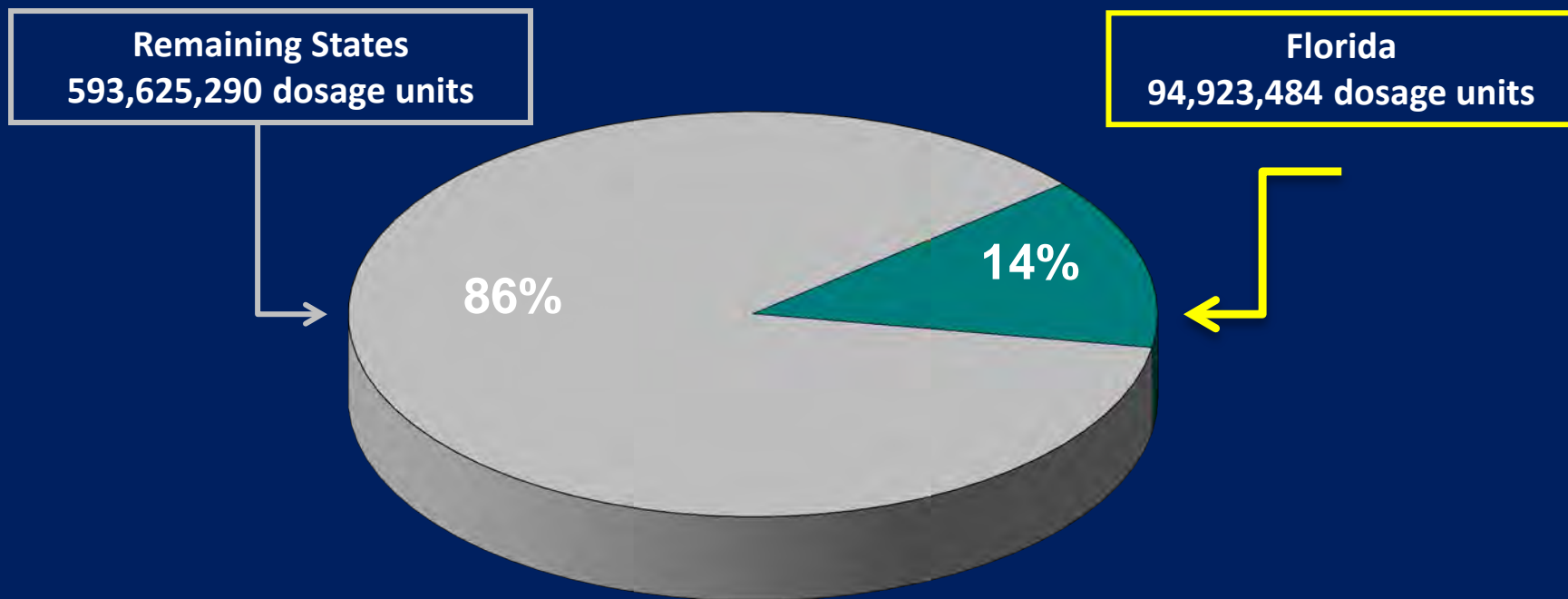


Purchases of Oxycodone 30mg

- In 2009, 44% of all oxycodone 30mg products were distributed to Florida
- In 2010, 43% of all oxycodone 30mg products were distributed to Florida

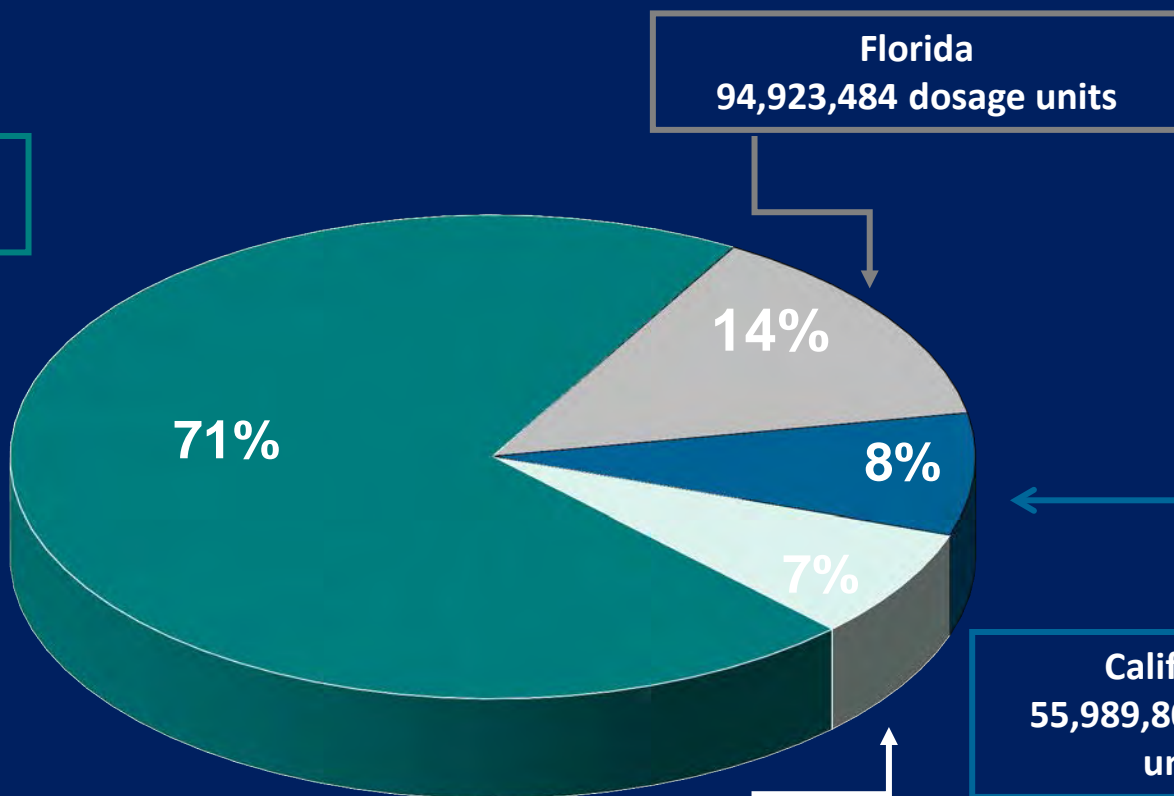


Nationwide Distribution of Oxycodone 30mg January – December, 2012





Nationwide Distribution of Oxycodone 30mg January – December, 2012





Drug Dealers Masquerading as Doctors

Paul Volkman, Chicago Doctor, Gets 4 Life Terms In Drug Overdose Case



ANDREW WELSH-HUGGINS 02/14/12 06:45 PM ET Associated Press

COLUMBUS, Ohio — A Chicago doctor who prosecutors say dispensed more of the powerful painkiller oxycodone from 2003 to 2005 than any other physician in the country was sentenced Tuesday to four life terms in the overdose deaths of four patients.

Dr. Paul Volkman made weekly trips from Chicago to three locations in Portsmouth in southern Ohio and one in Chillicothe in central Ohio before federal investigators shut down the operations in 2006, prosecutors said. He was sentenced in federal court in Cincinnati.

"This criminal conduct had devastating consequences to the community Volkman was supposed to serve," Assistant U.S. Attorneys Adam Wright and Tim Oakley said in a court filing ahead of Tuesday's hearing.

"Volkman's actions created and prolonged debilitating addictions; distributed countless drugs to be sold on the street; and took the lives of numerous individuals who died just days after visiting him," they said.

The 64-year-old Volkman fired his attorneys earlier this month and said he acted at all times as a doctor, not a drug dealer.

"The typical drug dealer does not care how much drugs a client buys, how often he buys, or what he does with his drugs," Volkman said in a 28-page handwritten court filing Monday, maintaining that he did all those things and more for his patients.



The Last Line of Defense





Why is this happening?



What's the Profit?



- May 20, 2010, Tampa, Florida owner/operator of pain clinic dispensing oxycodone
- **\$5,822,604.00** cash seized



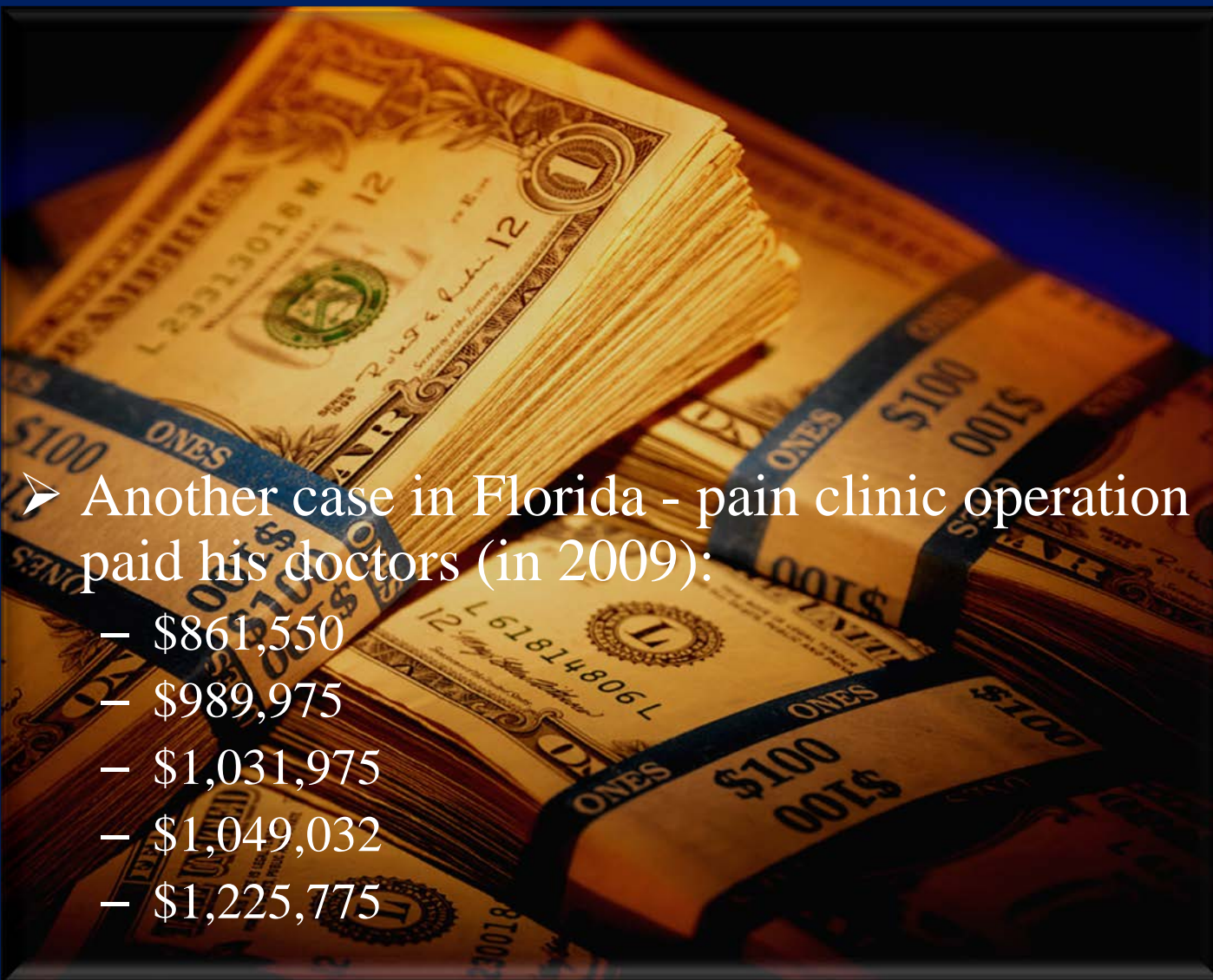
What's the Profit?



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



What's the Profit?



- Another case in Florida - pain clinic operation paid his doctors (in 2009):
 - \$861,550
 - \$989,975
 - \$1,031,975
 - \$1,049,032
 - \$1,225,775



Deaths Associated with Rx Drugs in Florida

Reports of Rx Drugs Detected in Deceased Persons and Cause of Death									% Increase 2005 - 2012
Drug	2005	2006	2007	2008	2009	2010	2011	2012	
Methadone	620	716	785	693	720	694	691	512	-17%
Oxycodone	340	496	705	941	1,185	1,516	1,247	735	↑ 116%
Hydrocodone	221	236	264	270	265	315	307	244	10%
Benzodiazepines	574	553	743	929	1,099	1,304	1,950*	1,337	↑ 133%
Morphine	247	229	255	300	302	262	345	415	68%
TOTAL	2,002	2,230	2,752	3,133	3,571	4,091	6,551	5,255	162%

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

SOURCE: Florida Medical Examiner's Commission



Questions



Thank You!