



Birmingham Pharmacy Diversion Awareness Conference



*DEA Perspective: Pharmaceutical
Use & Abuse*

March 28 & 29, 2015

Thomas W. Prevoznik
Unit Chief Liaison
Office of Diversion Control
(202) 598-2513



Goals and Objectives

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



Prescription Drug Abuse & Trafficking Trends

OR

Responding to America's Prescription Drug
Abuse Crisis

‘When Two Addictions Collide’

AGE 0-4
AMOXICILLIN

4-12
RITALIN

12-18
APPETITE
SUPPRESSANTS

18-24
NO-DOZ

24-38
PROZAC

38-65
ZANTAC

65 —
EVERYTHING
ELSE

Swick

Rx Drug Ads on TV –

Educational or Influential ?

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





Primum non nocere



Prescription Drug Abuse
is driven by

**Indiscriminate Prescribing
Criminal Activity**

D.A.: Doc taped oxy scripts on office door

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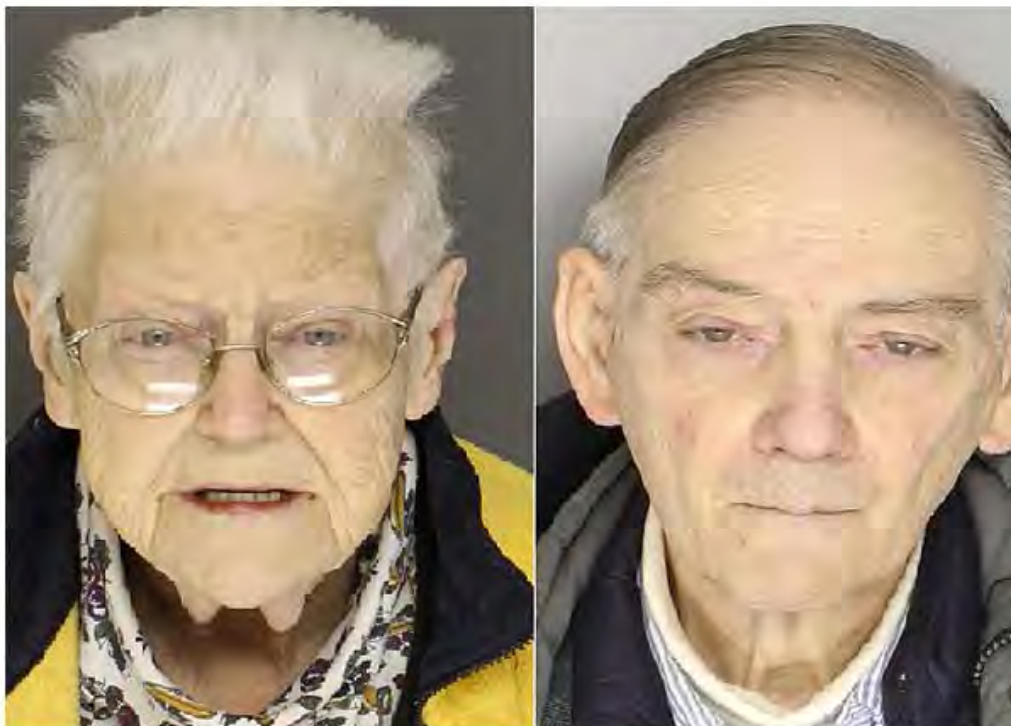
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g+

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Email

14



Margaret McGowan, left, and Steven Friedman.

Stephanie Farr

POSTED: FRIDAY, JANUARY 30, 2015, 12:12 PM

Travel Deals



\$859 & up -- Puerto Rico:

DAILY NEWS

An elderly Havertown doctor and his secretary handed out oxycodone prescriptions like candy and even taped the prescriptions to the office door when the business was closed, according to the Delaware County District Attorney's Office.

DOCTOR SOLD PRESCRIPTIONS AT STARBUCKS

By *StopOxy* · Comments Comments Off

It was never our intention to become a watchdog website that would use our outlet to humiliate unethical doctors criminals.

Yet recently we are reading some stories that compel us to provide as much of a "comeuppance" as we can to shady and unethical doctors like



Alvin Ming-Czech Yee of Mission Viejo (medical practice was in Irvine).

This "doctor" sat in a Starbucks Coffee Shop and sold prescriptions for OxyContin - also known as "legal heroin" (or also known as "the prescription drug that is shattering families in record numbers)."

Again, let us reiterate that Dr. Yee **would perform his examinations in Starbucks.** the "examinations" would last about a minute. Yee would meet up with a dozen people per night in Starbucks throughout Orange County. The "examinations" drug deals consisted of taking blood pressure and



Lawrence County investigators bust prescription drug ring

POSTED 9:52 PM, SEPTEMBER 4, 2014, BY [AL WHITAKER](#)

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Pharmacy tech arrested over pain pills

Posted: Oct 25, 2013 3:10 PM EDT

Updated: Oct 30, 2013 3:10 PM EDT

By Cade Fowler [CONNECT](#)



OCILLA, GA (WALB) - A pharmacy technician in Ocilla is charged with forging prescriptions and stealing thousands of pain pills. Tabatha Fender worked as a Pharmacy Technician at Fred's pharmacy in Ocilla. But drug agents say it was the work she was doing on the side that got her in serious trouble.

"She was basically writing forged prescriptions and using the public's information. People that go to Fred's," said Agent Eugene Paulk of the South Central Drug Task Force.

Agents with the south Central Drug Task Force in Fitzgerald looked into irregularities in the number of prescriptions being written for the pain medication hydrocodone. Their investigation indicated that prescriptions were being forged by Fender and

that it may have gone for more than a year.

"Probably around 120 prescriptions or more. 180 pills at a time," said Paulk. Agents arrested Fender in August. She was arrested again this month on additional forgery counts as more customers came forward after their prescriptions were denied because they had already been filled— by Fender and for Fender.

"People that actually needed them, people with health problems were put on hold until I

Pharmacy worker arrested for selling pills out of her car

Posted: Feb 07, 2012 10:47 PM EST
Updated: Mar 06, 2012 10:53 PM EST



MADISON COUNTY, AL (WAFF) - Authorities believe a pharmacy theft in Huntsville was an inside job. We're talking thousands of dollars worth of pills.

The Madison County Sheriff's/Madison Police Drug Unit arrested Carol Ann Moore over the weekend at a Huntsville pharmacy.

The 59-year-old is accused of stealing pills from the pharmacy and selling it out of her car.

Drug agents say they were able to catch her in the act while doing surveillance on the parking lot. Police believe she was stealing and selling hundreds of Hydrocodone, Xanax and Loracets.

This is big money according to drug agents, who say Oxycodone can go for \$25-30 per pill on the street. Add that up with the

other pills going for around \$5-10 a pop and you're talking thousands of dollars worth of prescription medicine recovered in just this one bust.

Moore didn't give up all of her pills at the time of her arrest. According to drug agents, she was charged with prison contraband.

WAFF 48 News has learned that she was hiding more pills in her undergarments.

Owner of Mobile pharmacy arrested, accused of supplying drugs to street-level dealers

5 comments



Fairhope doctor accused of prescribing drugs for sex pleads guilty

18 comments



By [Thyrie Bland](#) | tbland@al.com
[Email the author](#) | [Follow on Twitter](#)

on April 23, 2014 at 7:04 PM, updated April 23, 2014 at 7:22 PM

— A Fairhope doctor who was accused of prescribing drugs for patients in exchange for sex and graphic messages has pleaded guilty to three federal drug charges.

, 60, will be sentenced in federal court in Mobile on Aug. 22. He is facing a maximum penalty of 20 years in prison on each drug charge.



Ndolo

Ndolo will have to surrender his medical license as a condition of his plea agreement, the U.S. Attorney's Office in Mobile said.

The FBI arrested Ndolo, an internal medicine physician, on March 28. Agents raided his clinic — Premier Internal Medicine on Greeno Road in Fairhope — the same day.

Doctor Accused of Overprescribing Pills Is Guilty of Manslaughter

By MONIQUE O. MADAN JULY 18, 2014



Dr. Stan Xuhui Li outside State Supreme Court in Manhattan on Friday. He was convicted of 200 of the 211 charges against him after a four-month trial. Anthony Lanzilote for The New York Times



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.



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



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

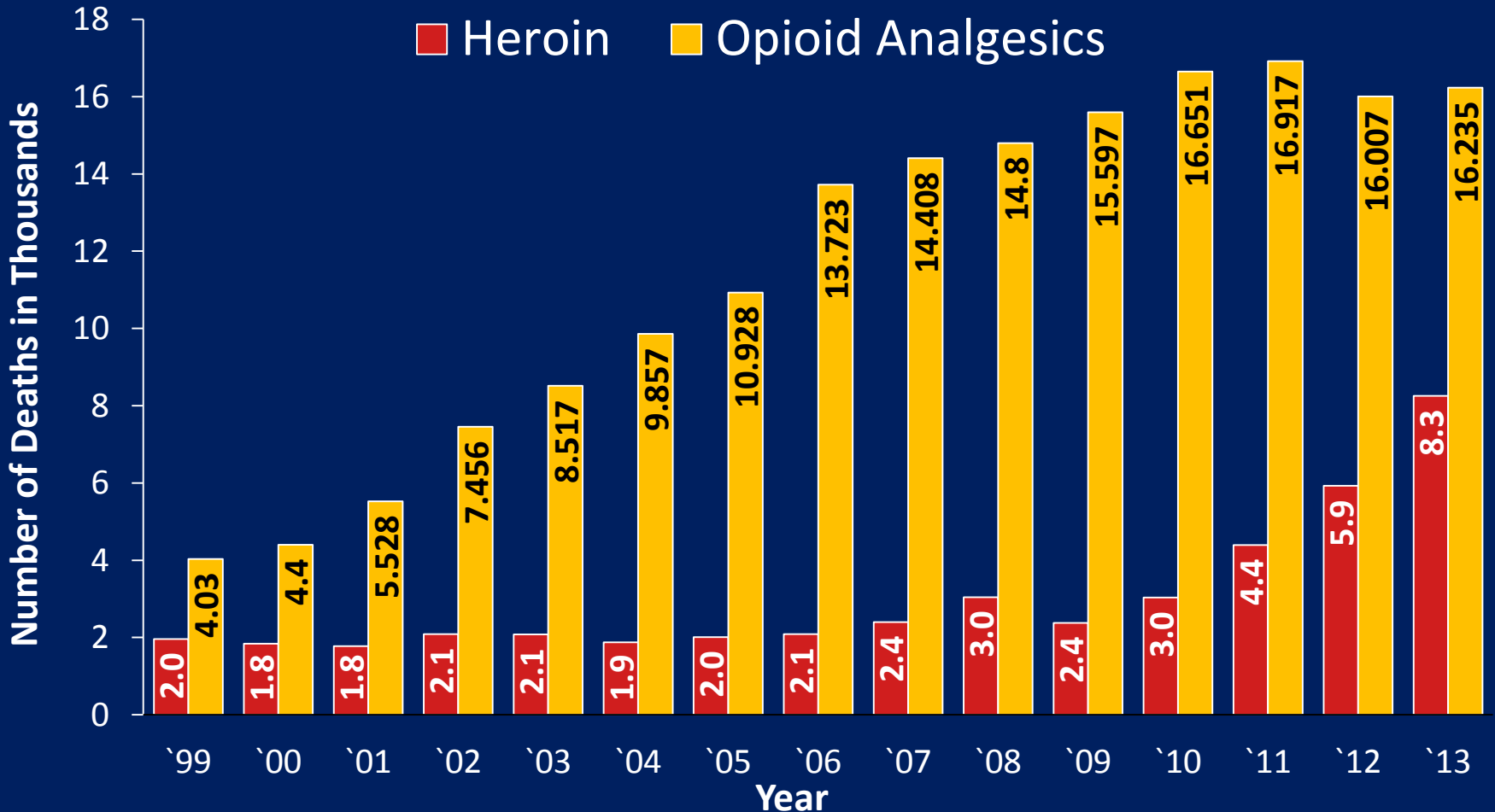
Of this number, 22,810 deaths were attributed to Prescription Drugs
(16,917 attributed to opioid overdoses/ (74.165%).

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-Poisoning Deaths Involving Opioid Analgesics or Heroin in the US, 1999-2013



Vital Signs: Overdoses of Prescription Opioid Pain Relievers and Other Drugs Among Women — United States, 1999–2010

Although more men die from drug overdoses than woman, the percentage increase in deaths since 1999 is greater among woman. More woman have died each year from drug overdoses than from motor vehicle–related injuries since 2007. Deaths and ED visits related to OPR continue to increase among woman.

Conclusions: Although more men die from drug overdoses than women, the percentage increase in deaths since 1999 is greater among women. More women have died each year from drug overdoses than from motor vehicle–related injuries since 2007. Deaths and ED visits related to OPR continue to increase among women. The prominent involvement of psychotherapeutic drugs, such as benzodiazepines, among overdoses provides insight for prevention opportunities.

Implications for Public Health Practice: Health-care providers should follow guidelines for responsible prescribing,



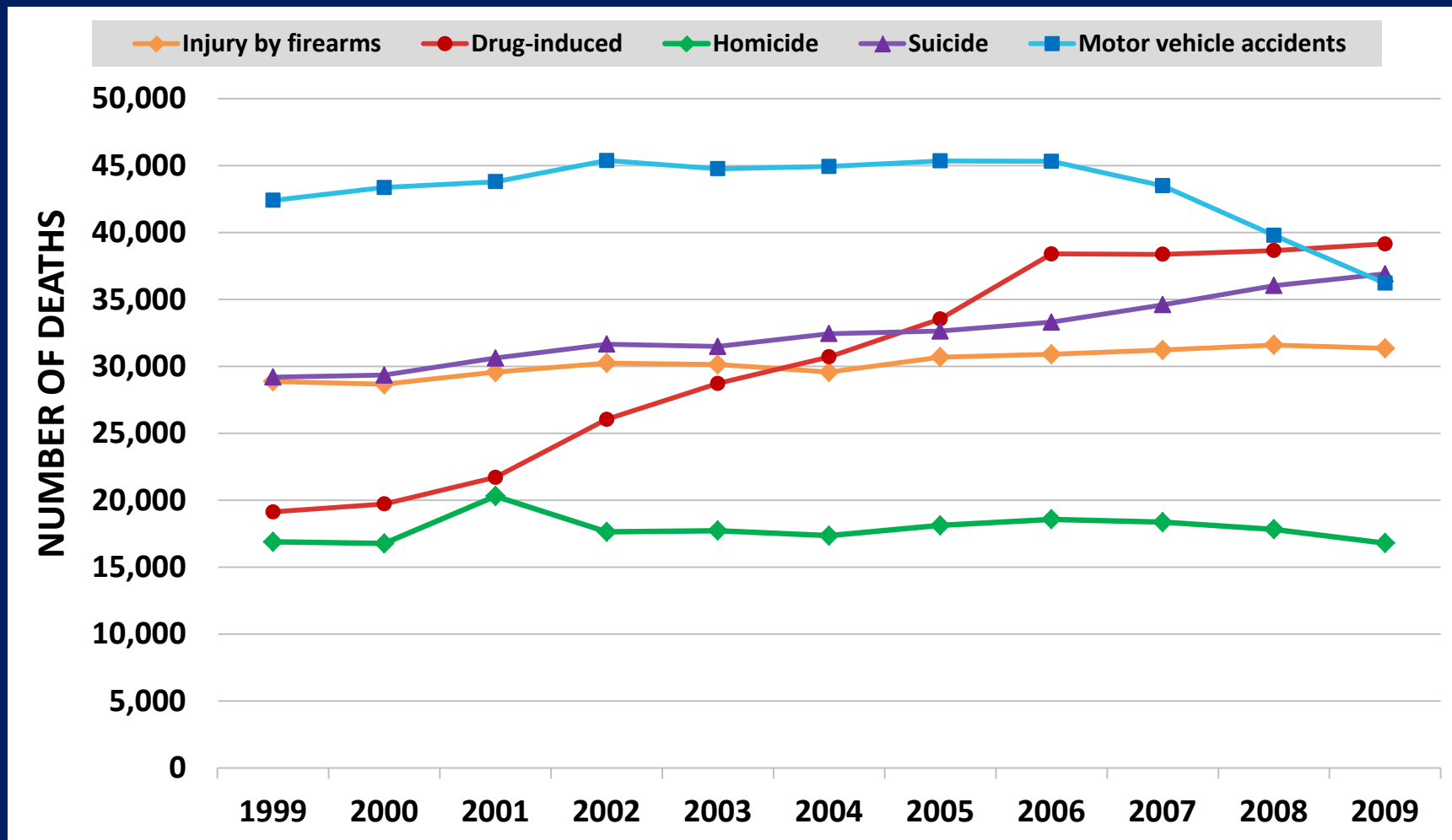
About **18** women die every day of a prescription painkiller overdose in the United States



Source: CDC VitalSigns July 2013



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

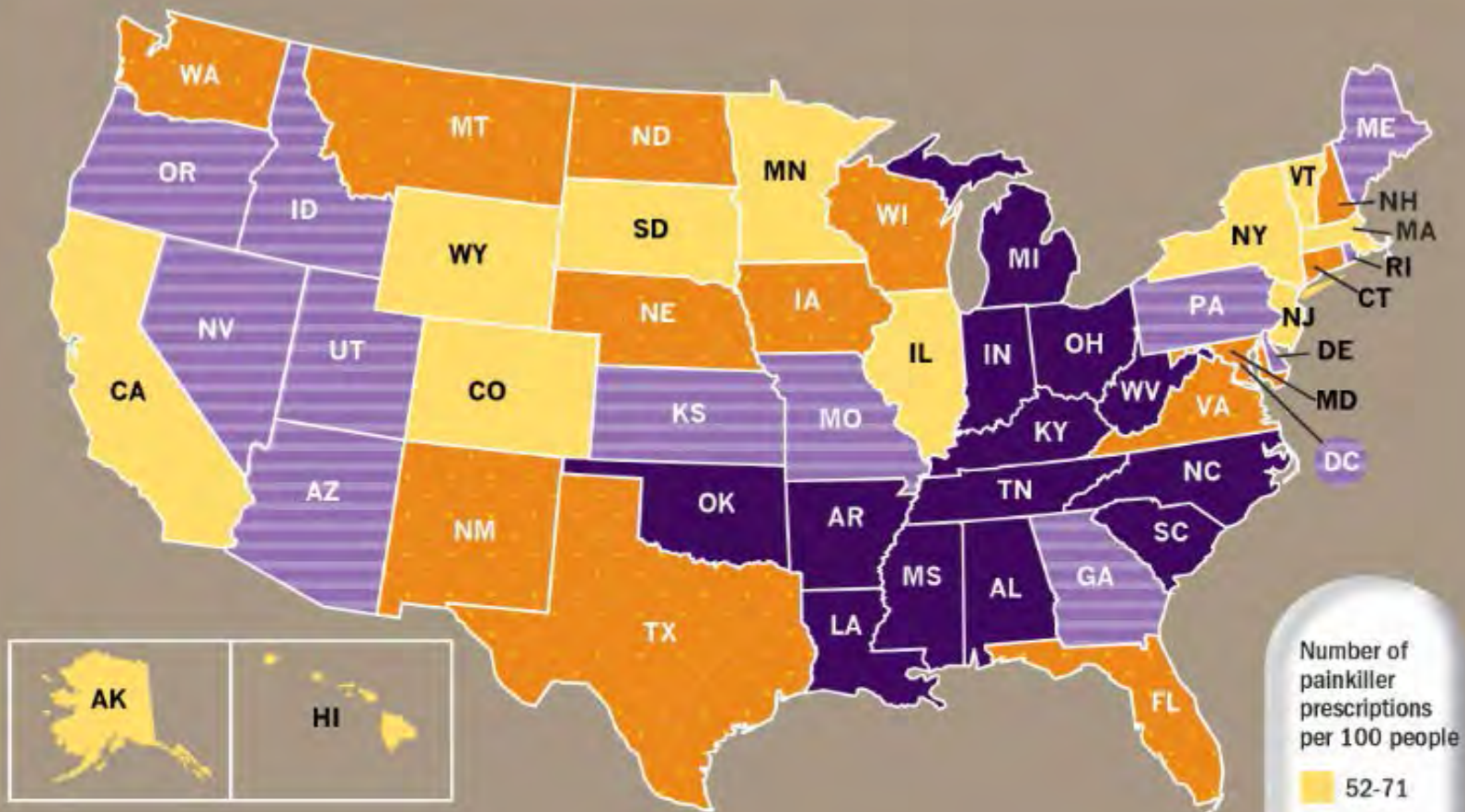


Causes of death attributable to drugs include accidental or intentional poisonings by drugs and deaths from medical conditions resulting from chronic drug use. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all injury cause categories are mutually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



Where Painkiller Prescriptions Are The Highest

- In 2012, Southern states had the most per person.
- The top three states were Alabama, Tennessee, and West Virginia;
 - Alabama: 143 per 100 people
 - Tennessee: 143 per 100 people
 - West Virginia: 138 per 100 people
- Lowest-Hawaii: 52 per 100 people



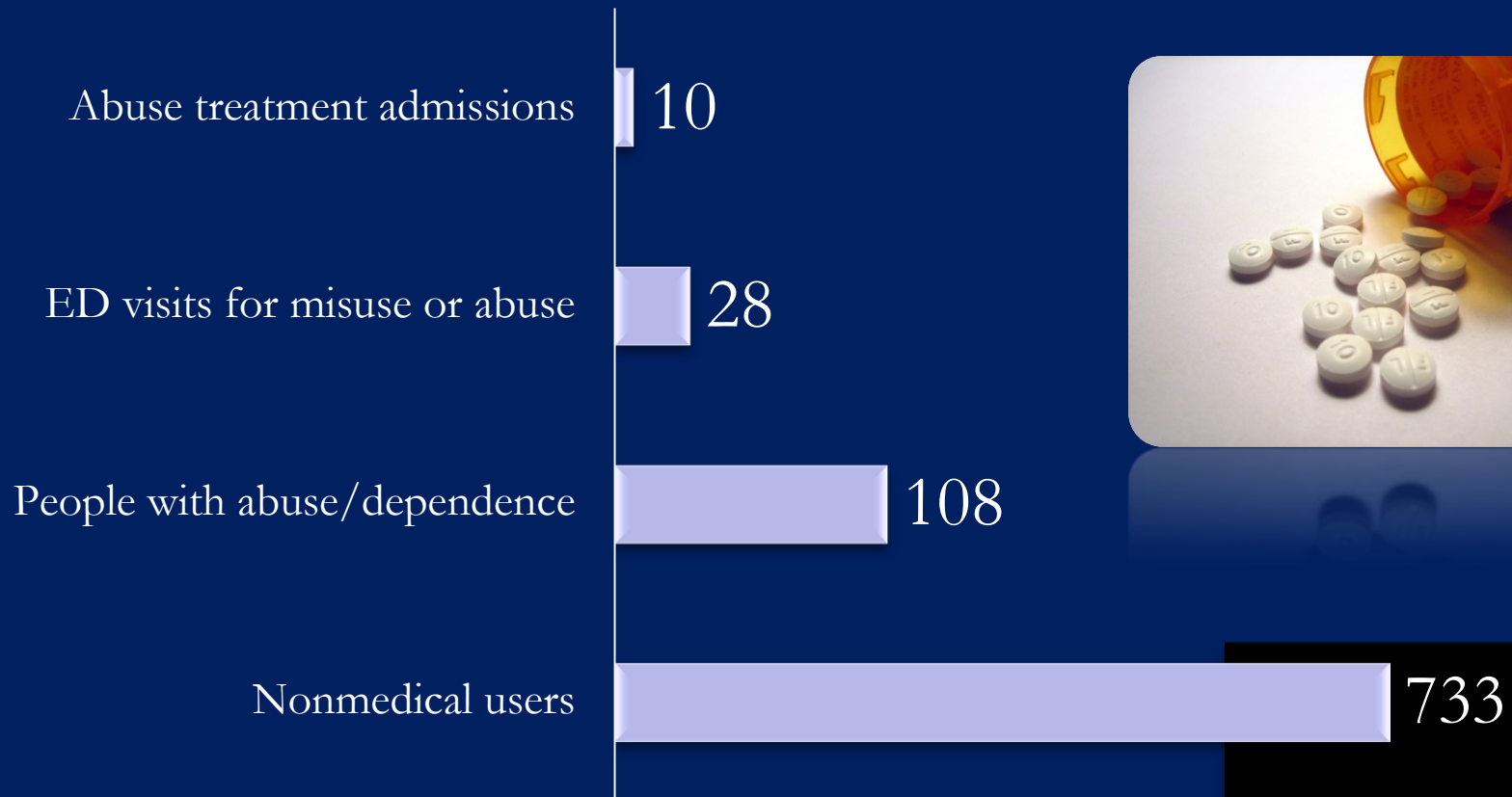
Some states have more painkiller prescriptions per person than others.



Burden on the health care delivery system

Public Health Impact of Opiate Analgesic Abuse

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



Mortality figure is for unintentional overdose deaths due to opioid analgesics in 2010, from CDC/Wonder

Treatment admissions are for with a primary cause of synthetic opioid abuse in from TEDS

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

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

Economic Costs

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

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

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

Addicted Infants Triple in a Decade



Prescription abuse

Addicted infants triple in a decade

3.4 out of 1,000 suffer painkiller withdrawal

By Liz Szabo
USA TODAY

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

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

Born into addiction

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

■ Drug-exposed
■ Other

Breathing problems



Low birthweight[†]



Feeding problems



Seizures



[†]Source: Journal of the American Medical Association

By Frank Pompa, USA TODAY

Economic Costs

- Maternal opioid dependence can affect birth costs
- A recent study showed in 2009, the average hospital stay for opioid exposed infants with neonatal abstinence syndrome (NAS) was 16 days¹
- The hospitalization cost of treating each baby with NAS averaged \$53,400²
- State Medicaid programs paid for 77.6% of these births³

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

2. Ibid.

3. Ibid.

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

	Hydrocodone	Oxycodone
2001	15,191	9,480
2002	17,429	10,515
2003	19,578	11,254
2004	22,654	12,603
2005	22,229	13,191
2006	22,319	13,473
2007	24,558	15,069
2008	26,306	17,256
2009	27,753	18,396
2010	28,310	19,363
2011	30,792	19,423
2012	29,391	18,495

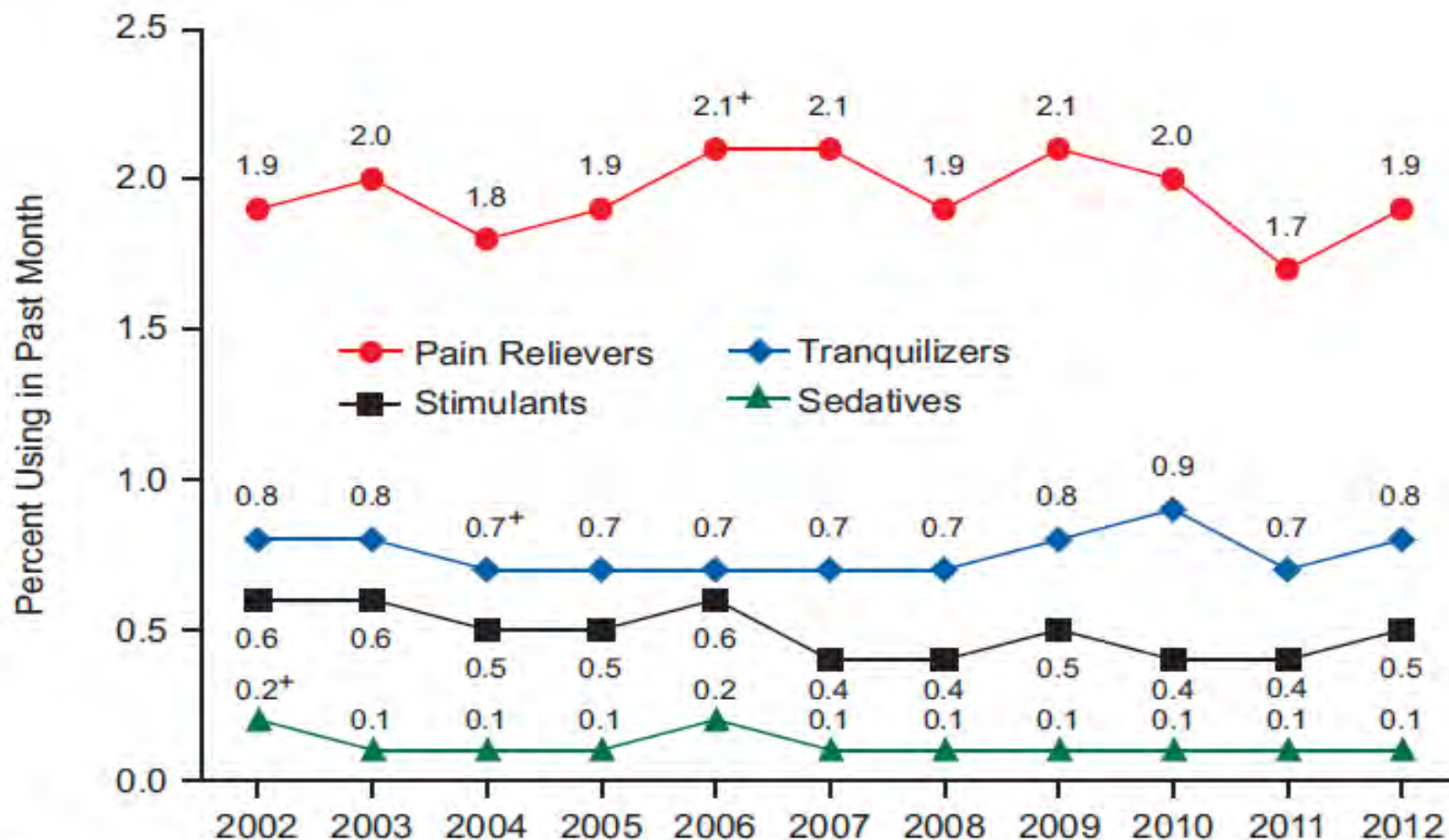


Emergency Room Data 2004-2011

- 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 (281,619 to 455,668)
- 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%



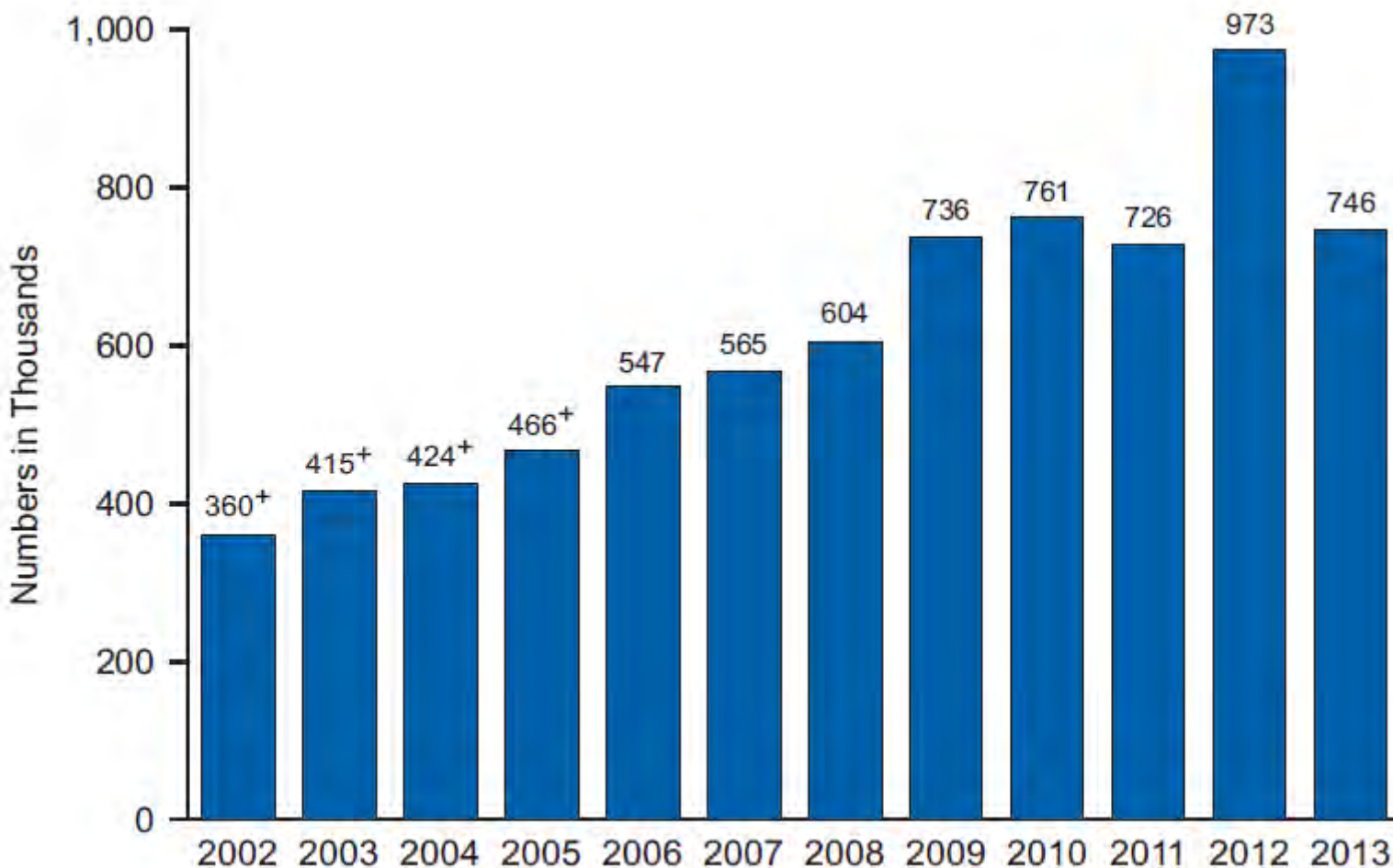
Substances for Which Most Recent Treatment Was Received in the Past Year among Persons Aged 12 or Older: 2002-2012



Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.



Received Most Recent Treatment in the Past Year for the Use of Pain Relievers Among Persons Aged 12 or Older: 2002-2013



⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.



Violence





WHERE PEOPLE ARE GETTING THEIR DRUGS

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

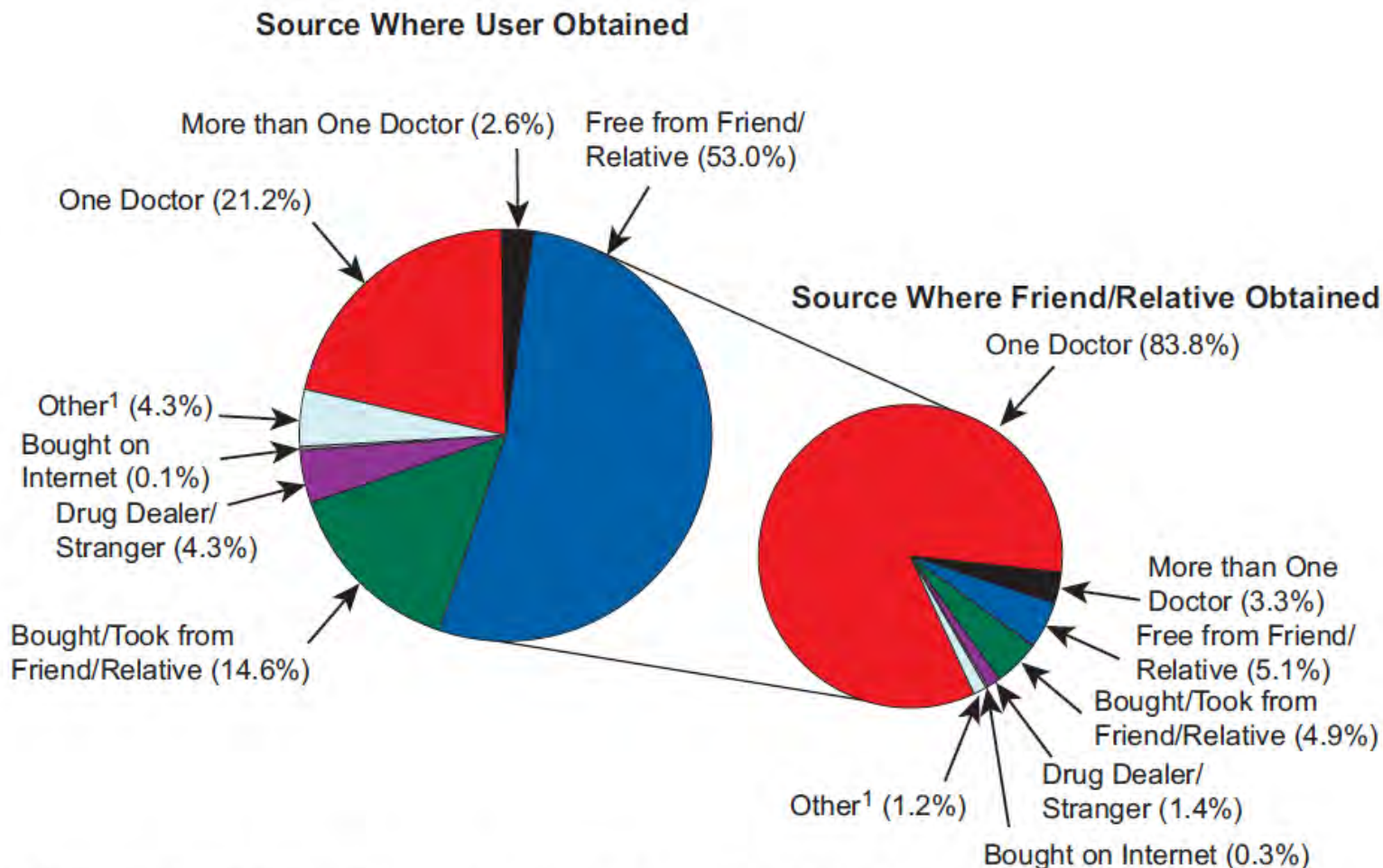


Most Frequent Method of Obtaining a Pharmaceutical Controlled Substance for Non Medical Use

Friends and Family...For Free!!



Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use Among Past Year Users Aged 12 or Older: 2012-2013

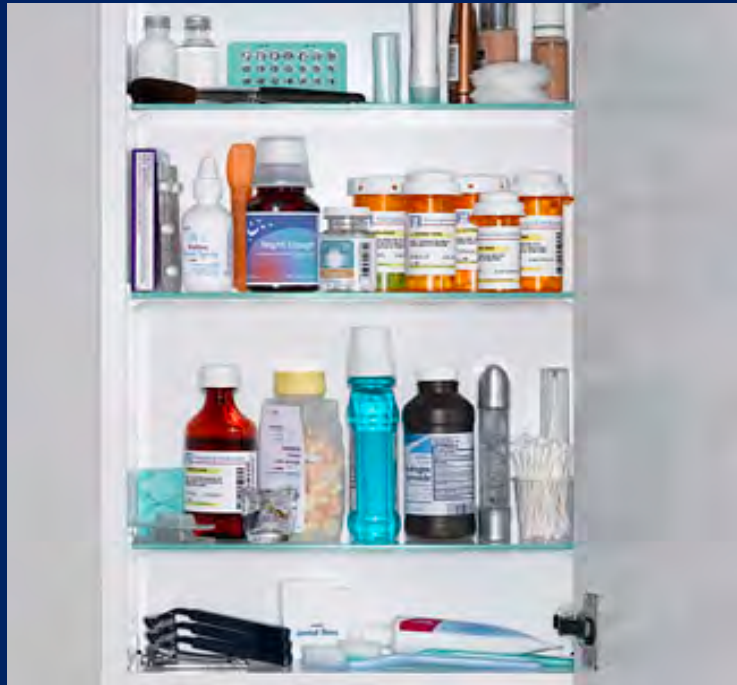


¹ The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Note: The percentages do not add to 100 percent due to rounding.



The Medicine Cabinet: The Problem of 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 Abuse Facts

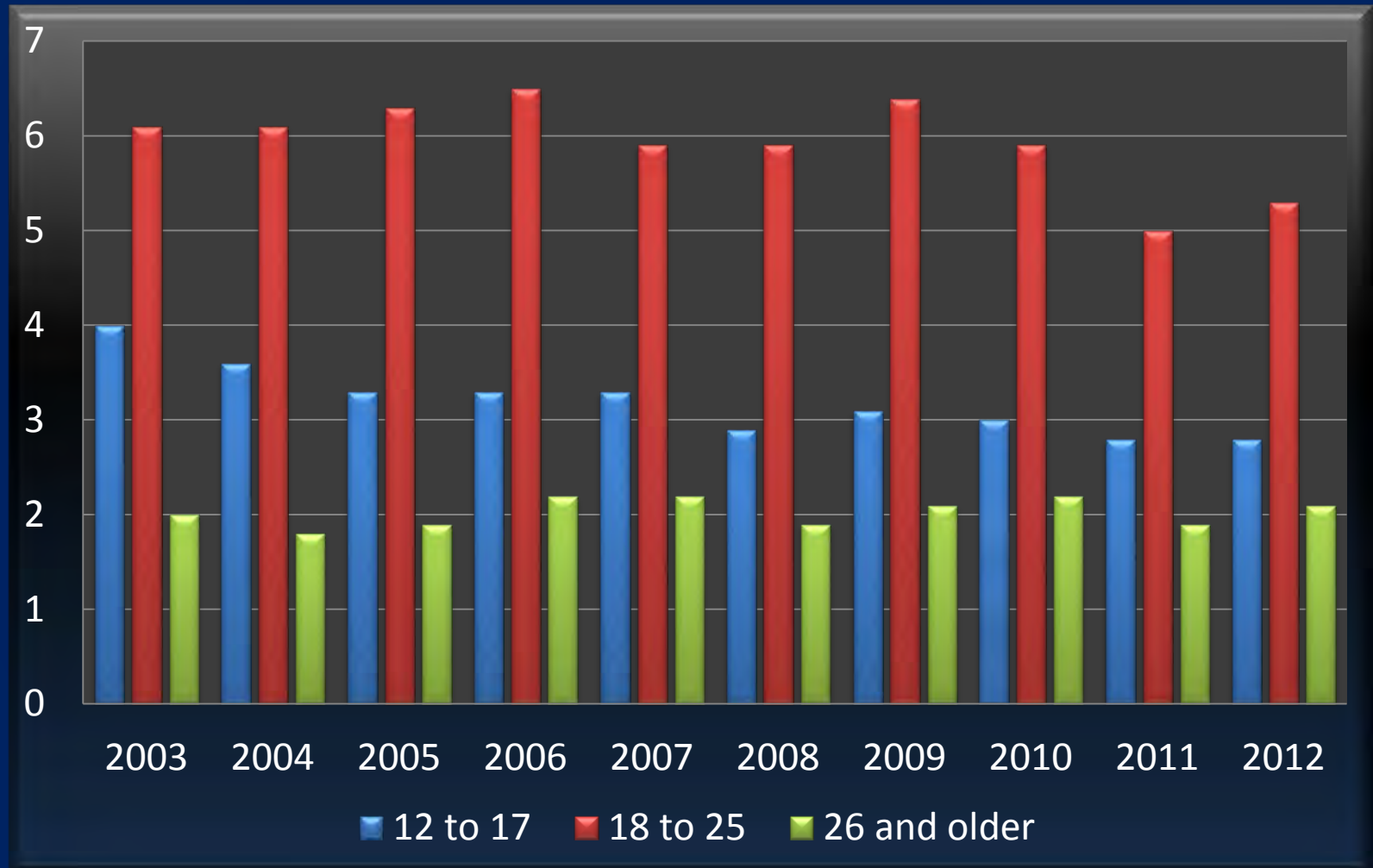
- In 2012, there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, approximately **6,700** new initiates per day.*
- One in four teens (**23%**) reports having misused a prescription drug at least once in their lifetime (up from 18% in 2008 to 23% in 2013), which translates to about 5 million teens. That is a **33% increase** over a five-year period.



SOURCE: * 2012 National Survey on Drug Use and Health (NSDUH) published September 2013 by the Dept of HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA) ** The Partnership at Drugfree.org / MetLife Foundation Partnership Attitude Tracking Studies 2013 , published July 2014

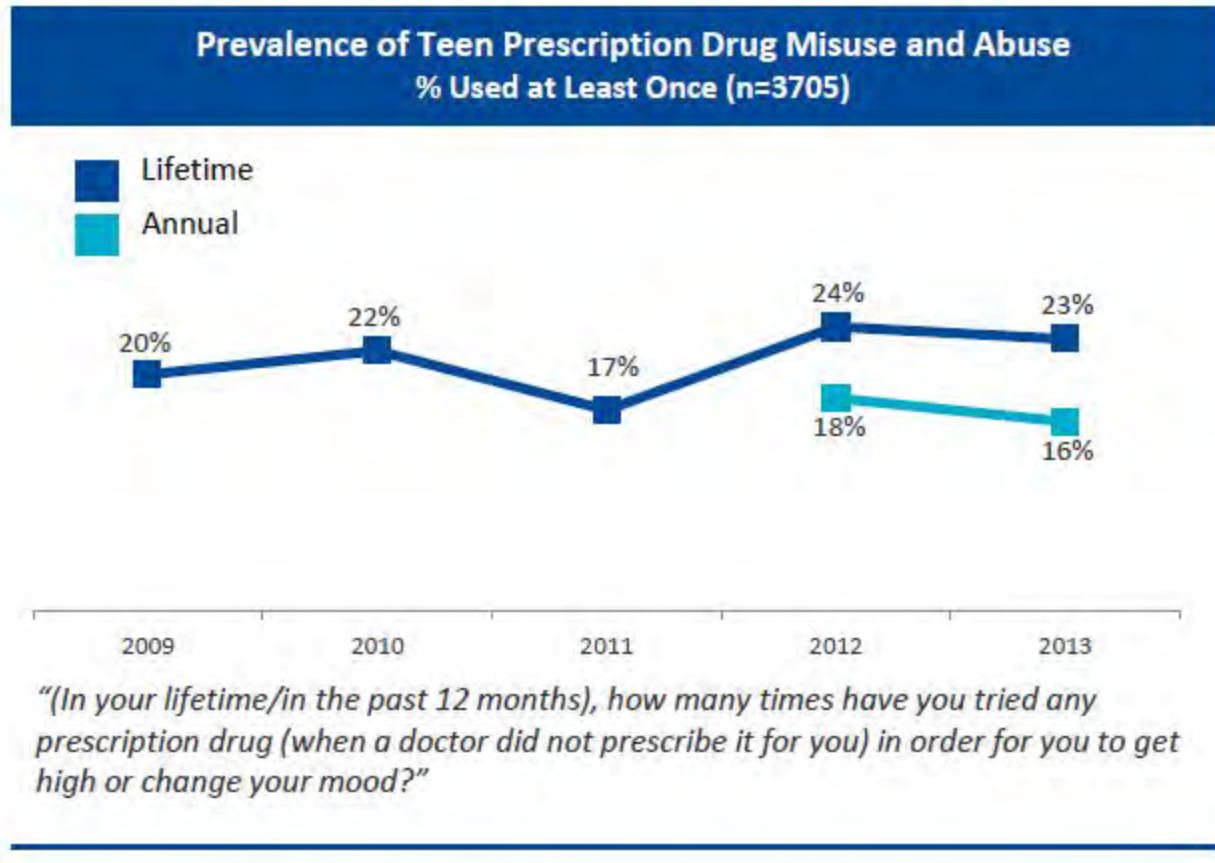


Percentage of Past Month Nonmedical Use of Psychotherapeutics by Age, 2003-2012





Teen Misuse & Abuse





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.



Other Controlled Substances

How many times have you used the following substances at least once in your lifetime:

- ✓ **17%** have used synthetic marijuana
- ✓ **7%** used bath salts
- ✓ **8%** used methamphetamine
- ✓ **15%** used OTC cough medicine (+3% - 2012)

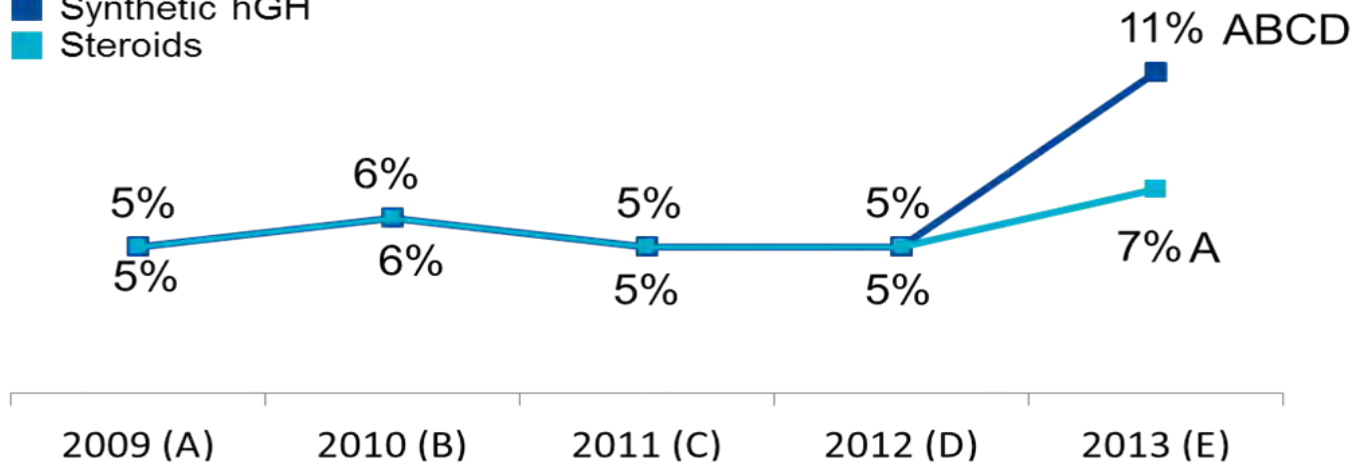


National Study: Teens Report Higher Use of Performance Enhancing Substances

Prevalence of Teen Steroid / Synthetic hGH Abuse

% Used at least once in lifetime (n=3705)

■ Synthetic hGH
■ Steroids



"In your lifetime, how many times, if any, have you done each of the following.... used (steroids/human growth hormone) for athletic performance or physical appearance when a doctor did not prescribe them for you?"

A-E indicates a significant difference at the 95% confidence level.



Teen Use of Performance Enhancing Substances

- Boys 12%
- Girls 9%
- African American teens 15%
- Hispanic teens 13%
- The results of this study further demonstrate the **importance of educating** young people, their parents and coaches on the risks associated with the use of performance-enhancing drugs, and the need to protect young people from those who would prey on them as easy marketing targets.”

Travis T. Tygart, CEO of the U.S. Anti-Doping Agency



Reasons for Misuse & Abuse

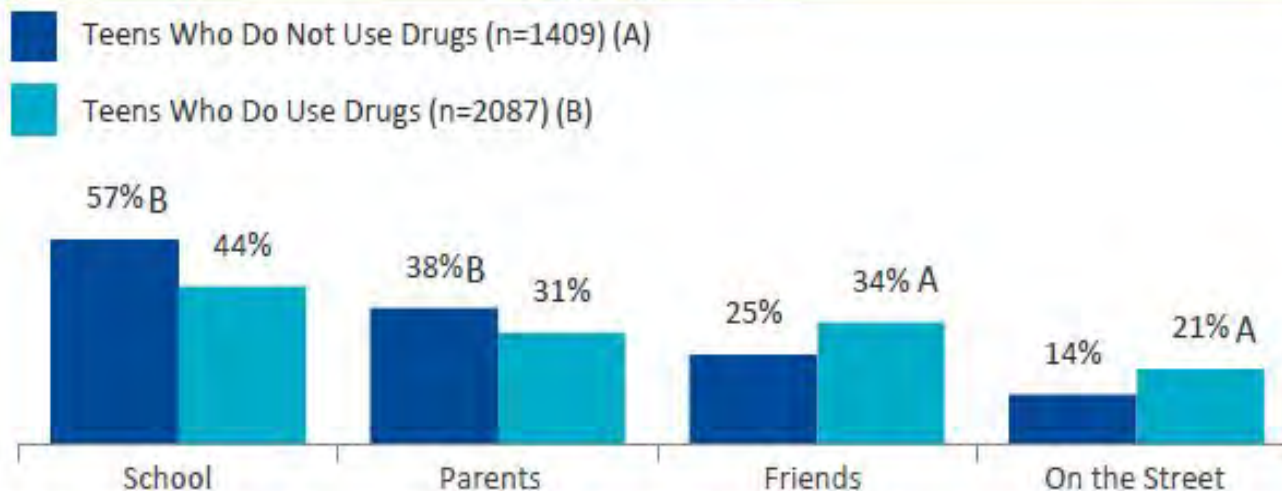
“{What was} the one main reason why you last used a prescription drug without a prescription?”

- | | |
|---|-----|
| • To help me relax | 15% |
| • To experiment | 15% |
| • To have fun | 14% |
| • Being high feels good | 12% |
| • To help me forget my troubles | 12% |
| • To deal w/ pressures & stress from school | 9% |
| • My friends are using | 9% |
| • To relieve boredom | 8% |
| • To help deal with problems at home | 8% |
| • It's a habit, I can't stop | 8% |
| • To feel better about myself | 7% |
| • To look cool | 6% |
| • Don't know | 9% |



Where our kids learn about drugs!

Learned About Risk of Drugs From Following Sources by Teen Drug Use (% A lot) (n=3705)



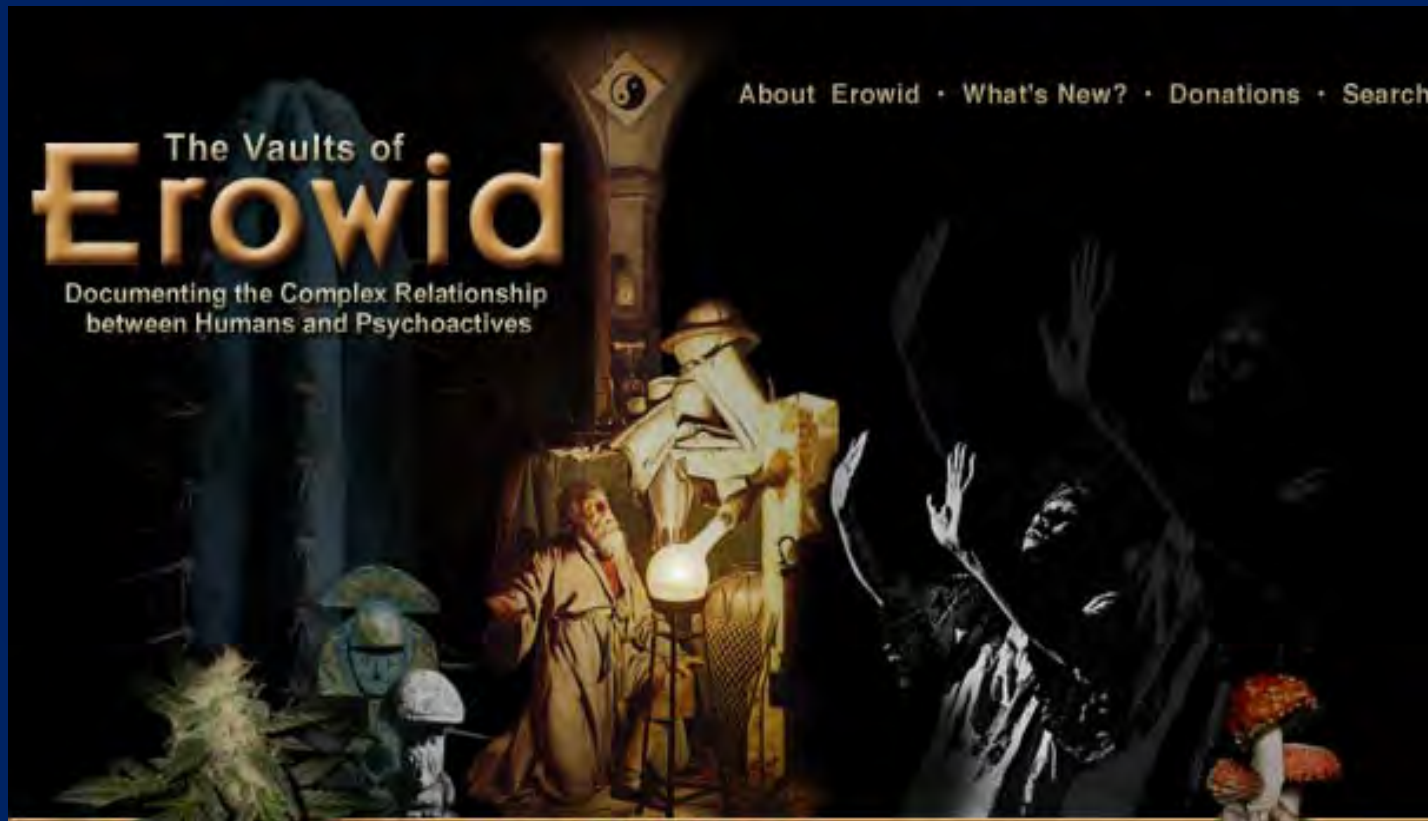
A-B indicates a significant difference at the 95% confidence level.

"How much have you learned about the risks of drugs from each of the following:"

Partnership for Drug-Free Kids | The Partnership Attitude Tracking Study | Teens & Parents 2013



Where else do our kids get their information from?





Where do kids get their information from?

← → ↻ 🏠 www.bluelight.ru/vb/

GoogleBluelight

User Name Password Log in Help Register
☐ Remember Me?

BLUELIGHT

HARM REDUCTION WORKSHOP with **BLUELIGHT**
PSYCHEDELIC SCIENCE 2013 APRIL 10TH REGISTER NOW
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The Front Page

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

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

Features

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

FORUMS

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

THE FRONT PAGE

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

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

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

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

In the coming weeks, the MAPS Forum will no longer be linked from maps.org. Instead, MAPS will provide a link to the new MAPS Forum hosted at Bluelight. MAPS will work closely with Bluelight to encourage public participation in our new "home" at Bluelight.ru as the migration of the MAPS Forum topics is completed.

...

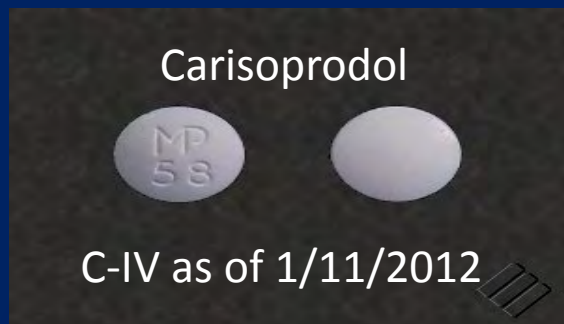
start Bluelight - The Front ... 11



WHAT PEOPLE ARE ABUSING

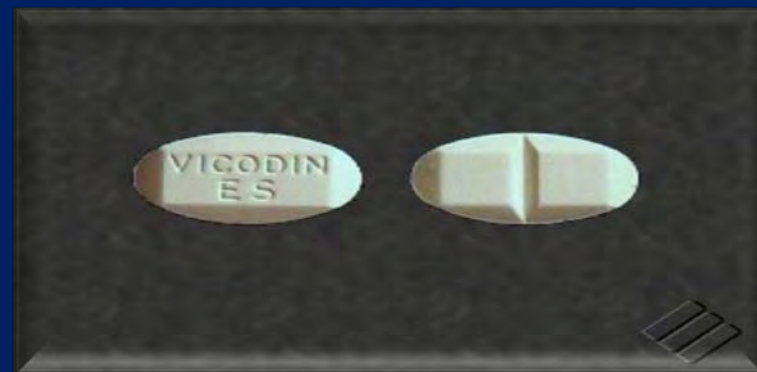


Commonly Abused Controlled Pharmaceuticals



Carisoprodol

C-IV as of 1/11/2012



Hydrocodone



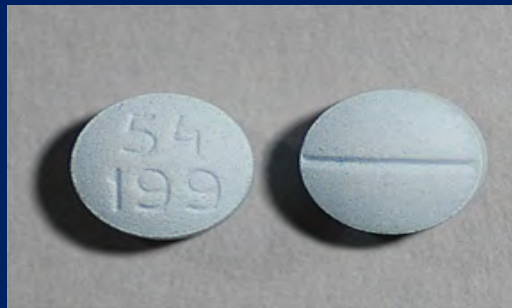
OxyContin 80mg



Oxymorphone



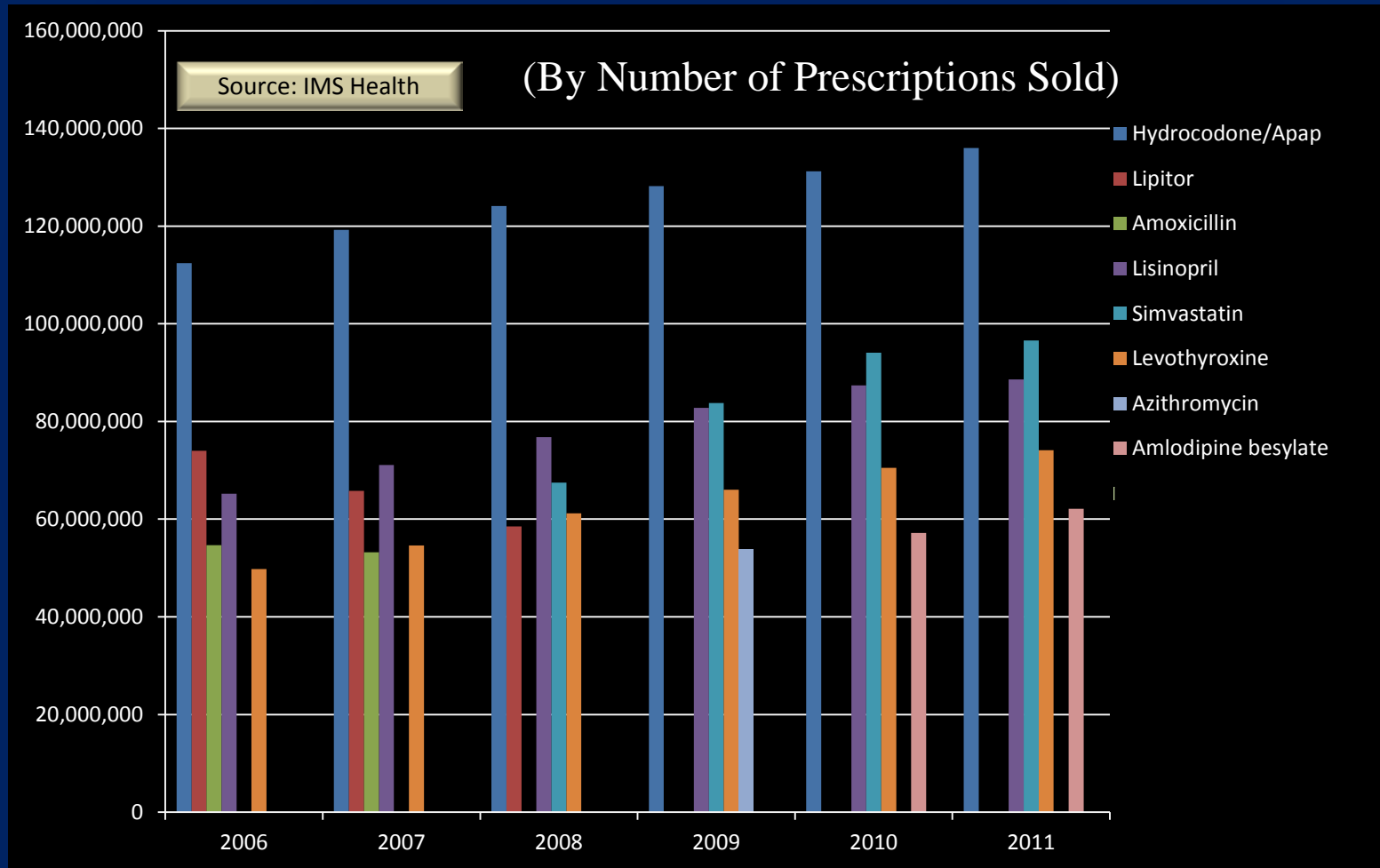
Oxycodone 30 mg



Alprazolam



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





Hydrocodone

- Hydrocodone / Acetaminophen (toxicity)
- Similarities:
 - Structurally related to codeine
 - Equal to morphine in producing opiate-like effects
- Brand Names: Vicodin[®], Lortab[®], Lorcet[®]
- Currently, combination products are Schedule III
- **October 6, 2014 moved to SCHEDULE II**
- “Cocktail” or “Trinity”
 - Hydrocodone
 - Soma [®] / carisoprodol
 - Alprazolam / Xanax[®]
- Street prices: \$2 to \$10+ per tablet depending on strength & region





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

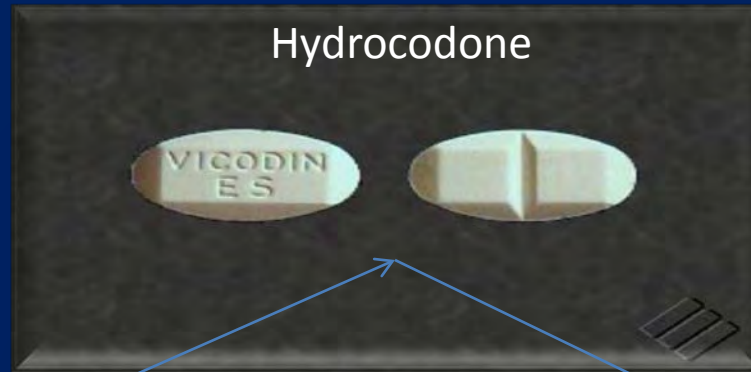


Top 10 List

➤ 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%



The Trinity



Opiate



C-IV as of 1/11/2012

Muscle Relaxant



Benzodiazepine

OXYCODONE



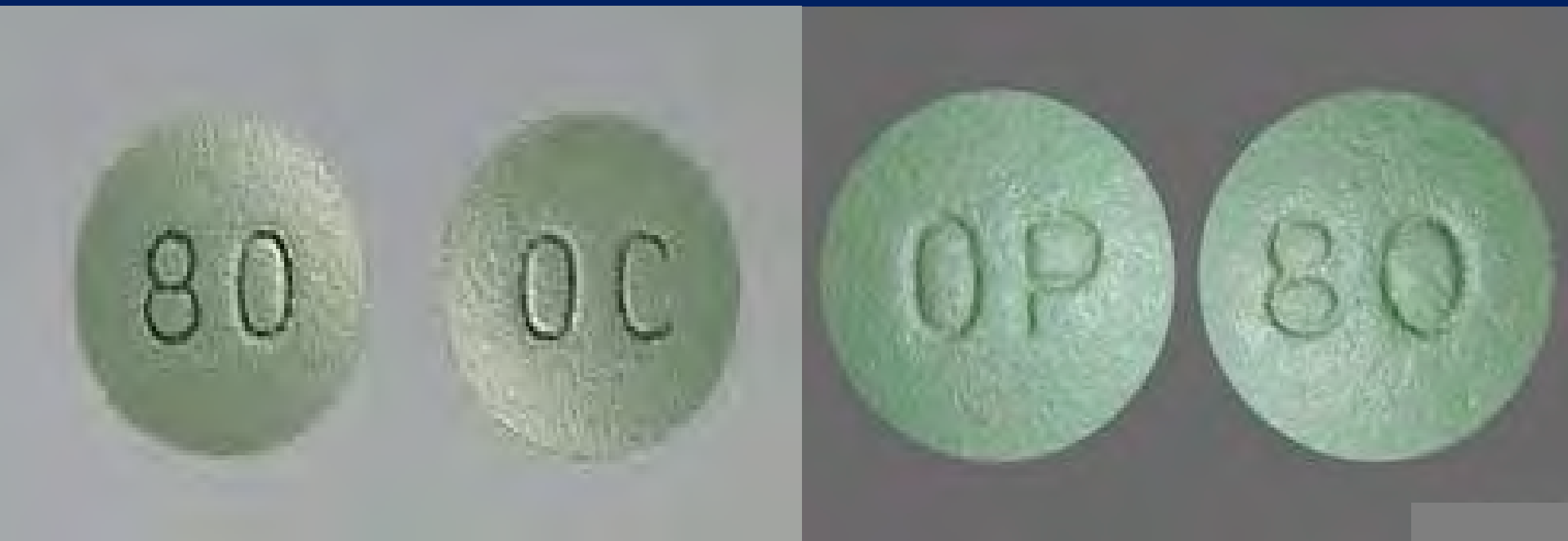


Oxycodone

- OxyContin controlled release formulation of Schedule II oxycodone
 - The controlled release method of delivery allowed for a longer duration of drug action so it contained much larger doses of oxycodone
 - Abusers easily compromised the controlled release formulation by crushing the tablets for a powerful morphine-like high
 - 10, 15, 20, 30, 40, 60, 80mg available
- Effects:
 - Similar to morphine in effects and potential for abuse/ dependence
 - Sold in “Cocktails” or the “Holy Trinity” (Oxycodone, Soma ® / carisoprodol, Alprazolam / Xanax®)
- Street price: Approx. \$80 per 80mg tablet
- NOTE: New formulation introduced into the marketplace in 2010 that is more difficult to circumvent for insufflation (snorting) or injection. Does nothing to prevent oral abuse.



OxyContin® Change





Oxycodone 15mg/30mg Immediate Release





Prescription Opiates v. Heroin





Circle of Addiction & the Next Generation

Oxycodone
Combinations

Percocet®

\$7-\$10/tab

OxyContin®
\$80/tab

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

Hydrocodone
Lorcet®
\$5-\$7/tab

Heroin
\$15/bag





HEROIN: NO LONGER CONFINED TO URBAN AREAS

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The Examiner
WASHINGTON

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

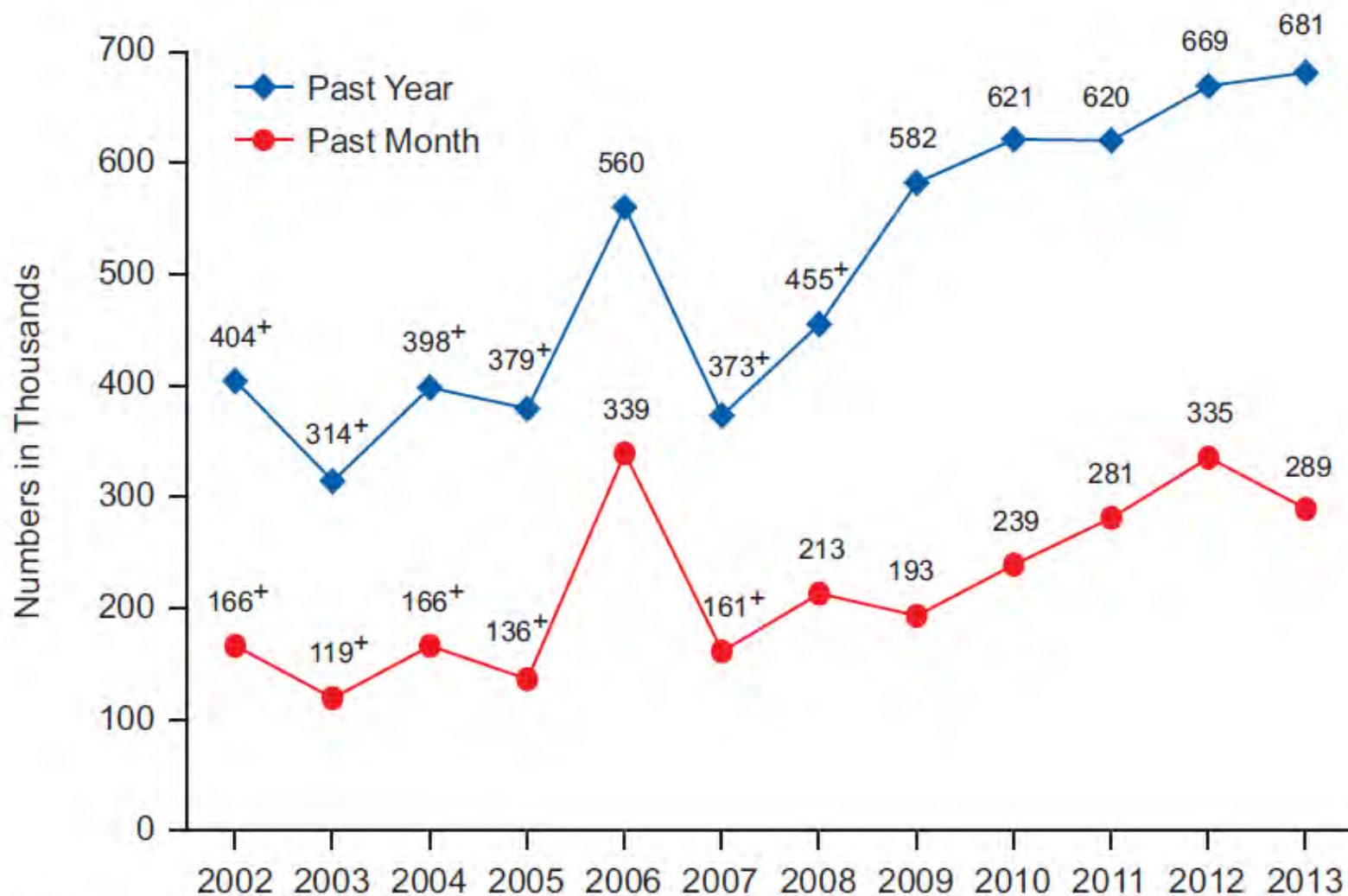
LOCAL
FBI analyst busted

Heroin use spikes in area suburbs

Pill addicts risk deadly drug



Past Month and Past Year Heroin Use Among Persons Aged 12 or Older: 2002-2013



⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.



Community Impact?

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

Heroin traffickers pave the way for increasing crime and violence

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

Communities suffer



Methadone





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

Cheapest narcotic pain reliever – synthetic

Insurance companies

What's the problem?



editorials

Rising methadone deaths

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

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

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

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

To identify the extent of the problem and the patients most at risk, the city Health Department has reviewed data from the medical examiner's office. It also has asked the quasi-public city agency that oversees drug treatment in Baltimore to cross-check methadone overdose victims against its patient rosters. That's a critical aspect of the review because it could uncover misuse, a abuse or diversion of methadone



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

from drug treatment centers. Or it could lend credence to the prevailing view that more training is required for private physicians who prescribe methadone for pain.

At least 29 states have prescription monitoring programs that would identify indiscriminate prescribing, doctor-shopping and other abuses. A task force established this year in Maryland is studying the possibility of establishing a similar tracking system for methadone and other controlled substances.

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



CDC Vital Signs Report July 2012

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

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

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



Overdose...Why?

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

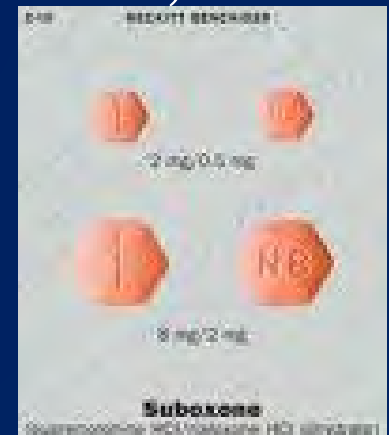
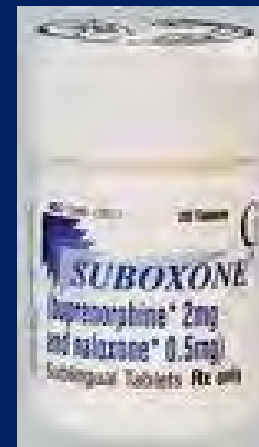




Other FDA Approved Drugs for Narcotic Addiction Treatment

Schedule III

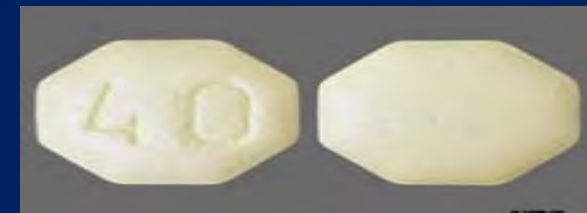
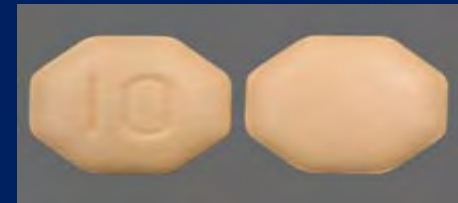
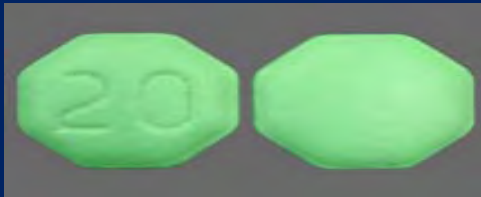
- Buprenorphine – similar to other opioids and produces less euphonic effects
- Abused as a replacement for other opioids; general hold over
- Popular in prisons, “prison heroin”
- Prices: \$2.00 to \$15.00
 - Suboxone (sublingual, buprenorphine/naloxone tablet)
 - Zubsolv (sublingual, buprenorphine/naloxone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





Opana ER (Oxymorphone) (Schedule II)

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





Other Narcotics

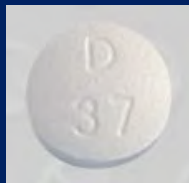
Fentanyl



Hydromorphone



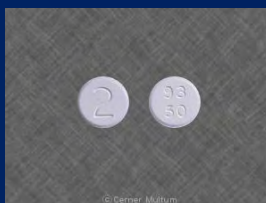
Meperidine



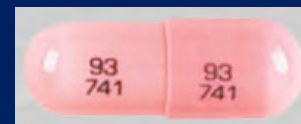
Morphine



Codeine



Propoxyphene





Benzodiazepines

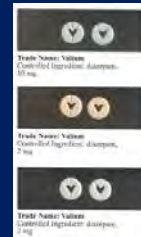
Alprazolam



Clonazepam



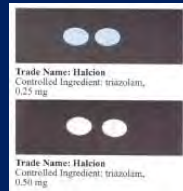
Diazepam



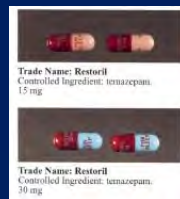
Lorazepam



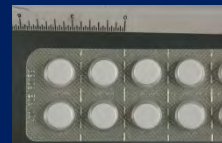
Triazolam



Temazepam



Flunitrazepam



Midazolam



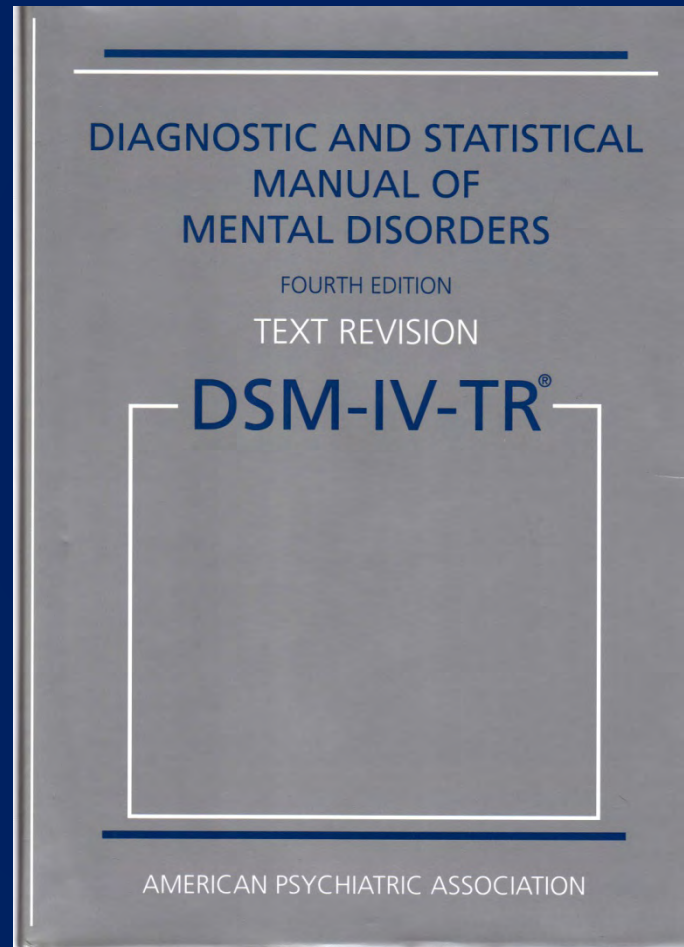


Ritalin® / Concerta® / Adderall®

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



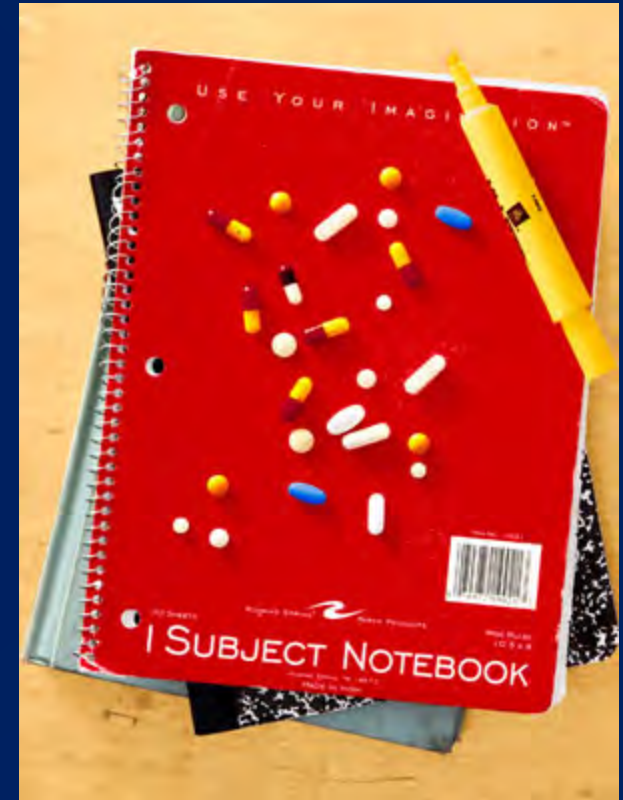
Required Reading





ADHD Medication

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





Dextromethorphan (DXM)

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



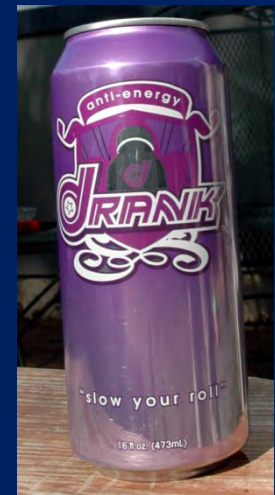


Cough Syrup Cocktails

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



PURPLE DRANK
ima grip and sip





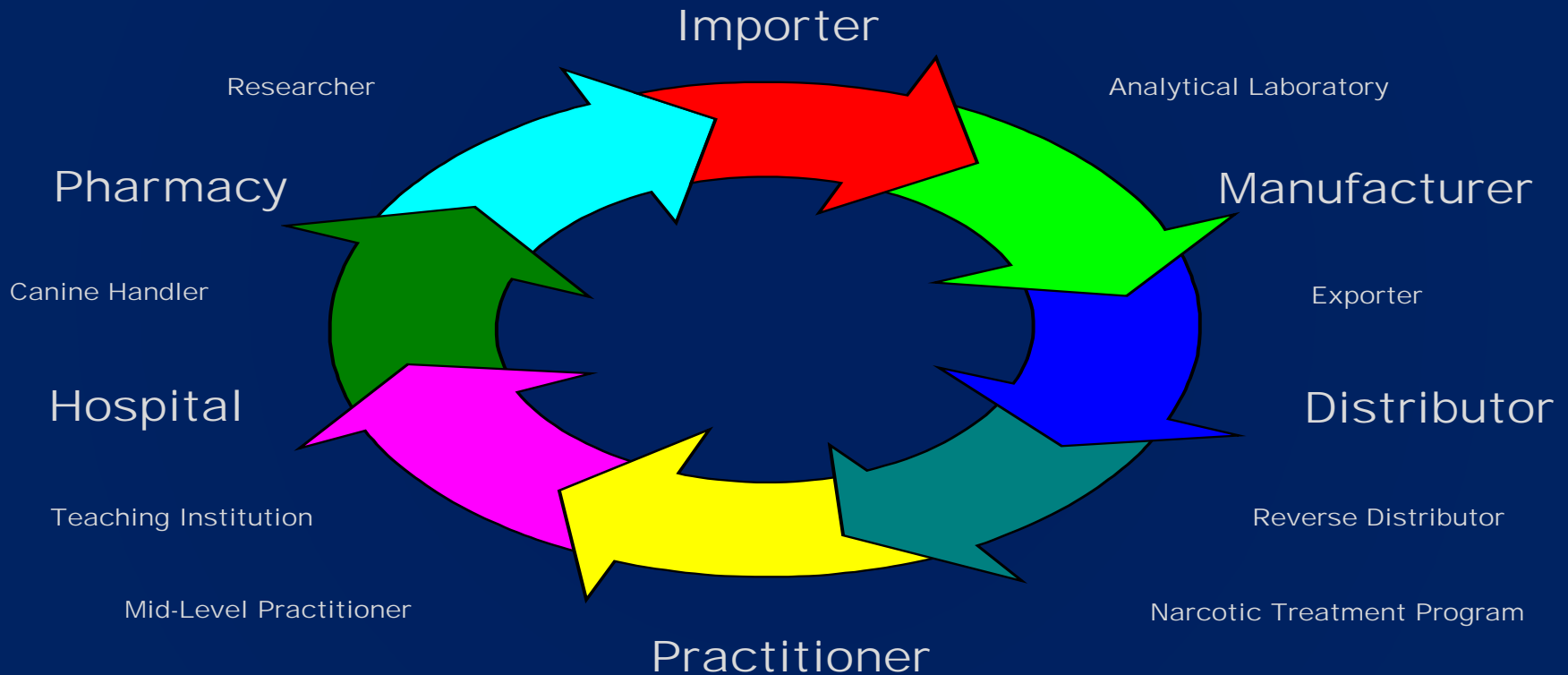
THE CSA: CHECKS & BALANCES



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



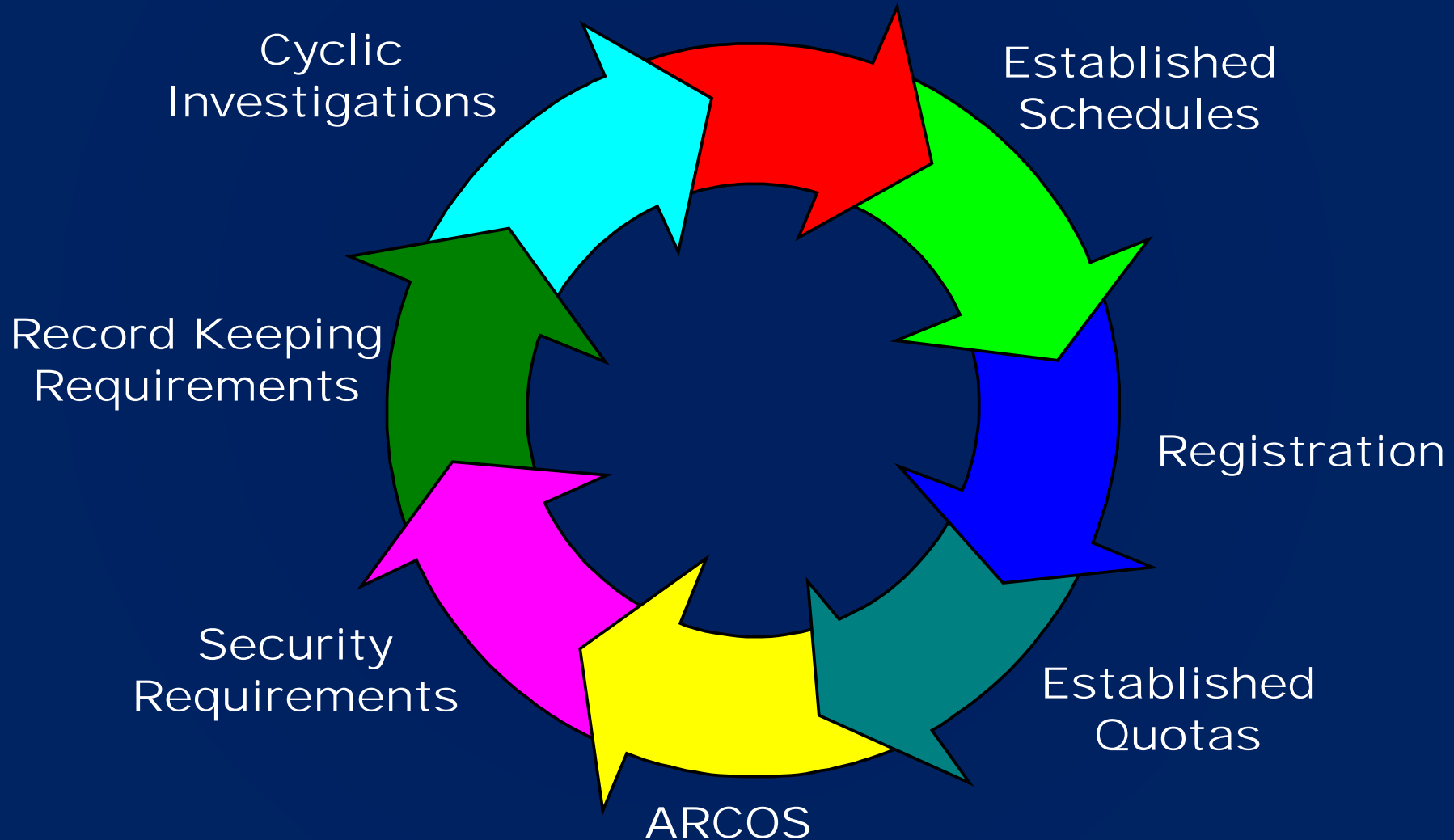
The CSA's Closed System of Distribution



1,469,821 DEA Registrants



The CSA's Closed System of Distribution





Checks and Balances of the CSA and the Regulatory Scheme

- Distributors of controlled substances

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



Checks and Balances Under the CSA

- Practitioners

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

United States v Moore 423 US 122 (1975)



Checks and Balances Under the CSA

- Pharmacists – The Last Line of Defense

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



System of Checks and Balances



The Last Line of Defense





What can happen when these
checks and balances
collapse ?



Diversion via the Internet



Domestic 'Rx' Flow

1. Consumer in Montana orders hydrocodone on the Internet

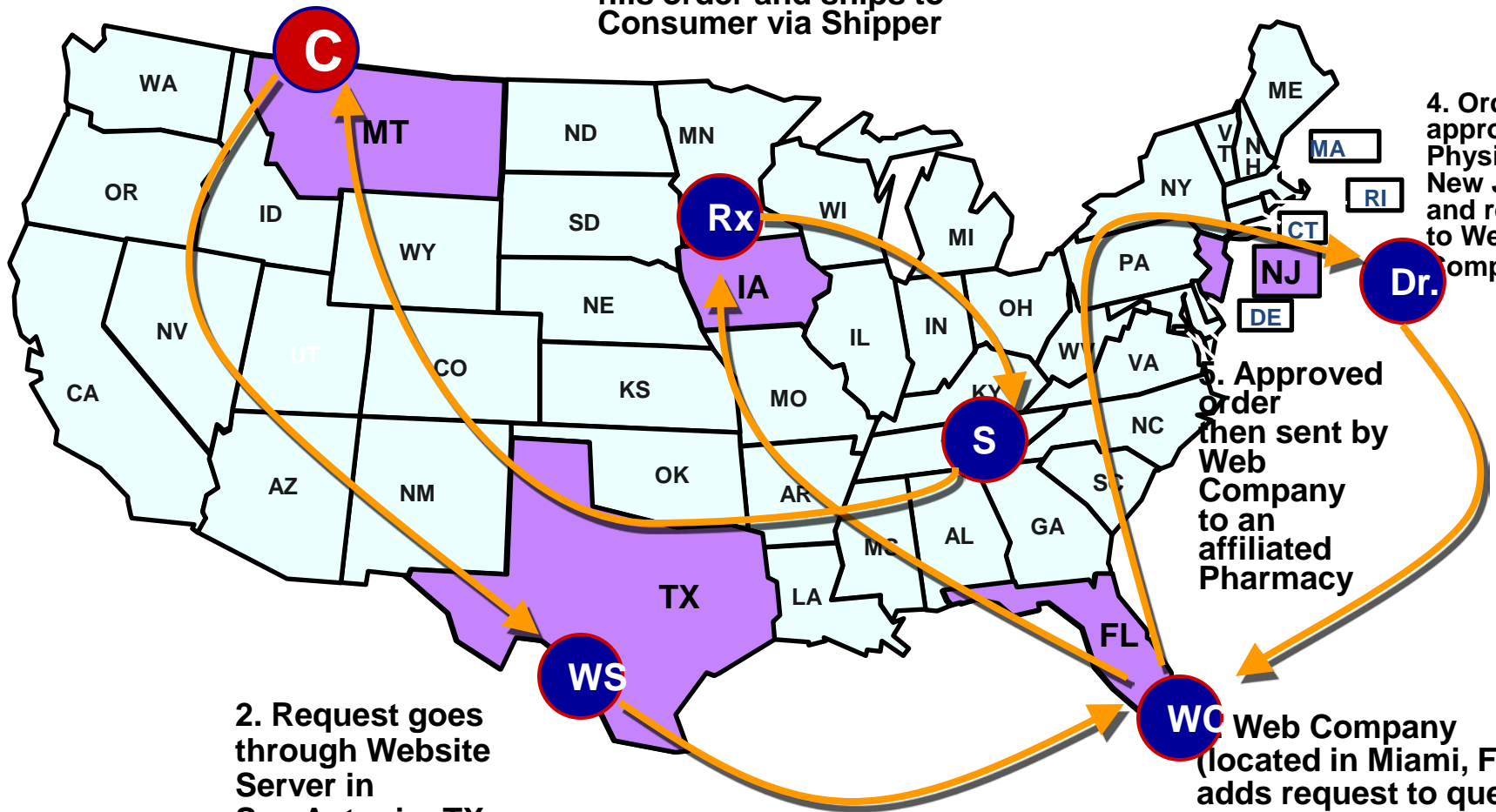
6. Pharmacy in Iowa fills order and ships to Consumer via Shipper

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





Pharmacy?





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



Lets go Find your Clinic !!

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



Large-Scale Diversion

- In 2009, the average purchase for all oxycodone products for all pharmacies in US – 63,294 d.u.
- In 2010, the average was – 69,449 d.u.
- In 2009, the average purchase for all oxycodone products for the top 100 pharmacies in Florida – 1,226,460 d.u.
- In 2010, the average was – 1,261,908 d.u.



The Florida “Migration”: Was this Normal ??

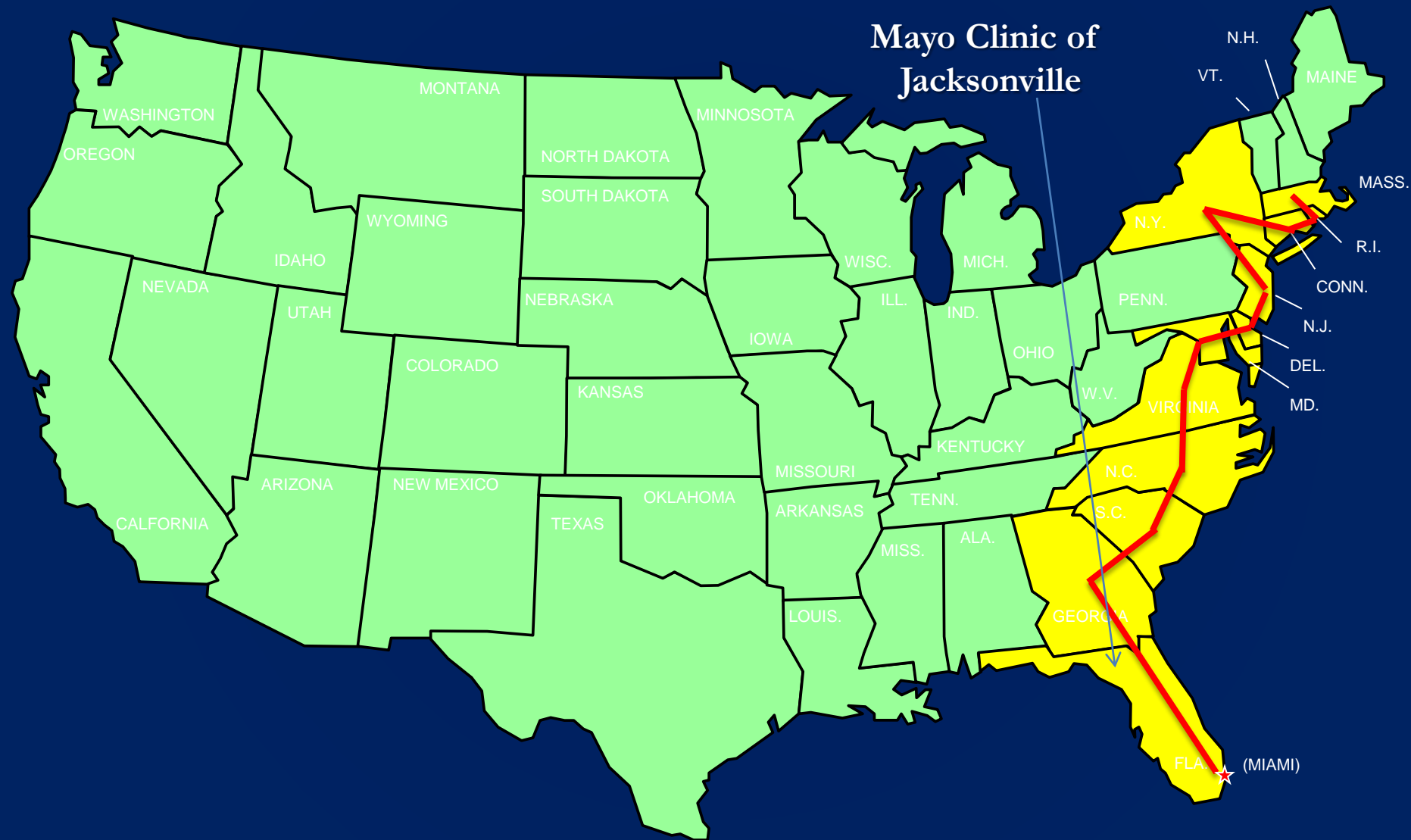
Vast majority of the “patients” visiting Florida “pain clinics” came from out-of-state:

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



THE MIGRATION

Mayo Clinic of
Jacksonville





“short waits or
we will pay you”



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

**PAIN CENTER
OF
BROWARD**

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
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(4 BLOCKS NORTH OF COMMERCIAL)



EAST COAST PAIN MANAGEMENT IN PAIN? We can help.

\$50
INITIAL VISIT

- NO WAIT FOR WALK-INS
- ON-SITE DISPENSING
- PAIN MEDICATION THERAPY

ONSITE PHARMACY



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OFFICE HOURS: 9AM – 5PM
MONDAY – FRIDAY
4726 OKEECHOBEE BLVD. (In Peppertree Plaza)
WEST PALM BEACH



Either they don't have any business or the "patients" aren't seeing the doctor for very long.



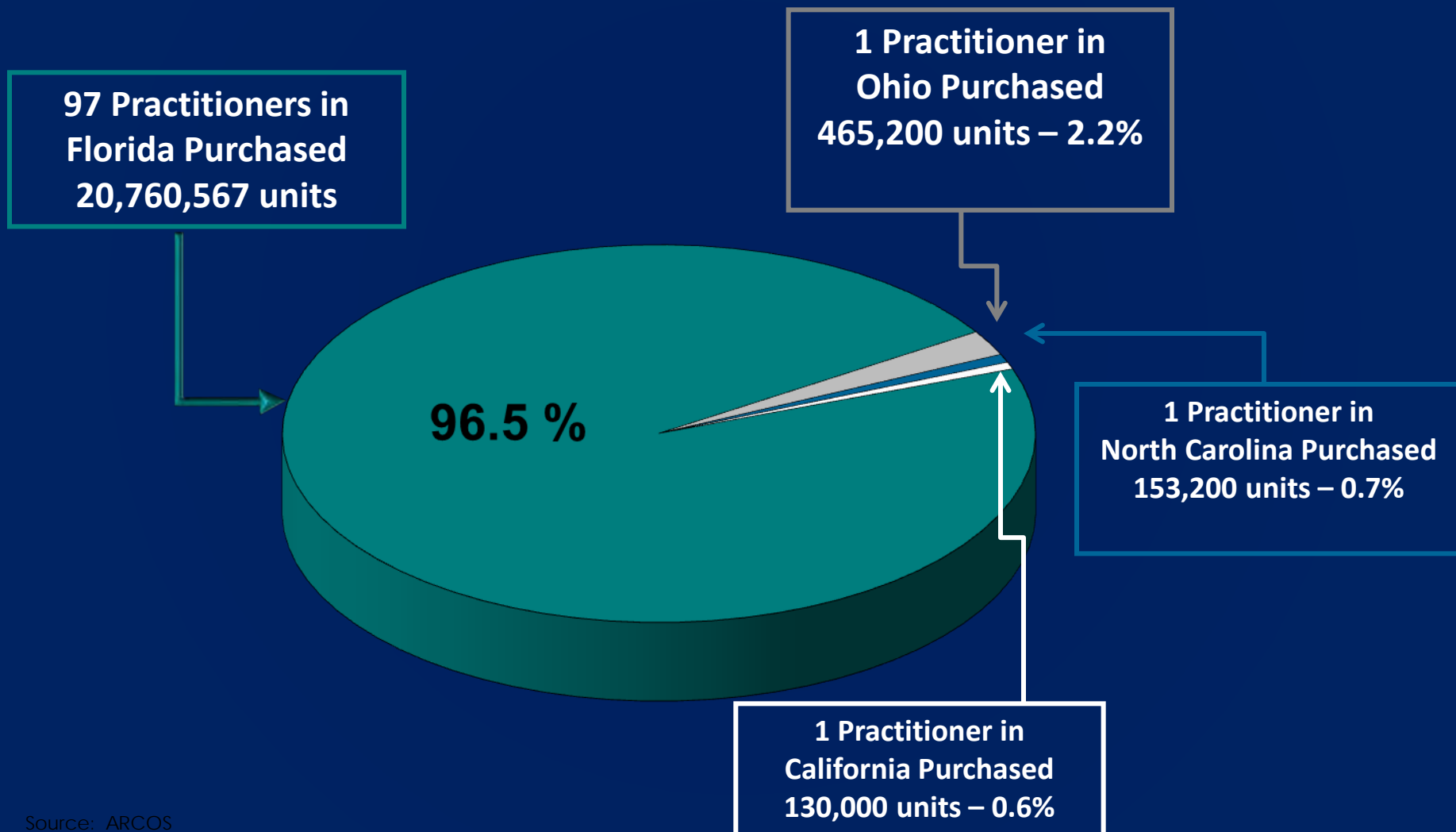
You May Have to Get in Line







Top 100 Practitioner Purchasers of Oxycodone Nationwide January 1, 2009 – September 30, 2009

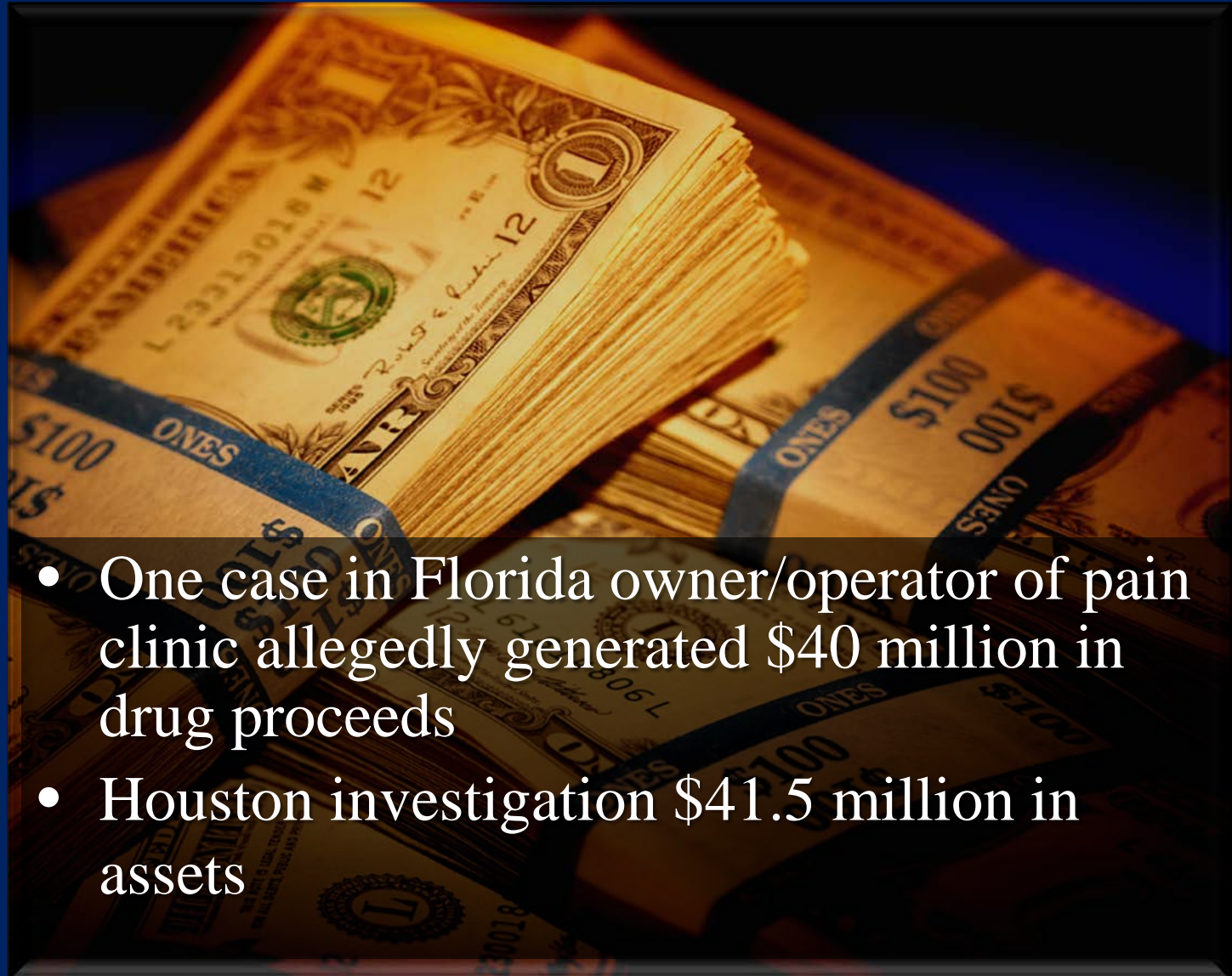




Why is this happening?



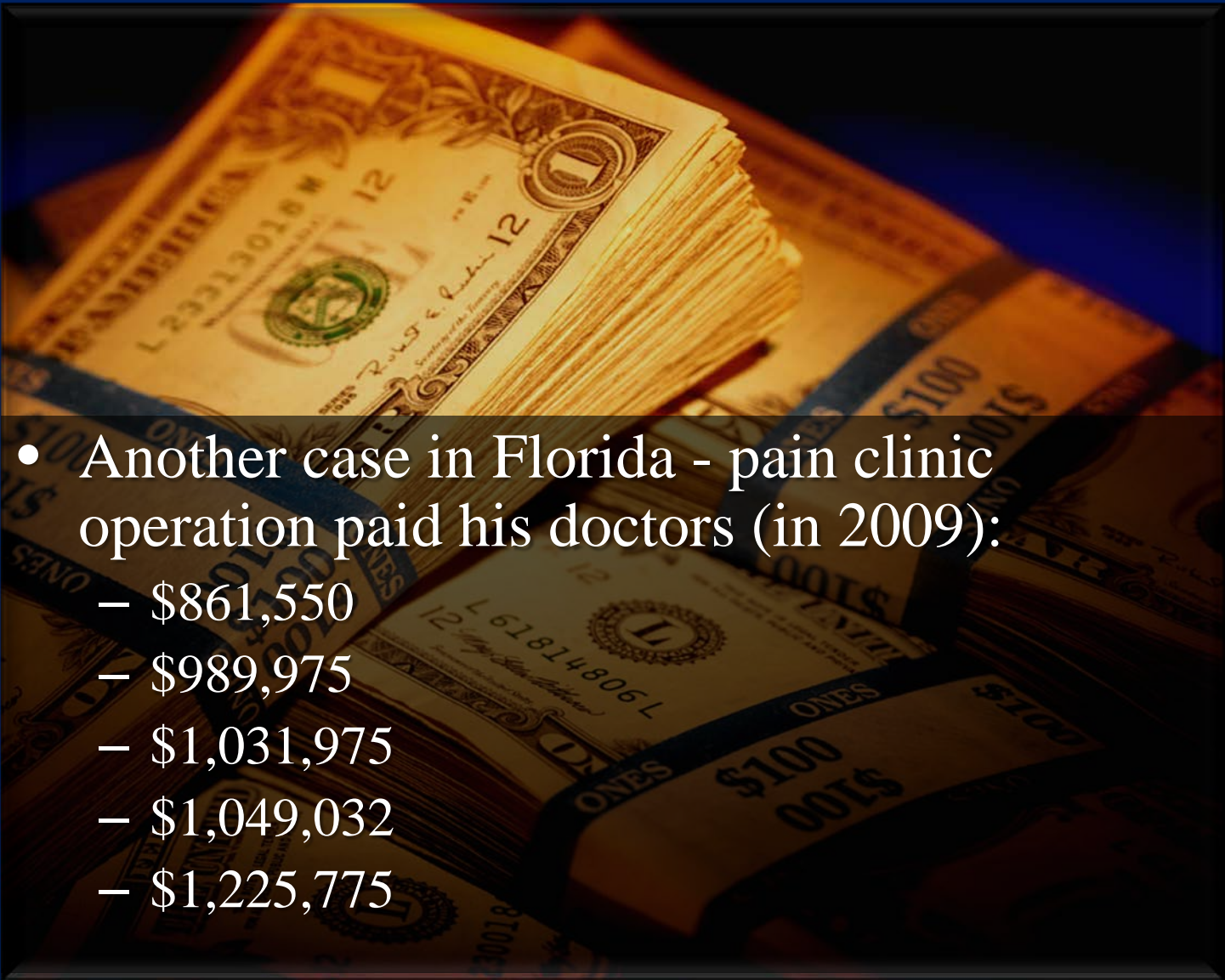
Its All About Profit



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



Its All About Profit

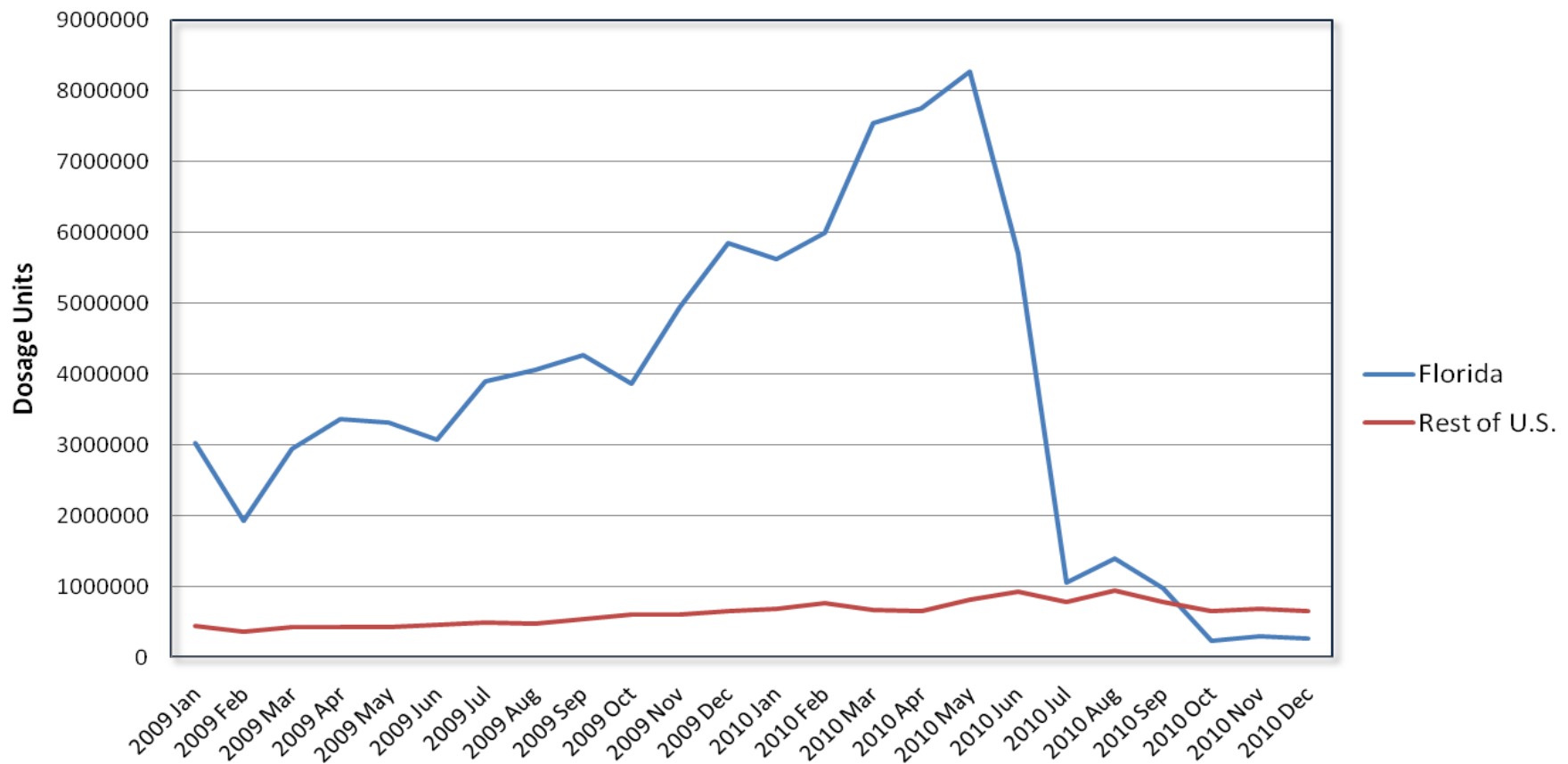
- 
- A close-up, slightly blurred image of several stacks of US dollar bills, including \$100 and \$1 bills, arranged in a fan-like pattern. The bills are yellowed with age and show various serial numbers and signatures.
- Another case in Florida - pain clinic operation paid his doctors (in 2009):
 - \$861,550
 - \$989,975
 - \$1,031,975
 - \$1,049,032
 - \$1,225,775



State of Florida Legislative Actions

- **Effective October 1, 2010**
 - Pain clinics are banned from advertising that they sell narcotics
 - They can only dispense 72-hour supply of narcotics
 - Prohibits the registration of pain clinics unless they are owned by physicians or licensed by non-physicians as a health care clinic
- **Effective July 1, 2011**
 - Clinics must turn over their supply of C-II and C-III controlled substances
 - Clinics are no longer able to dispense these drugs
 - Clinics cannot have ANY affiliation with a doctor that has lost a DEA number

Monthly Oxycodone Sales to Practitioners 2009 - 2010



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



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February 23, 2011

Agents Raid Florida Clinics in Drug Crackdown

By DON VAN NATTA Jr.

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

The Washington Post

Feds raid Fla. pill mills; arrest docs, owners

By CURT ANDERSON

The Associated Press

Wednesday, February 23, 2011; 5:23 PM

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

The Palm Beach Post

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

11 arrested in Palm Beach County as part of multi-agency pill mill raid

In Palm Beach County, the raids focused on five doctors in four pain clinics.

By CYNTHIA ROLDAN AND MICHAEL LAFORGIA

Palm Beach Post Staff Writers

Updated: 11:20 a.m. Thursday, Feb. 24, 2011

Posted: 9:57 a.m. Wednesday, Feb. 23, 2011

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



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

Buy Pharmacies or
Move to Other
States!

Beef prices on the way up

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

Preserving pets after death growing popular as an option

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

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Crossword, Sudoku 5D
Editorial/Forum 6-7A
Market trends 6B
Marketplace Today 5D
State-by-state 7A
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USA TODAY Snapshots®

A bite into dental costs

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



By Rachel Huggins and Karl Gelles, USA TODAY

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

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

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

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

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

Please see COVER STORY next page ►

Dealers creative in oxycodone bid

They try to open pill mills after Florida targets

By Donna Leinwand Leger
USA TODAY

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

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

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

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

Since then, the number of Florida doctors among the nation's top 100 oxycodone-purchasing physicians has fallen to 13 from 90 in 2010, DEA Special Agent David Melenkevitz says.

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

"Traffickers adapt to situations," says Mark Trouville, Special Agent in charge of the Drug Enforcement Administration's field offices in Florida. "We knew once we put pressure on the pill mills, the wrong people would start opening pharmacies."

with the DEA and be dispensed through a controlled substance prescription. The DEA can deny an application if an applicant has a history of a drug-related conviction or find a connection to a criminal activity that poses a threat to public health and safety.

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

Some pharmacies are closing their doors of oxycodone and other painkillers to people recruited by doctors to get prescriptions. "They're not selling aspirin," Trouville says. "It's nothing but an empty pillbox window."

Some applicants turned down by the DEA try their luck in Georgia, where Allen, director of the state's Department of Health and Narcotics Agency,

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

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

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



"Year of the Woman"

since

cember; Gingrich has fallen by 8.

Gingrich fares less well than Texas' Paul, who trails Obama by 7 points, 51-44%, former Pennsylvania senator Rick Santorum, who also trails by 7 points, 51%-44%.

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

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

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

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

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

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

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

Nearly six in 10 say Romney has the leadership qualities a president needs; 42% say Gingrich has those qualities. Forty percent call Romney sincere and a person of integrity.

Neither does particularly well on whether they understand the problems facing the country in their daily lives: 44% say they do, 42% say they don't.

The survey of 737 registered voters was conducted through Saturday with a margin of error of 3 percentage points.



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

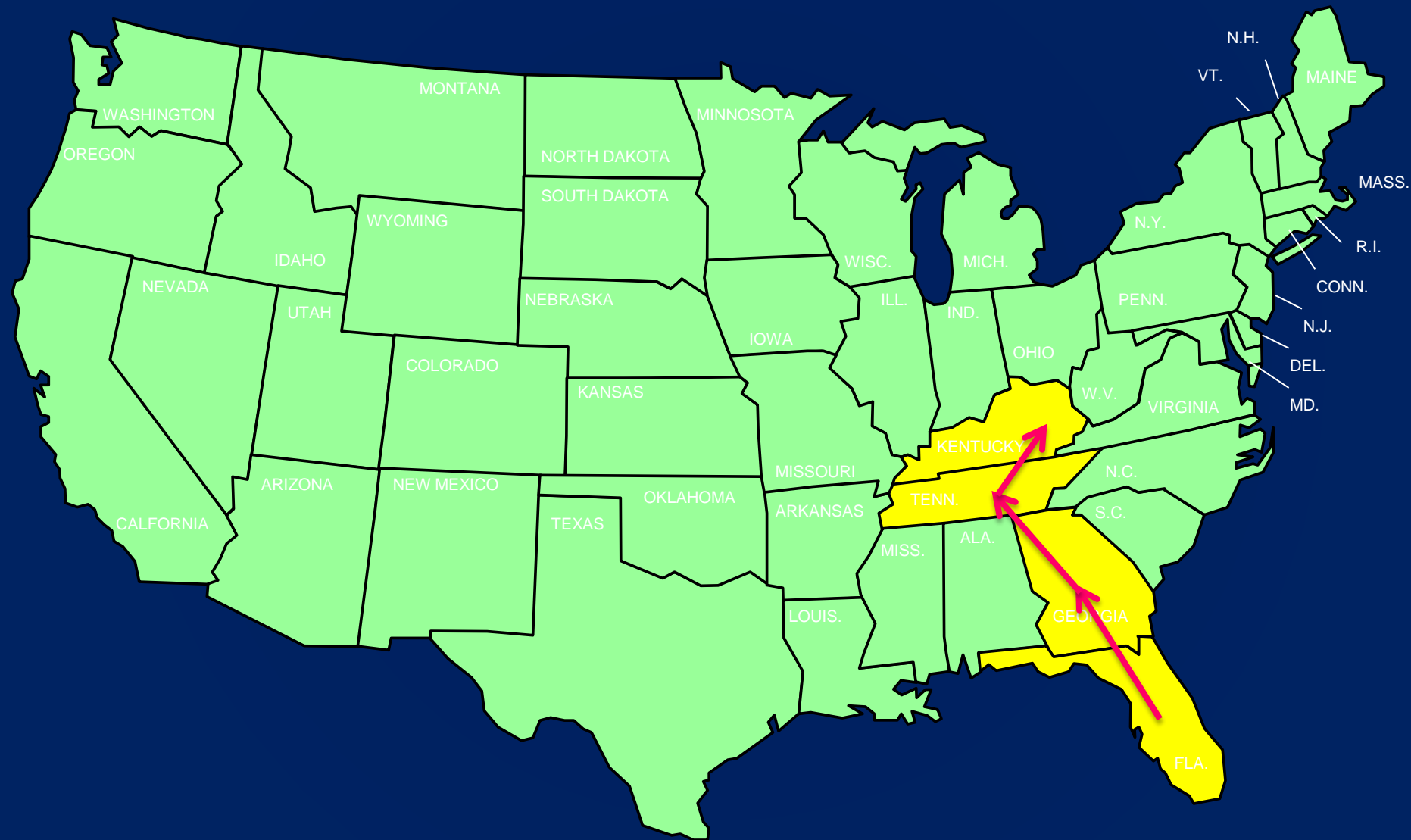


MIGRATION OF PAIN CLINICS



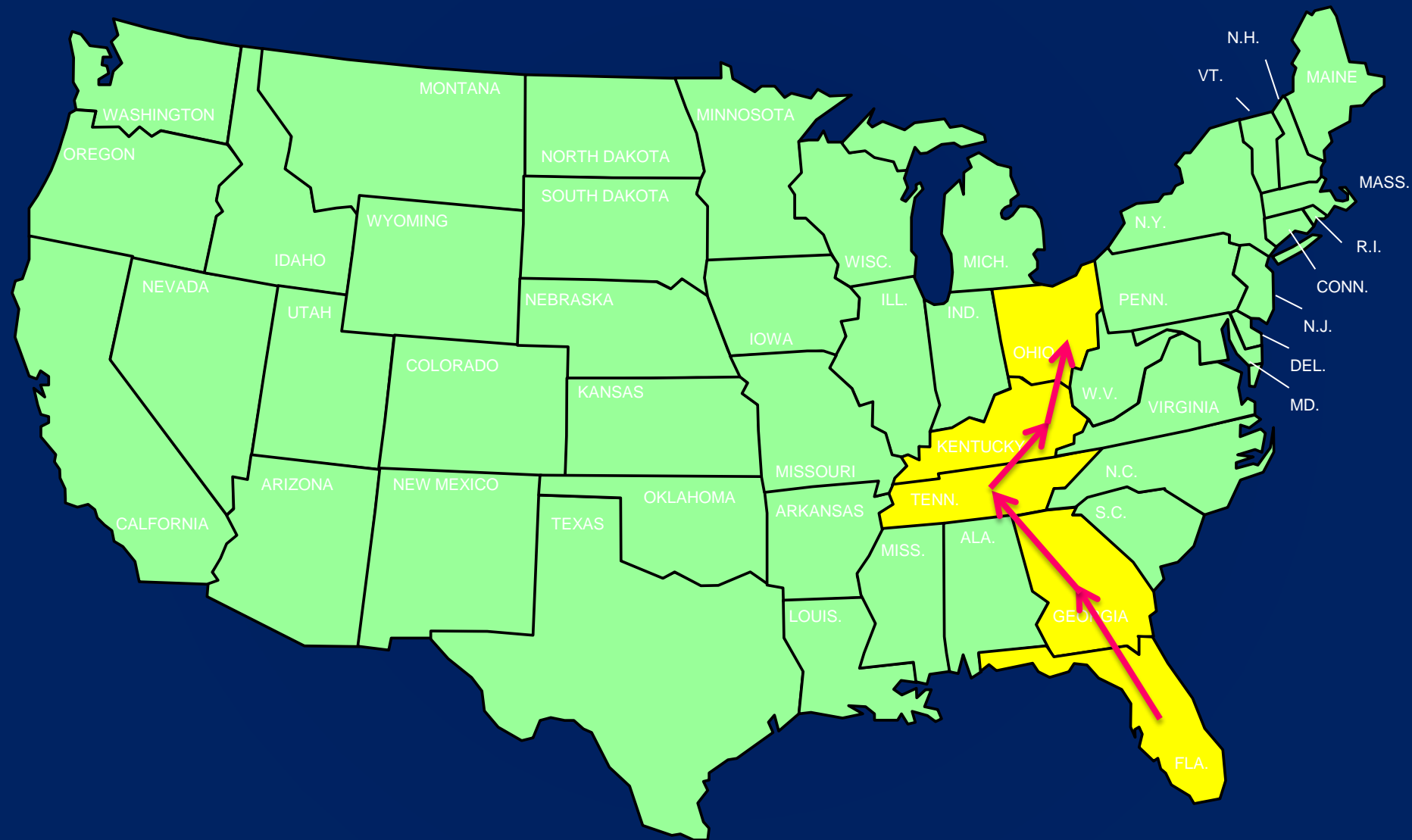


MIGRATION OF PAIN CLINICS



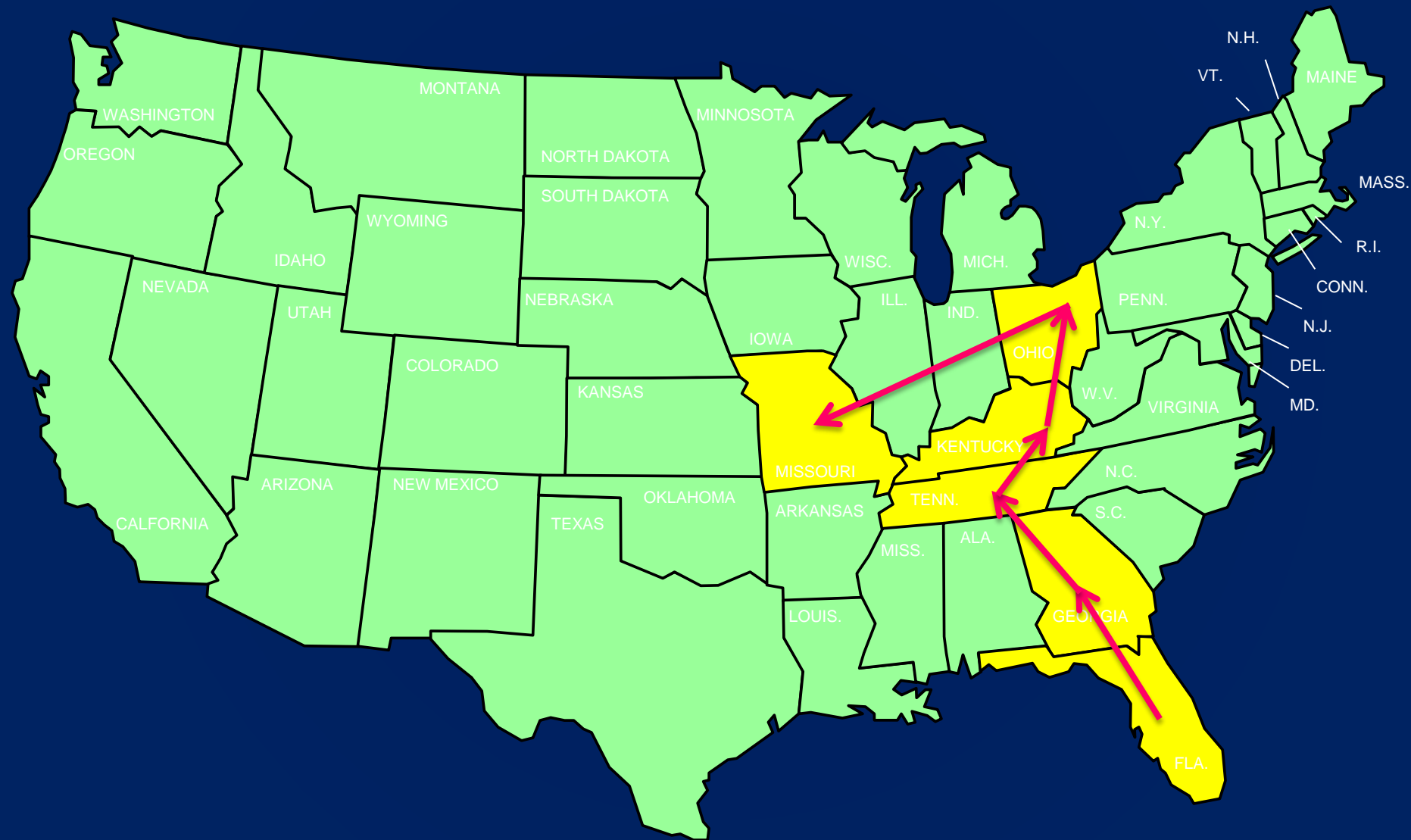


MIGRATION OF PAIN CLINICS





MIGRATION OF PAIN CLINICS





Georgia Example: Traditional Pain Management Clinics

Years prior to 2009-2010:

15-20 legitimate clinics

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

Now approximately 125 rogue clinics



© 2011 Google

© 2011 Europa Technologies
Image USDA Farm Service Agency
34°32'19.83" N 84°31'49.16" W elev 1192 ft

©2010 Google

Eye



Georgia Pain Pill Clinics

Now in 2012 – approximately 125 rogue clinics owned by non-physicians, and the owners:

- Are from another state
- Many are convicted felons
- Usually owned or operated a pain clinic in another state.
- Have ties to some type of organized crime
- If from Florida, left not because of the Florida PMP, but due to new Pain Clinic restrictions and no dispensing



Methods of Diversion

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



Doctor Shopping





Doctor Shopping: What is it ?

Practiced by both Individual “Patients Drug Seekers” & Trafficking Organizations

- Target Physicians
 - Obtain prescriptions from multiple physicians
 - Physicians who are willing to prescribe controlled substances over an extended period of time with little or no follow-up
- Target Pharmacies
 - Utilize multiple pharmacies to fill the orders to avoid suspicion
 - Pharmacies known to dispense controlled substances without asking questions are targeted



Pharmacy Run Sheets...

Contacts

Date	Discussed	Follow-up Out	Time
•	Aurora-2000 E. Layton-St Francis	4:32-3800	7:02
•	Aurora-8348 Washington Ave-Racine	262-884-4030	
•	Walmart-4701 S. 27th Franklin	761-9571	
•	Walmart-3355 S. 27th Milwaukee	383-1522	
•	Oscor-11111 W. Greenfield-West Allis	778-0262	
•	CVS-9220 W. Greenfield Ave. West Allis	454-9119	
•	LaboHS-10424 W. Bluemond-Wauwatosa	257-0077	
•	Oscor-5740 Washington Ave. Racine	53406-2663	01:07
•	Oscor-7901 W. Layton Ave. Greenfield	53220-272-7664	01:07
•	Walmart-S. Oakes rd. Sturtevant	262-598-8528	
•	Walmart-4500 S. 108th Greenfield	529-4669	
•	K-Mart-5600 108th St. Waukegan	844-529-0074	
•	K-Mart-5141 Douglas Ave. Racine	262-639-8117	
•	K-Mart-4601 S. 27th Greenfield	282-1085	
•	Target-4777 S. 27th St. Greenfield	262-0624	
•	Target-5184 S. Howell Oak Creek	216-0002	
•	Secome Drugs-5.75 W. 17301 Jonesville Rd.		
	Muskego 53150	262-678-1800	
•	Community Pharmacy-3807 Spring St.		
	Racine 53405	262-687-3430	
•	Shoppers-4801 Washington Ave Racine	637-8444	
•	Serv-U-7500 W. Oklahoma, West Allis	332-4450	
•	Swan Serv-U-4550 W. Nelson Wauwatosa	258-1130	

Contacts

Name	
Company	
Address	
Phone	
Website/E-mail	
Referred by	

Date	Discussed	Follow-up Out	Time
3-5-07	Back pain - O'Connor O'Connor	4-5-07	5:65 9:50
	Wheaton - Oxycodone ER 30mg (64)		90.
	Oxycontin 40mg (100mg)		417.
	↓ cyclobenzaprine 10mg (93)		Waukegan 40.
	Wheaton Franciscan Pharmacy-44-281-7500		
	2500 W. Layton, Milwaukee	281-7500	
2-3-07	Bhatti-AMB Clinic-10625 N. North Ave		
	Suite 312 - Wauwatosa	53226 414-423-9990	
		3-13-2008	
	The Pharmacy Shoppe	414-584-1666/9-4-9-4	
	3201 S. 16th St. Milwaukee	53215 (6611)	
	90 - Oxycodone ER 80mg		557.
	20 - Diazepam 5mg No pills		11.
	90 - Oxycodone 15mg		55.

PERSONAL

NOTES



Doctor Appointment Records

JAN

Dec 22 - 10:00 - Wetzler (586)

January 2007

Sunday	Monday	Tuesday	Wednesday
	1	2 (689.18) 3 Censky 9:00 Sylvia's Script	
7	8	9 Smith 1:00	10
14	15 Bhatti 11:15	16 Driver License Workshop - 1:00 Apr. 5	17
21	22 (570) O'Conner 10:30 (665)	23	24
28	29	30	31

Dec 21 - Bhatti - (622.20)

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

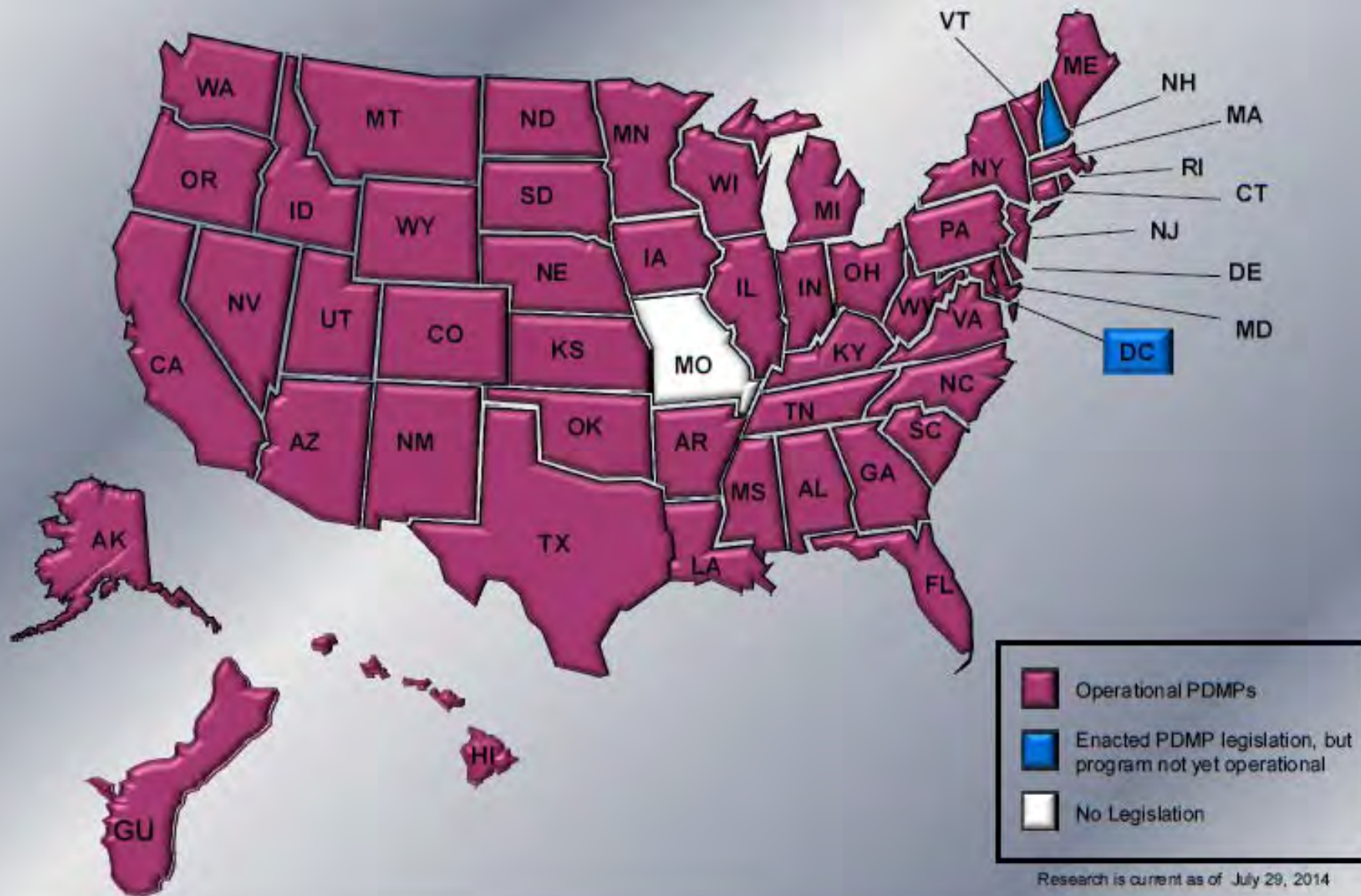
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV

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

PDMP Training & Technical Assistance Center

Status of Prescription Drug Monitoring Programs (PDMPs)

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





Healthcare Professionals in a Hospital setting



Methods of Diversion

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



Embezzlement

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



Embezzlement

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



Current Patterns

- Pain Clinics
- Rogue Doctors
- “Blind-eye” Pharmacists
- Pharmacy Thefts
- Pharmacy Technicians
- Professional “Patients”



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)

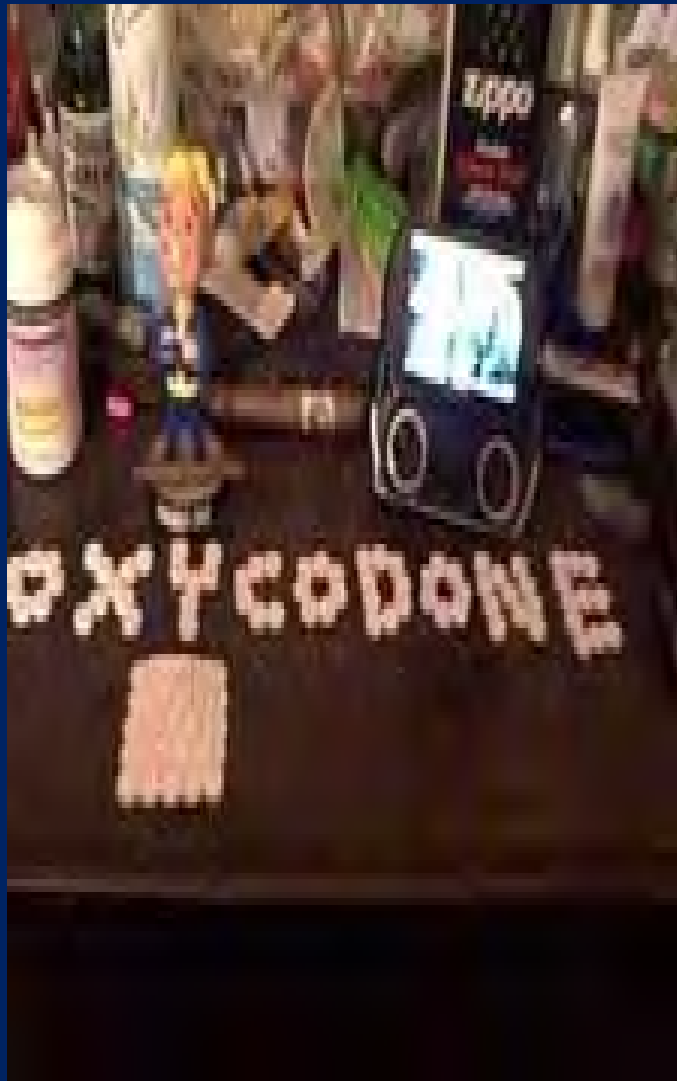
Corresponding Responsibility

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)),



Lessons Learned





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

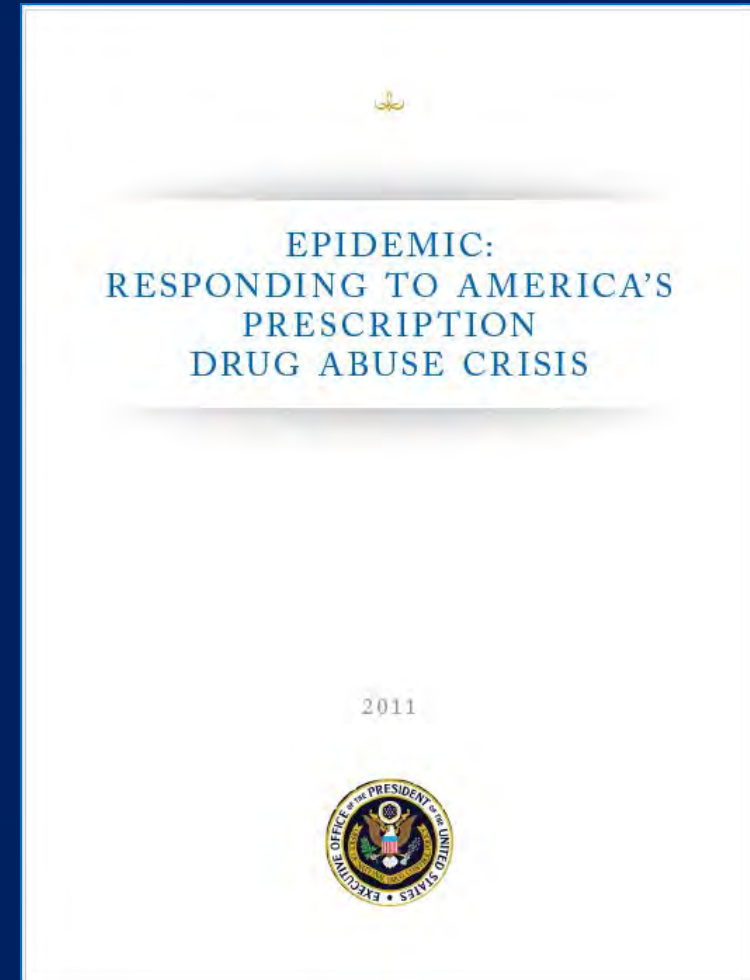
- Enforcement is just as important as....
- Prevention/Education
- Treatment





Prescription Drug Abuse Prevention Plan

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





Medical Standards for Controlled Substance Prescribing

- Must have physician-patient relationship
- Must have a chart containing:
 - History and Physical Examination
 - Proper diagnosis of pain condition
 - **Objective Documentation!**
 - Expectation of treatment's effect
 - Documentation of each Rx
 - **Document reason for early refills and changes!**
 - Must discuss alternative therapies
 - Must inquire about substance abuse



Expectations for Controlled Substance Prescribing

- Must use 'due diligence' to explore diversion
 - **PMP Programs**
 - **Urine drug screens**
 - **Opioid contract**
- Inquiry about dependence and withdrawal
- Monitoring effectiveness of therapy



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



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 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...



What to Do?

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

What to Do?

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



Reporting Suspicious Activity



U.S. Department of Justice Drug Enforcement Administration
Office of Diversion Control

Contact Us | Site Map | Search

Home
Registration
Reporting
Info & Legal Resources
Inside Diversion Control

Report Illicit Pharmaceutical Activities

1-877-RX-ABUSE
1-877-792-2873



Quick Links

- [Renew Applications Online](#)
- [New Application Online](#)
- [Duplicate Certificate Request](#)
- [Registration Validation](#)
- [Registration Change Request](#)
- [Order Forms](#)
- [CSOS](#)
- [DEA Form 106: Report Theft or Loss of Controlled Substance](#)
- [Combat Meth Act 2005 \(CMEA\)](#)
- [Cases Against Doctors](#)
- [Mailing Addresses for Topics Related to Title 21 CFR](#)
- [Electronic Prescriptions for Controlled Substances](#)
- [Publications & Manuals](#)
- [Meetings and Events](#)
- [Drug Disposal - Got Drugs](#)
- [Chemical Control Program](#)

Got Drugs?



EMERGENCY Disaster Relief

ALERT

Extortion SCAM

 Regulations.gov

What's New

- [Pharmacy Diversion Awareness Conference](#)
(March 17, 2012 & March 18, 2012)
- [Information Regarding Carisoprodol Prescriptions](#)
[Mylan Pharmaceuticals, Inc.](#) (March 1, 2012)
- [Mylan Pharmaceuticals, Inc.](#) (March 1, 2012)
- [Proposed Rule: Schedules of Controlled Substances: Placement of Five Synthetic Cannabinoids Into Schedule I](#) (March 1, 2012)
- [Schedules of Controlled Substances: Extension of Temporary Placement of Five Synthetic Cannabinoids Into Schedule I of the Controlled Substances Act](#) (February 29, 2012)
- [Noramco, Inc.](#) (February 13, 2012)
- [Scott W. Houghton, M.D., Decision and Order](#) (February 10, 2012)
- [Formulation Technologies LLC.](#) (February 8, 2012)
- [Cody Laboratories, Inc.](#) (February 8, 2012)

Registration Support

Registration Number Toll Free: 1-800-882-9539

Save time by applying for and/or renewing your DEA Registration online. Data will be entered through a secure connection to the ODWIF online web application system.

Minimum requirements:
Credit Card and a web browser that supports 128-bit encryption.

Email Registration Questions to DEA.Registration.Help@usdoj.gov
[Field Offices with Registration Specialists](#)

[More](#)

FAQ

- [ARCOS](#)
- [Controlled Substance Ordering System \(CSOS\)](#)
- [DEA Form 222 Order Forms](#)
- [Electronic Prescriptions for](#)



Office of Diversion Control

www.deadiversion.usdoj.gov

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



DEA Web-based Resources

www.DEA.gov

A screenshot of the DEA website homepage. The browser address bar shows "http://www.justice.gov/dea/index.shtml". The page features a large "DEA" logo in gold, followed by "UNITED STATES Drug Enforcement Administration" and the tagline "TOUGH WORK, VITAL MISSION". A navigation menu 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). At the bottom, there are three columns: "TOP STORY" with a headline about a couple's sentences for cocaine trafficking, "TOPICS OF INTEREST" with links to fact sheets and guides, and "RESOURCE CENTER" with links to various programs and acts.



DEA Web-based Resources

www.JustThinkTwice.com

The screenshot shows the homepage of the Just Think Twice website. The browser address bar displays "http://www.justthinktwice.com". The website has a yellow and black color scheme. At the top, a banner reads "JUST THINK TWICE" with the tagline "YOU'VE HEARD THE FICTION. NOW LEARN THE FACTS." Below this is a navigation bar with links: HOME (return home), DRUG FACTS (learn the truth), FACTS & FICTION (know the difference), CONSEQUENCES (life changing events), TEENS TO TEENS (sharing our experience), and INSIDE DEA (find out more). A search bar is located on the right side of the navigation bar. The main content area features a large section titled "THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF" with a question mark. Below the title, a paragraph states: "Maybe you've heard it's made of the same stuff as cold medicine. Well, that's not all. Some of the ingredients used to make meth include battery acid, gasoline, and drain cleaner." A link "GET THE FACTS ABOUT METHAMPHETAMINE »" is provided. Below this are three buttons labeled "MARIJUANA", "COCAINE", and "METH", each with a corresponding image. To the right of the main section is a sidebar with two boxes. The top box is titled "IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE" and includes a link "Learn More" and a "DRUG FACTS" logo. The bottom box is titled "FACTS & FICTION" and includes the text "Get the Facts". Below these is another section titled "TEENS TO TEENS" with the text "Advice from teens on the D.A.R.E. Youth Advisory Board" and a link "Read More »". At the bottom of the page, a "Did You Know?" section states: "Combine toxic chemicals with neglected hygiene, and you get a condition called 'meth mouth'—rotten and decaying teeth."

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

Parents & Educators | Drug Glossary

SEARCH

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

THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF?

Maybe you've heard it's made of the same stuff as cold medicine. Well, that's not all. Some of the ingredients used to make meth include battery acid, gasoline, and drain cleaner.

[GET THE FACTS ABOUT METHAMPHETAMINE »](#)

MARIJUANA | COCAINE | METH

IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE

[Learn More](#)

FACTS & FICTION
Get the Facts

TEENS TO TEENS
Advice from teens on the D.A.R.E. Youth Advisory Board

[Read More »](#)

Did You Know? Combine toxic chemicals with neglected hygiene, and you get a condition called "meth mouth"—rotten and decaying teeth.



DEA Web-based Resources

www.GetSmartAboutDrugs.com

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

http://www.getsmartaboutdrugs.com

Get Smart About Drugs

A DEA Resource for Parents

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

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

Learn more

BACK STOP NEXT

COMMUNITIES of PRACTICE

DEA Publications
Download or request
Drugs of Abuse and
Prescription for Disaster
READ MORE

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

dispose
unused Rx

Latest News See All News Stories

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

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

Voices

Irma Perez's Story

Irma was a 14 year old girl from Belmont, California who took an Ecstasy pill on April 23, 2004. She became sick immediately—vomiting and writhing in pain—yet her friends did not seek medical help for her. Instead, they gave her more Ecstasy pills. Irma's story is a powerful reminder of the dangers of drug abuse and the importance of seeking help.

Inside DEA

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



Thank You / Questions



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