

Delaware State Police

Drug Diversion Unit



Agent Raymond Hancock # 1181



Delaware State Police Drug Diversion Unit

Ø **July 2006, S.B. # 350** Transferred the Office of Narcotics and Dangerous Drugs (ONDD) to Department of Homeland Security and Public Safety, Division of State Police from, Department of Health and Social Services, Division of Public Health.

Ø **July 2011, S.B. #155** was signed, changing the name of the “Office of Narcotics and Dangerous Drugs” to it’s current designation: Delaware State Police Drug Diversion Unit, DSP DDU.



Delaware State Police Drug Diversion Unit

- ∅ Presently under the command of the DSP Troop 2, Criminal Investigations Troop Commander, Currently, Captain Peter Sawyer.
- ∅ DDU is a Statewide Unit, with 5 Agents and 1 Trooper - Supervised by a State Police Sergeant. 4 Agents, 1 Trooper, and the Supervisor are located at Troop 2 New Castle County, and 1 Agent is assigned to Troop 5 Sussex County. (More Agents will transition South)



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∅ Types of Investigations

- ∅ Forgery of Prescriptions
- ∅ Serial Drug Diversion Investigations
- ∅ Theft of Prescription Blanks
- ∅ Prescription Alterations
- ∅ Doctor Shopping
- ∅ Theft of Pharmacy Inventory
- ∅ Assist Delaware Division of Professional Regulations
- ∅ Assist with Conventional Drug Unit Investigations





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- Ø In 2003, DDU conducted 218 investigations, leading to 33 persons arrested for 106 charges.
- Ø In 2011, DDU conducted 450 investigations, leading to 236 persons arrested for 867 charges.
- Ø In 2012, DDU conducted 403 investigations, leading to 174 persons arrested for 885 charges. Increase due to PMP and more in depth investigations.
- Ø In 2015, on 3/17/16, DDU Agent Donna Farra awarded DSP Civilian Of The Year: Made 166 Felony Arrests.



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- ∅ Delaware is no different than any other state in that drug overdose is the second leading cause of accidental death, next to motor vehicle accidents. In some age groups/ethnic categories/ genders, it's # 1.





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US Drug Enforcement Agency calls prescription drug abuse “a National epidemic”

1 in 7 teens use RX to get high.

2 in 5 teens believe RX's are safe because they are legal and not addictive.

CDC finds more death from RX's than illicit drugs (cocaine, heroin) combined.





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- ∅ Emergency department visits for prescription painkiller abuse or misuse have doubled in the past 5 years to nearly half a million.
- ∅ About 12 million American teens and adults reported using prescription painkillers to get “high” or for other **non-medical** reasons.
- ∅ Non-medical use of RX painkillers costs more than \$72.5 billion each year in direct health care costs.

Center of Disease Control;
<http://www.cdc.gov/injury/about/fofus-rx.html>



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CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016, published 3/15/16:

- ∅ 20% of patients presenting with non-cancer pain received an opioid RX.
- ∅ Opioid RX's increased 7.3% from 2007 to 2012.
- ∅ 1999-2014: USA: 165,000+ died from Opioid overdose.
- ∅ PCP's account for nearly half of all opioid RX.
- ∅ Sales of opioid pain medication have increased in parallel with opioid-related overdose deaths.



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CDC PREVENTION and IDENTIFICATION

- ∅ Improving Systems to Track Prescriptions and Identify Misuse.
- ∅ Identifying Prevention Policies and Programs that Work.
- ∅ Increasing Health Care Provider Accountability.
- ∅ Educating Health Care Providers, Policy Makers, and the Public.



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Knowing how your medications, or any combination of them, will affect your ability to drive is clearly a safety measure involving you, your passengers, and others on the road.

Products, that could make it dangerous to drive, may lead to a DUI arrest include:

Mixing –or- Abusing (against prescriber's treatment plan)

- Ø Prescription drugs for anxiety
- Ø Some antidepressants
- Ø Products containing codeine
- Ø Some cold remedies and allergy products
- Ø Tranquilizers
- Ø Sleeping pills
- Ø ***** PAIN RELIEVERS *****
- Ø Diet pills, "stay awake" drugs, and other medications with stimulants (e.g. caffeine, ephedrine, pseudoephedrine)





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Indicators of drug seekers

- Ø Unusual knowledge of drug,
- Ø Request a specific drug,
- Ø Must be seen right away,
- Ø Evasive about medical history,
- Ø Appointment at end of day, especially Friday,
- Ø Presents up RX at a pharmacy after Doctor's office hours,
- Ø Denies tests to confirm illness/injury,
- Ø Complains of hard to diagnose conditions,
- Ø Reports lost/stolen RX,
- Ø Injuries self and/or false methods of urine testing.





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Types of Drug Diversion

- Ø Persons with no previous addictions (often stems from legitimate medical conditions).
- Ø Ranges from theft & deception to criminal operations.
- Ø RX Drugs obtained via doctors (even veterinarians), dentists, pharmacists, medical staff, family, friends and even crimes of opportunity.
- Ø Seeking several doctors for additional RX drugs to sell, or consume (doctor shopping).
- Ø Phoning in prescription requests, utilizing medical terms. Call back phone number is suspect's phone. (use phone # in Pharmacy database or look up).
- Ø Impersonating a doctor.
- Ø Fraudulent RX's, altered RX's, computer generated RX's.

Drug Classifications

- The Comprehensive Drug Abuse Prevention and Control Act of 1970 placed all substances regulated by Federal Law into five different categories or Schedules.
 - Schedule I
 - Schedule II
 - Schedule III
 - Schedule IV
 - Schedule V

The Controlled Substances Act

- The placement of a drug into a specific category is based upon the substance's medical use, potential for abuse / addiction, and safety or dependence liability.

Common Scheduled Controlled Drugs Encountered by DDU

- Sch. I: Medical Marijuana, Heroin
- Sch. II: Oxycodone, Hydrocodone, Adderall, Morphine, Opana; Fentanyl, Methadone
- Sch. III: Suboxone (Film), Tylenol/ Codeine
- Sch. IV: Soma, Tramadol, Ambien, Valium, Klonopin
- Sch. V: Promethazine



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- ∅ **The most commonly diverted drug in Delaware is Oxycodone 30 mg. with Adderall 30 mg. on the rise. Information comes from DDU case/arrest log.**
- ∅ **OxyContin 80 mg. led several years ago, however, the 2010 reformulation hampers the quick delivery of the narcotic, hence the migration to Oxycodone (Straight narcotic).**
- ∅ **Cost of pill on the street is printed on the pill itself. \$1 per milligram (approximately).**
- ∅ **RX drugs are made in sterile conditions and the cost is often covered by insurance: Cost-free crime.**



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∅ Recent Regulatory Change

∅ Drive-thru Window

- ∅ Patient must walk into Pharmacy for pick-up of Schedule II CS RX. Pharmacy is exempted with recorded HD surveillance of drive-thru window.
- ∅ New regulations for remodeled Pharmacies and new construction of Pharmacies include tighter restrictions on security, surveillance, and vault construction.

NOTES

- ∅ Back Up Alarms, via cellular
- ∅ service
- ∅ I.D. at drop off.





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∅ Prescription Monitoring Program (PMP)

- ∅ On line and capturing data since 03-01-11.

 - Law Enforcement currently has no direct access.

- ∅ Today, only 1 state is without PMP (MO). Some states are not yet operational.

∅ PMP = Time Compression Machine.

- ∅ PMP compresses the work load of Law Enforcement and Pharmacies by obtaining prescriber / patient / pharmacy information from several days to approximately 5 minutes.



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Ø Secured Prescription Blank Program

- u **Effective as of March 1, 2012.**
- u **All Prescribers must utilize secured prescription blanks from state authorized manufactures/vendors, by utilizing tamper proof, numerically tracked prescription pads (Thermo-Ink, Scratch off Seal, block on back indicates procedures).**
- u **Out of state RX: exempt.**
- u **1st case 2 weeks after implementation of program, when an attempt to order a prescription pad was thwarted when no security code (required when ordering) was unknown by suspect.**
- u **Beginning March 1, 2012, ALL DE *written* prescriptions must be on tamper-resistant security prescription forms printed by a vendor registered with the Division of Professional Regulation. The forms must contain specific security features ([16 Del. C. §4797 \(c\)](#)). Because there is no single format, pharmacists and prescribers need to be aware of the required security features.**
- u **Quick Ref:**
<http://dpr.delaware.gov/boards/prescriptions/quickrefguide.shtml>



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Ø Drug Take Back Initiative

- Ø An initiative by US Drug Enforcement Agency, and the State of Delaware, Office of Controlled Substances to have household medications turned in at specific locations in Delaware. Usually in each County. Last one was April 30, 2016.
- Ø Saturday, September 26, 2015 DEA's state, local, and tribal law enforcement partners, working at more than 5,000 locations, collected 706,365 pounds of prescription medications from members of the public. When added to the collections from DEA's previous four Take-Back events, more than 5 million pounds of prescription medications were removed from circulation.
- Ø Also, PD Drop-off boxes: NCCPD and Newark PD

NOTE: Personal disposal of narcotics into sewer/water/trash/etc.



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nRX Problems?

nContact us:

302 365 8397



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Organizations associated



*The National Alliance Of
State Drug Enforcement Agencies*

Founded in 1975



National Association of Drug Diversion Investigators®



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

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United States Drug Enforcement Administration

<http://www.dea.gov>

Delaware Division of Professional Regulations

<http://dpr.delaware.gov/>

Delaware Office of Controlled Substance

<http://dpr.delaware.gov/boards/controlledsubstances/faqs.shtml>