

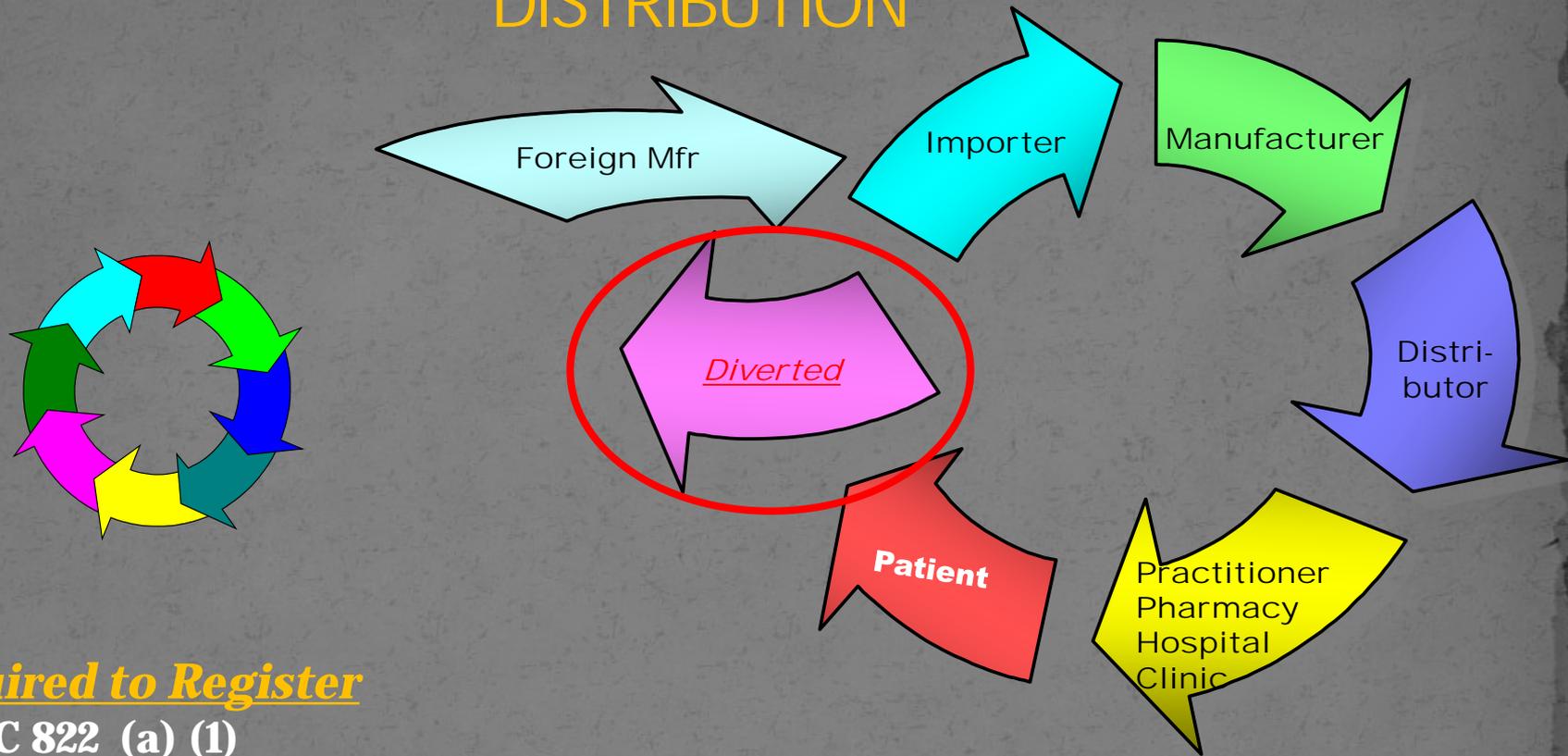
Idaho Diversion Issues – Robbery, Theft, and Fraud

Justin Wright

**Ada County Sheriff's Detective
Task Force Officer – Boise DEA**



CSA: CHECKS/BALANCES CLOSED SYSTEM OF DISTRIBUTION



Required to Register

21 USC 822 (a) (1)

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

21 USC 822 (a) (2)

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

Active DEA Registrants

- Practitioners 1,271,526
- MLP – NP / PA 337,656
- Pharmacies 71,839
- Hospitals/Clinics 17,800
- Researchers 11,271
- Analytical Labs 1,528
- Chemical Handlers 979
- Distributors 947
- Manufacturers 566

1,715,553 - Sept - 2017

Code of Federal Regulations

21 CFR § 1306.04(a)

Practitioners

A prescription...must be issued for a legitimate medical purpose... by a practitioner acting in the usual course of professional practice.

Pharmacists

The responsibility for the proper prescribing and dispensing of c/s is upon the practitioner, but a corresponding responsibility rests with the pharmacist.

The U.S. is the BIGGEST consumer...

- Accounting for almost 100% of the world total consumption of hydrocodone and 85 % for oxycodone.¹



5%

of World
Population

99%

of Hydrocodone
Consumed

85%

of Oxycodone
Consumed

80%

of New Heroin Abusers
Start with Opioids

¹National Institute on Drug Abuse, May 2014

Rx Drug Abuse

More Americans abuse Rx drugs than the number of individuals abusing:

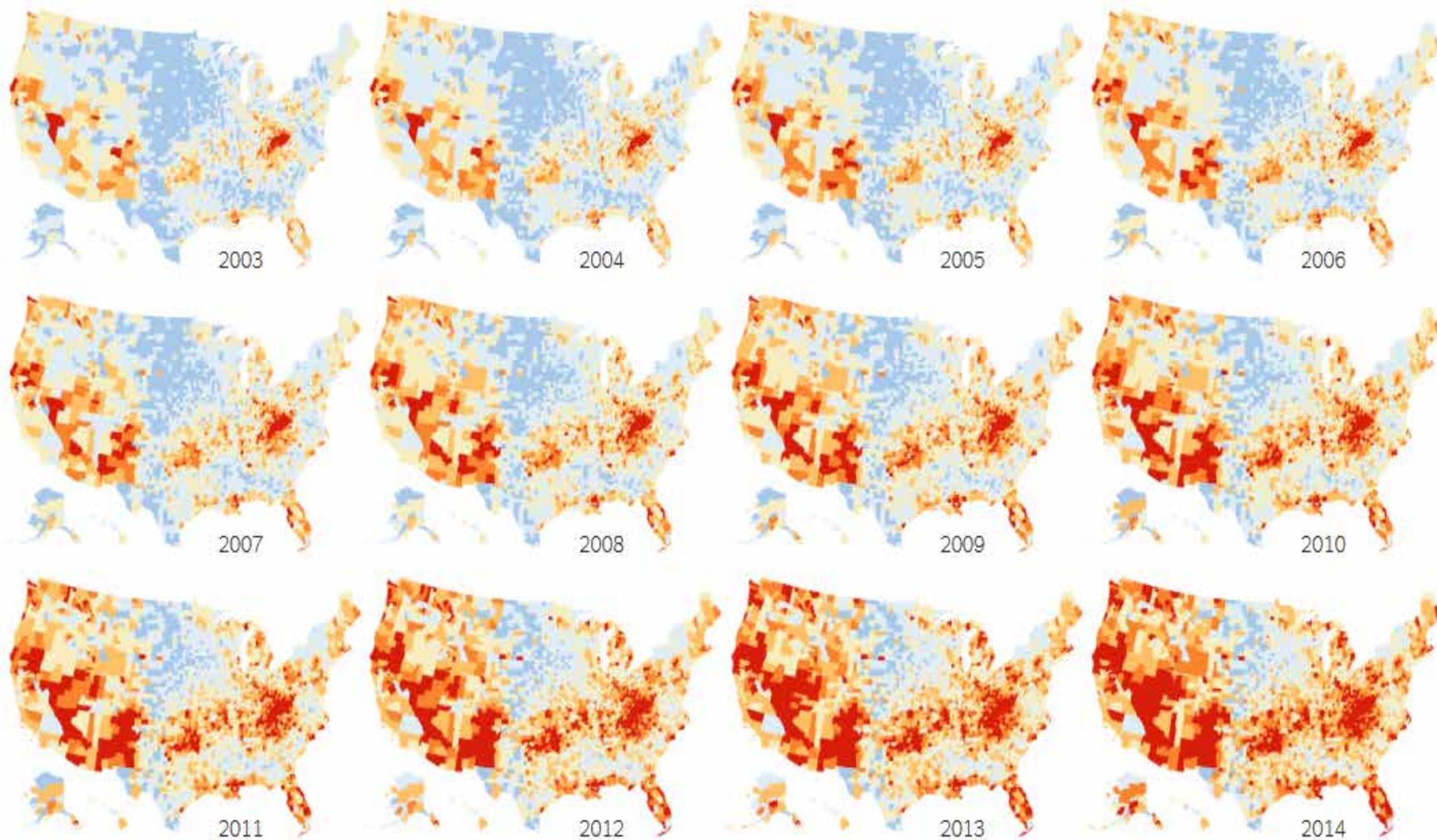
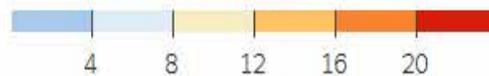
- Cocaine
- Hallucinogens
- Methamphetamine
- and Heroin

COMBINED!



Opioid Overdose Deaths

Overdose deaths per 100,000



On an average day in the U.S.

- More than 650,000 opioid prescriptions dispensed¹
- 3,900 people initiate nonmedical use of prescription opioids²
- 580 people initiate heroin use³

2015

52,404 drug-related overdose deaths

143 deaths every 24 hours

1 death every 10.07 minutes

IMS Health National Prescription Audit ¹
SAMHSA National Survey on Drug Use and
Health ²
CDC National Vital Statistics System ³

Prescription Opiates - Heroin

Hydro/Oxy

Euphoria

Tolerance

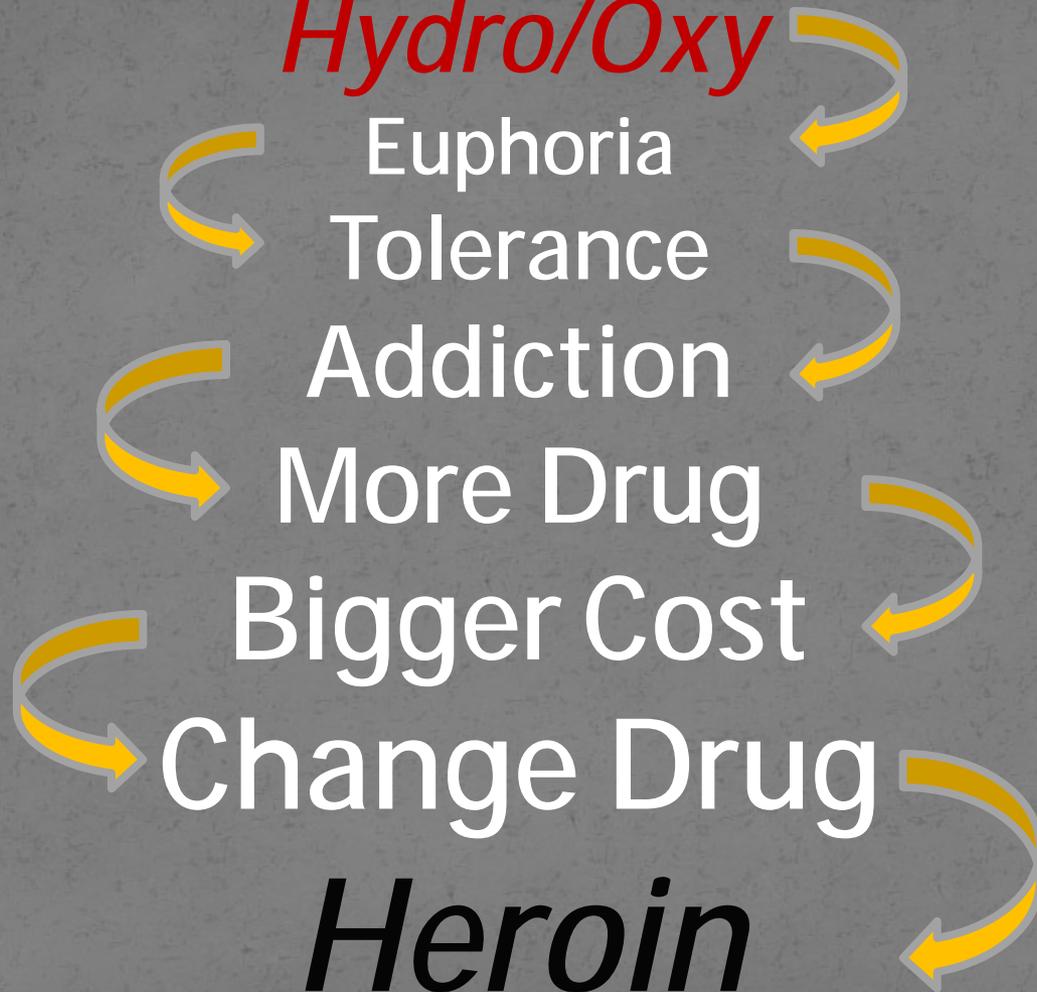
Addiction

More Drug

Bigger Cost

Change Drug

Heroin



Armed Robbery



Idaho *(snapshot - 01/01/14 – 01/28/2015)*

- **Rexburg** - Armed Robbery (259 du Oxycodone; 100 Hydromorphone)
- **Nampa** - Armed Robbery (Oxycodone 4)
- **Caldwell** - Armed Robbery – (500 methadone)
- **Coeur D'Alene** - Armed Robbery (2,586 various strengths oxycodone; 191 various strengths oxymorphone; 727 hydromporphone; 594 various st. morphine sulfate; 67 Nucynta; 132 Vyvanse)
- **Burley** - Armed Robbery (15 oxycodone)
- **Twin Falls** - Armed Robbery (718 methadone)
- **Boise** - Armed Robbery (morphine 160 ml; opium tincture: 20 ml)

(per DEA-106)

Theft



Employee
Pilferage

Theft

Burglary



Jumping the Counter

Frauds

PROHIBITED ACTS

Ü Federal (ID Similar)

§ 843. Prohibited acts C

(a) Unlawful acts

It shall be unlawful for any person knowingly or intentionally—
(3) to acquire or obtain possession of a controlled substance by

misrepresentation

fraud

forgery

deception

or subterfuge

Frauds

DOCTOR SHOPPERS

- “Doctor shopping” patient obtaining c/s from multiple practitioners without the prescribers’ knowledge of the other Rxs.
- Visits a practitioner and obtains an Rx... Then visits another doctor and obtains another prescription for the same type of drug

DOCTOR SHOPPERS

Case 1

- Less than 1 month...
 - 13 c/s Rxs
 - 10 Practitioners
 - 9 Pharmacies

Case 2

- Less than 6 months...
 - 45 c/s Rxs
 - 28 Practitioners
 - 18 Pharmacies

Case 3

- Less than 4 months...
 - 39 c/s Rxs (59 d/u per day)
 - 23 Practitioners
 - 25 Pharmacies

Case 4

- A few days over 4 months...
 - 23 c/s Rxs
 - 15 Practitioners
 - 15 Pharmacies

Street Value

Oxy

Ø One 30mg tablet

= \$30 - \$40 street value (Boise area)

- 1 Rx for 90 tablets = \$2,700 - \$3,600
- 1 Rx for 120 tablets = \$3,600 - \$4,800
- 1 Rx for 240 tablets = \$7,200 - \$9,600
- 1 Rx for 420 tablets...
= **\$12,600 - \$16,800**

Potential profit depending on method obtained – ins. etc.

Associated Crimes...

- Check Fraud
- Credit Card Fraud
- Identity Theft
- Prostitution
- Drug Sales/Manufacturing

Fraud Rx Red Flags

- **Time of Day** – Typically after business hours or on weekends, a short time before closing, or time when pharmacy is busy;
- **Suspicious Prescriptions** – On valid security paper, but patient you haven't filled for and/or authorizing physician you aren't familiar with (from out of the area), out of state Rx;
- **Highly abused C/S and quantity** – Typically 30mg oxycodone or pint quantity of Codeine cough syrup (300ml and up);
- **Payment method** – Cash payment in conjunction with discount program, usually presented on a cell phone;
- **Identification** – Out of state driver's license, quite often young (late teens/early twenties);
- **Demeanor and Story** – Friendly and playing on sympathy, texting on phone constantly and/or looking around a lot, watching pharmacy staff intently, wearing scrubs and saying they are "caretaker", on a trip and need to fill Rx (out of state Rxs), demanding Rx back if you won't fill;

Suspicious Prescribing Red Flags

- **Frequency/Quantity** – Patient filling highly abused c/s Rx more than once per month and/or for high quantities, filling Rxs for multiple people/names, lots of “patients” with same type of Rx from same prescriber;
- **Requests specific brand or type of C/S** - Patient asks for particular brand or uses street slang when talking about medications;
- **Payment method** – Cash pay, especially when they have Medicare/Medicaid or private insurance;
- **Unusual behavior** - Assertive personality, often demanding immediate action, using pharmacy far from doctor’s office or home/work;
- **Unusual appearance** – Extremes...slovenliness or overly-dressed, coat/hoodie when warm out, looks/acts like “junkie”, track marks, lethargic;
- **Multiple Pharmacies** – PMP indicates patient filling at multiple pharmacies, indications patient couldn’t get Rx filled somewhere else;

Rx diversion – PMP is only one tool

- ∅ **Rx diversion can occur** – Anywhere there are pills...
 - Theft in transit or within facility / hospitals & clinics / pharmacies
 - Nursing Homes & LTCFs
 - Homes/Medicine Cabinets
 - Friends
 - Directly from the waste stream
 - Forgeries/Call-ins

Tips / Reminders

- **Pharmacy Alerts** - Be familiar with alert information;
- **PMP** – It's a great tool;
- **Check with physicians** - If you have suspicions or questions call the doctor (look up clinic info in system or internet, not number on Rx);
- **Loss Prevention** - If LP is on duty, ask if they can watch subject or get license plate info;
- **Policy/Procedure** – Follow your store policy, but there is no legal requirement to fill every Rx that comes into the pharmacy;
- **Rx preservation** - Store policy, but if Rx is fraud or suspicion of fraud either keep the Rx or at least make a copy;
- **Identification** – If Rx and/or subject is suspicious at drop off, ask for ID and copy or notate information;
- **Contact Police** – Call us if you need us or we can help;
- **Follow your instincts** - Don't disregard your knowledge, skill, and experience;

The PMP is good, but...

Information in PMP report is only as good as the data entered...

- Potential errors in a PMP report may include:
- Prescriptions filled but not picked up yet
- Incorrect days supply entered
- Wrong date written entered
- Wrong method of payment
- Wrong doctor chosen / DEA
- Patient name misspelled
- Incorrect patient DOB or address

HIPAA

Department of Health and Human Services

the litigation or proceeding for which such information was requested; and

(B) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litiga-

(2) The request is specific in scope to the extent practicable in light of the information to which the information is

(3) De-identified information

§ 164.512

(ii) The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:

(A) The law enforcement official represents that such information is needed to determine whether a violation of the law has occurred other than the victim of the crime, and such information is to be used against the violator;

(B) Immediate law enforcement action is required that depends upon the information and is not feasible by waiting until the individual is able to agree to the disclosure;

(C) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of its professional judgment;

(D) The disclosure is necessary to a law enforcement official for the purpose of alerting law enforcement of the death of the individual, if the covered entity has a suspicion that such death may have resulted from criminal conduct.

45 CFR Subtitle A (10-1-11 Edition)

section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, paragraph (f)(6)(i) of this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to paragraph (c) of this section.

(g) *Standard: Uses and disclosures about decedents.*—(1) *Coverers and medical examiners.* A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

(2) *Funeral directors.* A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the indi-

(f) Standard: Disclosures for law enforcement purposes. A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.

tion for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.

(1) *Permitted disclosures: Patients in process and as otherwise required by law.* A covered entity may disclose protected health information:

(i) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to paragraphs (b)(1)(ii) or (c)(1)(i) of this section; or

(ii) In compliance with and as limited by the relevant requirements of:

(A) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

(B) A grand jury subpoena; or

(C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

(i) The information sought is relevant and material to a legitimate law enforcement inquiry;

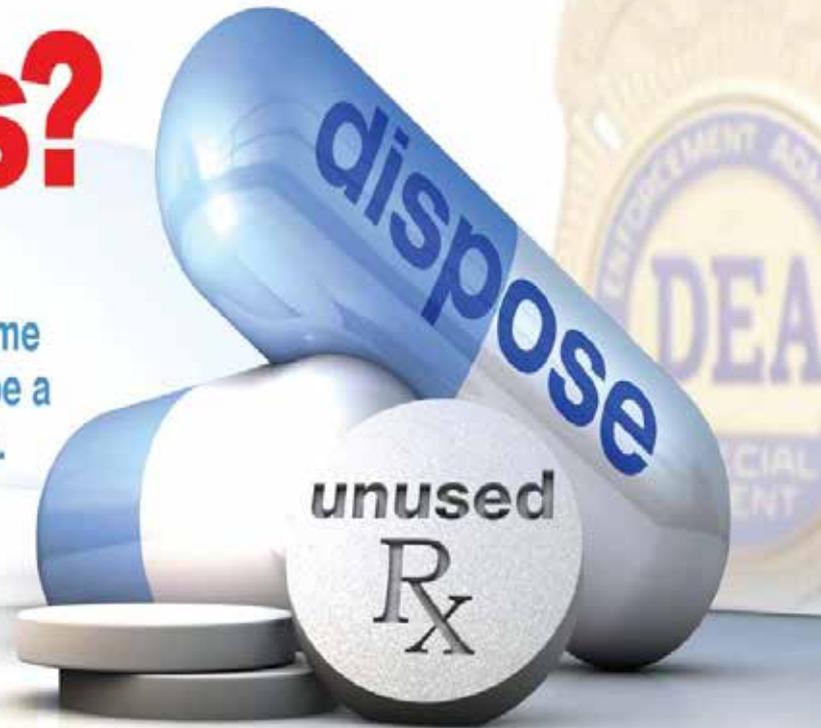
(5) Permitted disclosure: Crime on premises. A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.

14th NTBI – October 28, 2017 10am-2pm

Got Drugs?

Most abused prescription drugs come from family and friends. You could be a drug dealer and not even know it.

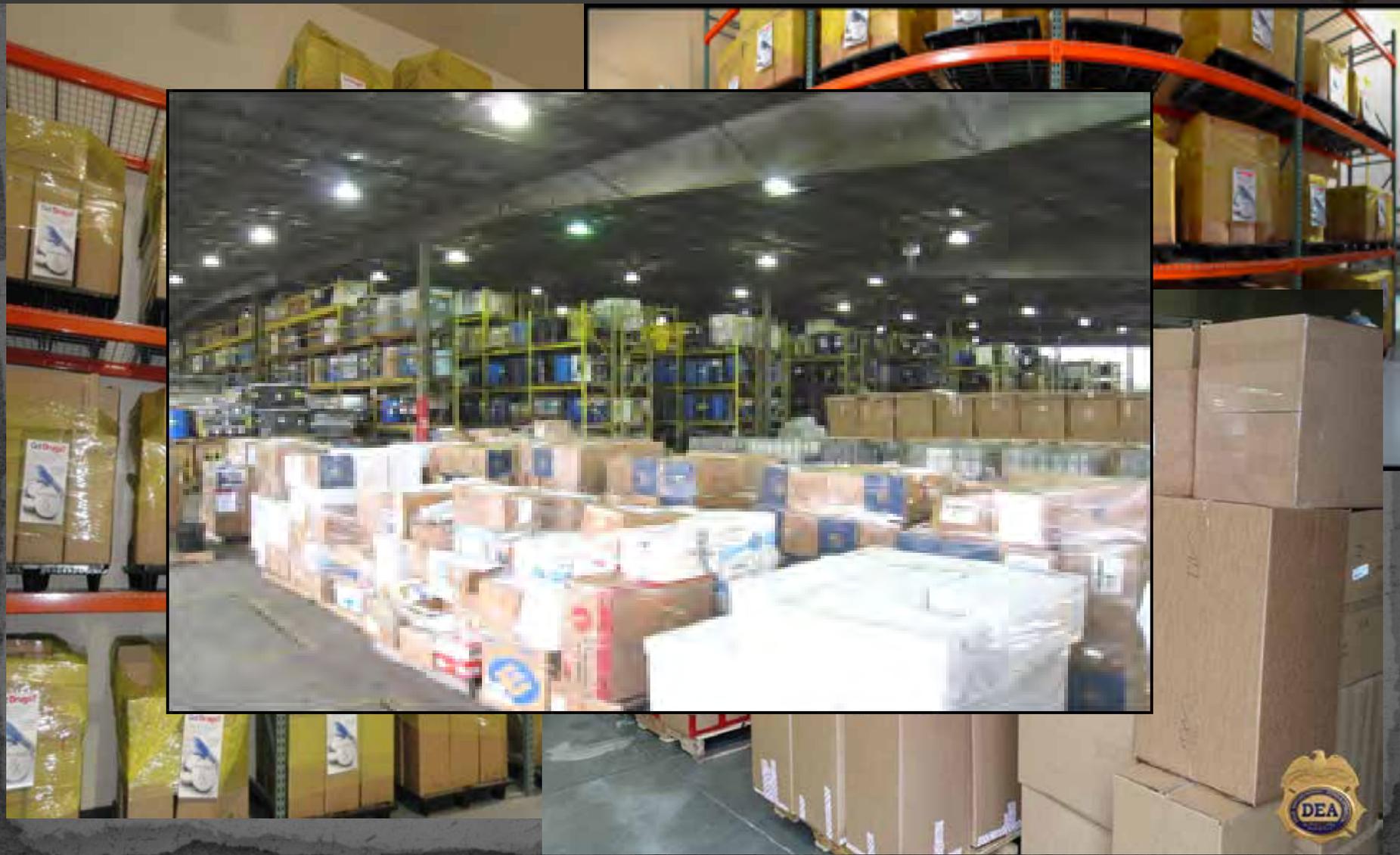
Visit www.dea.gov or call 800-882-9539 for more information.



www.deadiversion.usdoj.gov

Containers of Rx drugs collected, & subsequently destroyed, after previous DEA NTB events.

U.S. DRUG ENFORCEMENT ADMINISTRATION





U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
OFFICE OF DIVERSION CONTROL

HOME | REGISTRATION | EXPORTING | REFINING | ANALYSIS

Got Drugs?

Turn in your unused or expired medication for safe disposal



October 22, 2016
10AM to 2PM

Recalculation Support

Feb. 1, 2015 08:00 AM - 02:00 PM ET
 Feb. 1, 2015 08:00 AM - 02:00 PM ET
 Lower-Risk Opioid Analgesic Formulation

New Approaches
 Formulation Support
 Regulatory Support
 Regulatory Support
 Regulatory Support
 Regulatory Support
 Regulatory Support

DEA Forms & Applications | **Publications & Manuals**
Guidance & Announcements | **Newsletters & Events**

Quick Links

DEA Form 224 (Application for Importation of Prescription Drugs)
 Form Approved Document
 Controlled Substance Program
 DEA Form 224 (Application for Importation of Prescription Drugs)
 DEA Form 224 (Application for Importation of Prescription Drugs)
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What's New

11/16/2016 - **DEA Updates and OIG Report**
 Secretary's Report on the DEA and OIG Report
 (11/16/2016) - **DEA Updates and OIG Report**
 (11/16/2016) - **DEA Updates and OIG Report**

Top News

DEA Disposes of Unused Prescription Drugs
 DEA Disposes of Unused Prescription Drugs

EMERGENCY

Got Drugs?

ALERT

www.deadiversion.usdoj.gov

U.S. DEPARTMENT OF JUSTICE CONTACT US 1-270-0000



Drug Enforcement Administration

TOUGH WORK. VITAL MISSION

HOME ABOUT CAREERS OPERATIONS DRUG INFO PREVENTION PRESS ROOM ESPAÑOL

DEA Officer Safety Alert

FENTANYL

A Real Threat to Law Enforcement

DEA Warns Public of Extortion Scams

CHASING THE DRAGON
Documentary

DEA 360 Strategy
Fact Sheet

DEA NEWS

Colombian Narcotics Kingpin Sentenced for Massive Cocaine Conspiracy
 (11/16/2016)

First Woman, the United States Attorney for the Southern District of New York, Robert L. Caputo, the first woman to serve as Attorney General for the United States, and the first woman to serve as Attorney General for the United States, announced that she will be stepping down from her position as Attorney General for the United States, effective January 20, 2017.

TOPICS OF INTEREST

11th National Law Enforcement Assessment Summary Updated
Counterfeit Prescription Pills Containing Oxycodone & Fentanyl
11th National Law Enforcement Assessment Summary Updated
Counterfeit Prescription Pills Containing Oxycodone & Fentanyl

RESOURCE CENTER

- Controlled Substances Act
- DEA Museum and Visitors Center
- Doing Business with DEA
- Drug Disposal
- Employee Assistance Program
- Extortion Scams Alert
- For Victims of Crime
- How do I...?
- National Classification Laboratory

BEST WANTED FUGITIVES

www.dea.gov

Questions?

