Drug Enforcement Administration

Methods of Diversion and Drug Trends

Kent Kleinschmidt  
*DEA Assistant Special Agent in Charge*

William Chamulak  
*DEA Supervisory Special Agent*

Detroit Division
Disclosure

I do not have any relevant financial relationships with any commercial interests or any other conflicts of interests to disclose.
Drugs of Abuse
# Schedules of Controlled Substances

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<th>Schedule</th>
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<td><strong>Schedule II</strong></td>
<td>Accepted medical use/high potential for abuse/dependency (e.g., morphine, hydrocodone, oxycodone, cocaine, methamphetamine, methadone, meperidine, fentanyl, Adderall, and Ritalin)</td>
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<td><strong>Schedule III</strong></td>
<td>Accepted medical use/less potential for abuse/dependency (e.g., products containing &lt;90 mL codeine per dosage unit, ketamine, anabolic steroids, testosterone)</td>
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<td>Accepted medical use/less potential for abuse/dependency (e.g., codeine cough syrup)</td>
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Drugs of Concern

- Hydrocodone (CII)
- Oxycodone (CII)
- Oxymorphone (CII)
- Methadone (CII)
- Fentanyl (Schedule II)
- Adderall® (CII)
- Suboxone (CIII)
- Alprazolam (CIV)
- Carisoprodol/Soma® (CIV)
- Cough Syrup (CV)
Most commonly prescribed prescription medicine?

Hydrocodone/acetaminophen
(Norco, Vicodin, Lorcet)
# State Ranking* - Hydrocodone

**January – June 2018**

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*State Populations (2018)*

- **California**: 39.8M (#1)
- **Texas**: 28.7M (#2)
- **Michigan**: 10.0M (#10)

*Source: ARCOS*  
*Date Prepared: 09/07/2018*
### State Ranking* - Oxycodone
#### January – June 2018

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* Business Activity – Retail Pharmacies

*Source: ARCOS

Date Prepared: 09/07/2018
**State Ranking** - Oxymorphone

January – June 2018

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*Source: ARCOS
*Business Activity – Retail Pharmacies
# State Ranking* - Methadone

January – June 2018

<table>
<thead>
<tr>
<th>RANK</th>
<th>STATE</th>
<th>TOTAL</th>
<th>RANK</th>
<th>STATE</th>
<th>TOTAL</th>
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<td>DE</td>
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*Business Activity – Retail Pharmacies

*Source: ARCOS

Date Prepared: 09/07/2018

Drug Enforcement Administration, Diversion Control Division, Pharmaceutical Investigations Section, Targeting and Analysis Unit
Total CS prescriptions dispensed, Michigan 2007-2017

The Trinity

**Opiate**
- hydrocodone (CII)

**Muscle Relaxant**
- carisoprodol (CIV)

**Benzodiazepine**
- alprazolam (CIV)
Fentanyl

- Synthetic opioid
- Fentanyl patches
- Fentanyl citrate dispensed in a berry-flavored lollipop-type unit
- Fentanyl is 50-100 times more potent than morphine and 30-50 times more potent than heroin
- Intended to be used for chronic cancer pain & only for people who are tolerant to prescription opioid (narcotic) pain medicines
- Abused for its intense euphoric effects
Fentanyl Trends

- Lethal dose: \(~2\) mg for non-opioid dependent individuals
- Illicit drugs are being laced with fentanyl
- 500,000 pills can be manufactured from 1 kg of pure fentanyl
- Mexico and China: major source countries for illegal fentanyl
- Illicitly produced fentanyl is sold alone or in combination with heroin/other drugs and can mimic pharmaceutical drugs in appearance
Fentanyl Trends
Fentanyl Trends
Fentanyl Trends
Fentanyl Trends

Mexican drug cartels’ main areas of influence 2017

- Jalisco New Generation
- Sinaloa cartel
- Gulf cartel
- Los Zetas
- Juárez cartel
- Tijuana cartel
- Beltrán-Leyva Organisation
- No major cartel presence
- Disputed territory
Fentanyl: Dangers to Practitioners

- Be cautious when inventorying personal items in ED or the hospital
- Be cautious when touching patients
- Be cautious when going through a patient’s personal items
- Don’t ever take back a patient’s medications
Methamphetamine

- Stimulant that speeds up body’s system
- Pill or powder form
- Available as prescription as Desoxyn® to treat obesity or ADHD
- Illegally altered form of prescription (crystal meth) resembles glass fragments

Effects

- Highly addictive
- Agitation, increased heart rate, blood pressure
- Increased respiration and body temperature
- Anxiety, paranoia
- High doses can cause convulsions, cardiovascular collapse, stroke, or death
Egregious Activity
Methods of Drug Diversion

Manufacturer and Distributor

- Employee thefts
- Facility robberies
- Transport thefts

Pharmacy

- Onsite
  - Employee thefts
  - Self-medication
  - Robberies
  - Rogue website
  - Fraudulent prescriptions filled

- Legitimate patient
  - Stolen medication
  - Shared medication
  - Improper disposal
  - Theft by friend/family

- Illegitimate patient
  - Abuse
  - Selling/trading
  - Drug rings
  - Forged/altered prescriptions

- Physician’s office
  - Theft of prescription pad
  - Fraudulent prescriptions
  - Self-medication
  - Employee theft
  - Trading drugs for sex

Caregiver

- Thefts
Diversion Red Flags: Patients

- Patients who want appointments towards the end of office hours or arrives after regular business hours
- Patients who demand immediate attention
- Patients who are not interested in an examination or undergoing diagnostic tests
- Patients who are unwilling to give permission to obtain past medical records
- Patient recites textbook symptoms
- Patient gives very vague medical history
- Patient exaggerates medical condition
- Patient claims they failed to pack medication, lost it, or that it was stolen
Diversion Red Flags: Patients

- Patient claims that hospital or clinic, with past medical records, is out of business or burned down
- Patient deceives doctors or seeks alternate doctors while normal doctor is out of the office
- Patient solicits Medicaid recipients to use Medicaid cards as payment method
- Patient targets a lax doctor
- Patient takes half and sells rest of their medication
- Patient offers to buy other patient’s pills
- Patient looks for employment or volunteers at locations where drugs or prescriptions are exposed
- Patient alters prescriptions
Potential Diversion: Practitioners*

- Does the practitioner follow state laws when prescribing controlled substances?
- Does the practitioner conduct cursory medical exams or any medical exam at all?
- Does the doctor do diagnostic testing or refer the patient out for diagnostic testing?
- Is the practitioner referring patients to other specialists (surgery, physical therapy, etc)?
- Are the initial office visits or follow-up visits brief?
- Does the practitioner prescribe multiple drugs within the same drug category?

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all-inclusive.
Potential Diversion: Practitioners*

- Does the practitioner prescribe excessive quantities of controlled substances relative to the medical condition the prescription is purported to treat?
- Do patients travel a great distance to see the practitioner?
- Does the practitioner ignore signs of abuse?
  - Patient appears to be under the influence
  - Patient asks for the controlled substances he wants
  - Patient is doctor shopping in PDMP
  - Practitioner is warned by family members that the patient is abusing or selling his controlled substances
  - Ignoring toxicology reports
- Does the practitioner only treat patients with narcotic controlled substances?

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all-inclusive.
Potential Diversion: Practitioners*

- Does the practitioner start on a low dose or low level controlled substance and then over time work up to higher levels, or does the practitioner just start the patient on a high dose narcotic?

- Does the practitioner continue to prescribe controlled substances to patients even though it would be ineffective for treatment purposes?

- Does the practitioner allow the non-medical staff to determine the narcotic to be prescribed, the practitioner just signs the prescription?

- Does the practitioner coach patients on what to say so that the patient can get the narcotics they want?

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all-inclusive.
Potential Diversion: Practitioners*

- Does the practitioner violate his own pain management policies and guidelines?
- Does the practitioner ignore warnings from insurance companies, law enforcement, other practitioners, family members, etc?
- Does the practitioner receive other compensation for narcotic prescriptions (sex, guns, drugs, etc)?
- Does the doctor still charge the patient for a visit if they do not get a narcotic prescription?
- Patient deaths
- Practitioner using inventory for personal use

*Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all-inclusive.
**Diversion by Healthcare Providers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Title and Details</th>
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<tbody>
<tr>
<td>Carla DelVecchio</td>
<td>29</td>
<td>• 29-year-old Cardiovascular Intensive Care Unit nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fatal fentanyl/midazolam overdose in hospital bathroom</td>
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<tr>
<td>Dr. Timothy Sutton</td>
<td>32</td>
<td>• 32-year-old anesthesiology resident</td>
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<tr>
<td></td>
<td></td>
<td>• Overdosed on fentanyl from doctor’s kit</td>
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<tr>
<td></td>
<td></td>
<td>• Cardiac arrest on hospital property; revived</td>
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<tr>
<td>Geneva Lively</td>
<td>33</td>
<td>• 33-year-old charge nurse</td>
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<td>• Found with hydrocodone belonging to several people during DWI traffic stop</td>
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<tr>
<td></td>
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<td>• Relinquished nursing license</td>
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<td>Hayley Brown</td>
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<td>• 28-year-old nurse</td>
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<td>• Husband overdosed on stolen fentanyl</td>
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<tr>
<td></td>
<td></td>
<td>• Responding law enforcement exposed to fentanyl, hospitalized</td>
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<tr>
<td>David Estrada</td>
<td>31</td>
<td>• 31-year-old nurse</td>
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<tr>
<td></td>
<td></td>
<td>• Stole 25 hydromorphone syringes</td>
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<tr>
<td></td>
<td></td>
<td>• Multiple theft and fraud charges</td>
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<tr>
<td>Heidi Hostettler</td>
<td>36</td>
<td>• 36-year-old nurse</td>
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<tr>
<td></td>
<td></td>
<td>• Stole oxycodone from nursing home residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Forged signatures, shredded documents, changed Rx labels</td>
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<td>Karen Feldner</td>
<td>56</td>
<td>• 56-year-old nursing director of surgery center</td>
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<tr>
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<td>• Stole nearly 2,000 vials of fentanyl for personal use</td>
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<tr>
<td>3 nurses @ same hospital</td>
<td></td>
<td>• Between March 16 and May 3, 2017, 3 arrests</td>
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<tr>
<td></td>
<td></td>
<td>• Nurses aged 28, 25, and 52 arrested for theft of drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Each stole various drugs for personal use</td>
</tr>
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Egregious Activity: MI Physicians

Dr. Sam Awada
- Warren, MI
- Ran 16-month "pill mill"
- Conspired with another doctor and "marketer" to write 80,000 prescriptions for oxycodone and roxicodone
- Fraudulently billed Medicare and BCBS for services

Dr. Fanny dela Cruz
- Livonia, MI
- Signed blank prescription forms for controlled substances
- Medical testing, office visits billed to Medicare
- No medical examinations
- Pills prescribed by dela Cruz sold in metro Detroit

Dr. Michael Weiss
- Detroit, MI
- Wrote controlled substance prescription "cocktails" to patients without legitimate medical needs at a co-conspirator’s home
- Fraudulently billed Medicare and Blue Cross

Dr. Mark Buzzard
- W Bloomfield, MI
- Involved in $13 million prescription drug ring diverting drugs within Michigan and to Tennessee
- Wrote prescriptions for cash payments
- Wrote more than 2 million dosage units of controlled substances
Egregious Activity: Physician Assistants

**Kelly Beelman**
- Bay City, MI
- Wrote and sold bogus prescriptions for “patients” to sell
- Addiction to Ambien
- Wrote Ambien prescriptions; “patients” would fill prescription and sell Beelman the pills

**Mark Flores**
- San Ramon, CA
- Promoted self as “personal medical quarterback”
- Sold multiple controlled substances to undercover agents
- Told undercover agent that he didn’t usually offer prescriptions to strangers unless they were “hot”

**Leonard Marchetta**
- Staten Island, NY
- Ran large oxycodone distribution ring
- Wrote approximately 4,109 oxycodone prescriptions over two-year period
- Received $250 cash from “patients” in addition to billing Medicaid/insurance

**Michael Troyan**
- Riverhead, NY
- Operated two urgent care clinics
- Issued prescriptions for thousands of oxycodone pills for illegal re-sale
- Involved in 4-year drug conspiracy with 20 others to support pill habit
Marketing Scheme

Marketer
- Brings “patient(s)” to doctor
- Receives payment from doctor for bringing “patient(s)”
- Sells “patient’s” pills for profit

Doctor
- Writes prescription(s) to “patient”
  - Desirable controlled substance
  - Expensive non-controlled substance
- Bills “patient” for office visit

“Patient”
- Insurance/Medicare/Medicaid billed by doctor, pharmacy
- Sells pills to marketer

Pharmacy
- Dispenses controlled substances to “patient”
- Bills for, but does not dispense non-controlled substance
Marketing Scheme

- **Marketer**: 
  - Brings “patients” to conspiring doctor, receives payment from doctor
    - Often by van or busload
    - Multiple patients per day
    - May solicit “patients” from soup kitchens and shelters
    - Looks for patients with “red white and blue” cards
  - Purchases prescription drugs from “patients” to sell on the street

- **“Patient”**: 
  - Insurance/Medicare/Medicaid billed by doctor, pharmacy
  - Sells prescription pills to marketer
Contact Information

- Complaints
  - Local Police: Immediate threats to human health/safety
  - Consumer complaints (LARA): 517-373-9196; BPLhelp@michigan.gov
  - DEA: Report prescription drug diversion by doctor/pharmacy www.deadiversion.usdoj.gov/tips_online.htm
  - HHS: Hotline 1-800-HHS-TIPS; OIG.HHS.gov/report-fraud

- State PDMP
  - Michigan Automated Prescription System (MAPS) help: www.michigan.gov/mimapsinfo

- Recovery
  - 1-800-662-HELP (4357)
  - https://findtreatment.samhsa.gov