



The United States Department of Justice
Drug Enforcement Administration



Prescription Drug Trafficking Trends, Synthetic Drugs and Methamphetamine

Arizona Pharmacists Association
Phoenix, AZ
June 30, 2012

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Deputy Assistant Administrator
DEA Office of Diversion Control

Disclosure Information

I have no financial relationships to disclose

AND

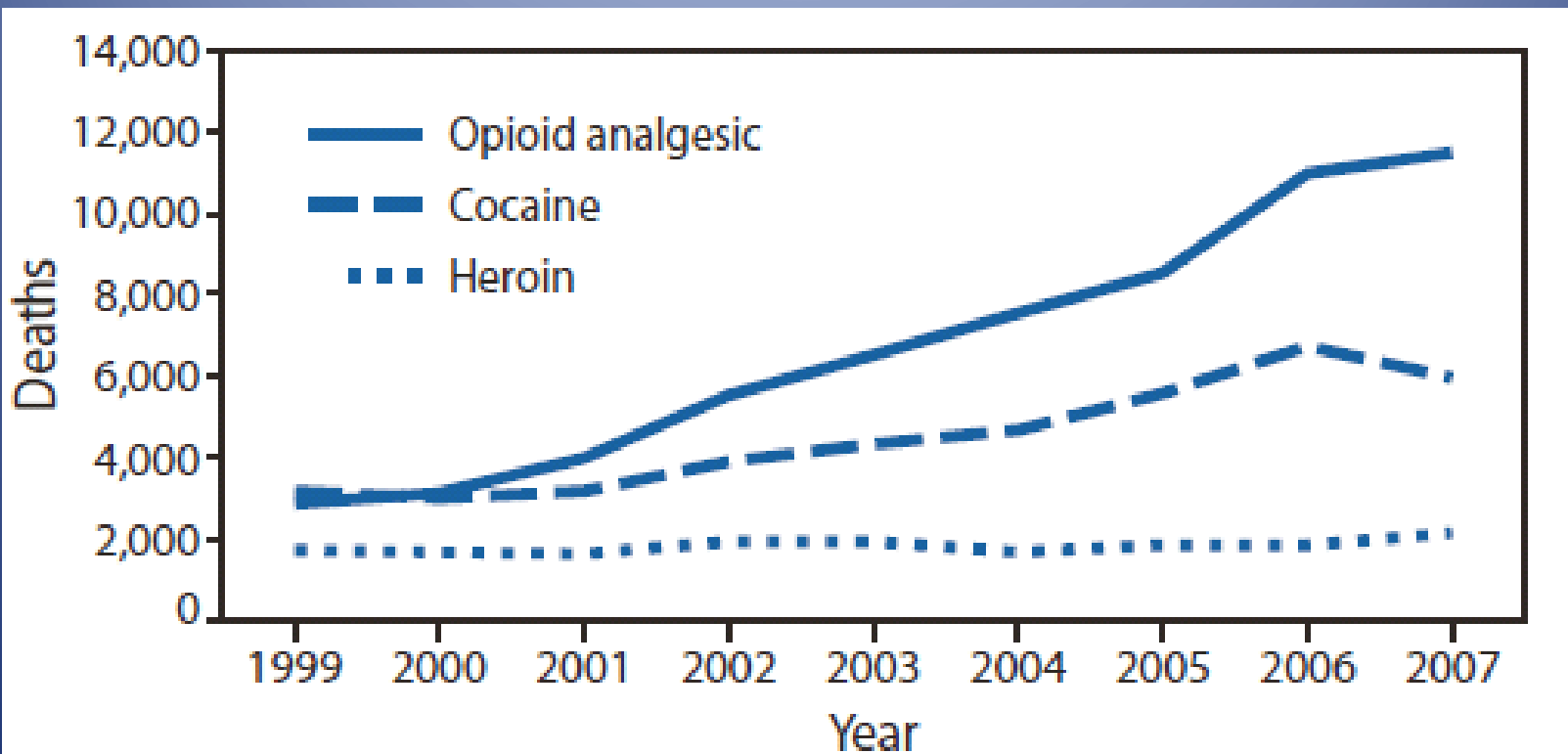
I will not discuss off-label use and/or
investigational drug use in my presentation

OR

- **Responding to America's Prescription Drug Abuse Crisis**
 - *“When Two Addictions Collide”*

“In 2007, approximately 27,000 unintentional drug overdose deaths occurred in the United States, one death every 19 minutes. Prescription drug abuse is the fastest growing drug problem in the United States.”*

Number of unintentional drug overdose deaths involving opioid analgesics, cocaine, and heroin — United States, 1999–2007



Source: National Vital Statistics System. Multiple cause of death dataset. Available at <http://www.cdc.gov/nchs/nvss.htm>

Legend Drugs v.
Controlled Substances

Prescription Requirements

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

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

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

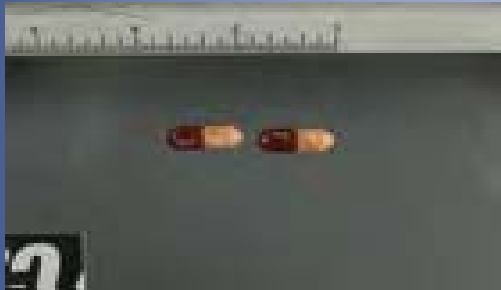
*** 72 hour time limitation.

With medical authorization, up to 5 in 6 months.

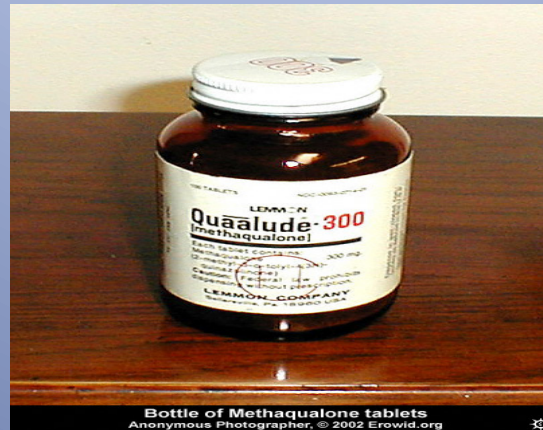
Prescription drug
epidemic?

How did we get to this
point?

The 1960/70s/80s



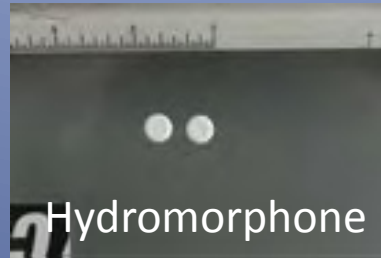
Uppers - Dexedrine



"Ts and Blues"



Downers - Seconal



Hydromorphone



Meprobamate



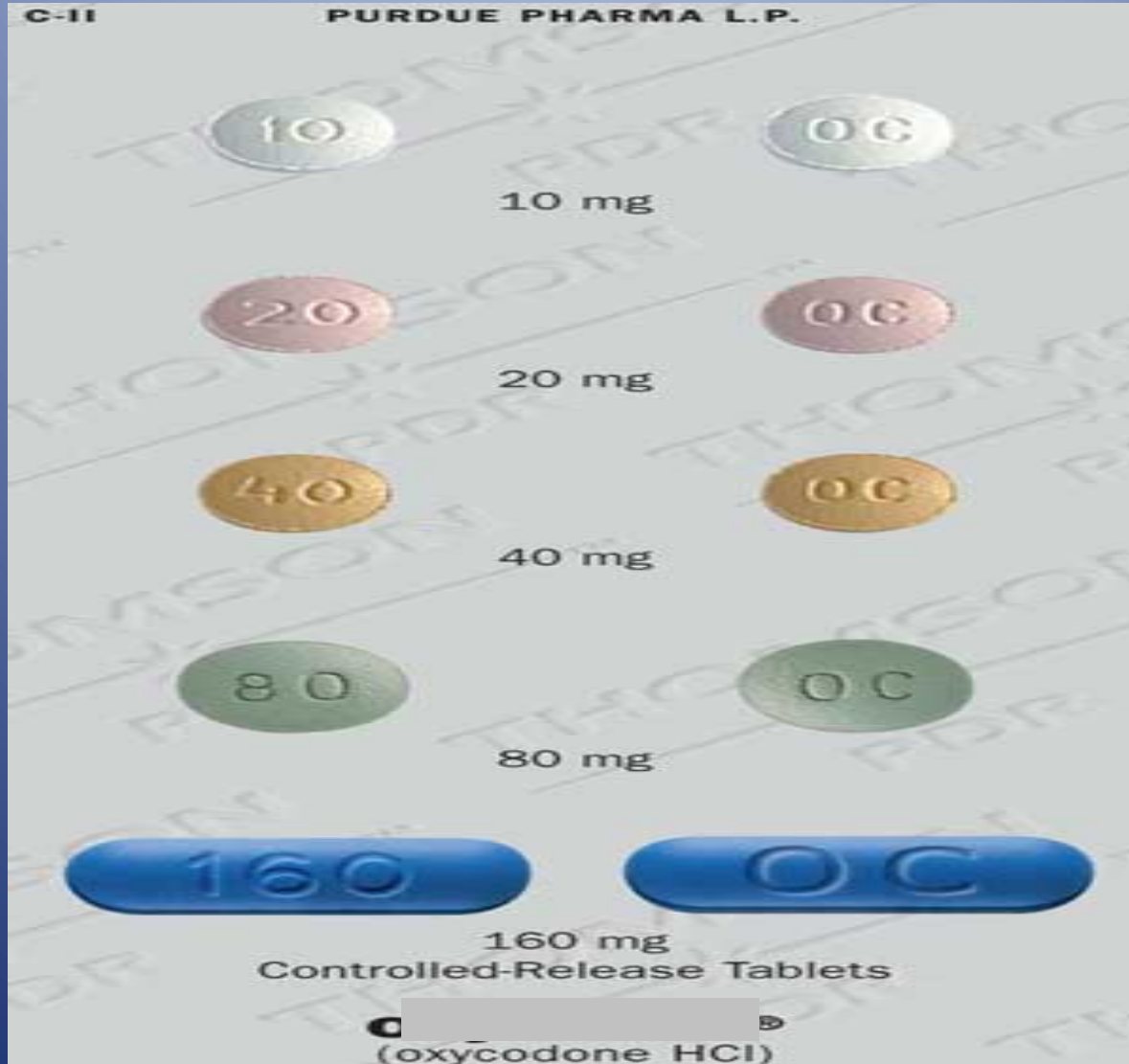
Oxycodone/APAP



"Fours and Doors"

The 1990s

OxyContin



Inadequate Pain Control

The Fifth Vital Sign?

Temperature

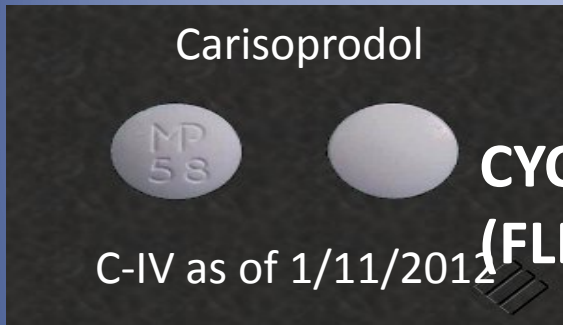
Heart Rate

BP

Respiration

Commonly Abused Controlled

Pharmaceuticals



**CYCLOBENZAPRINE
(FLEXERIL)**

C-IV as of 1/11/2012



Hydrocodone



OxyContin 80mg



Oxymorphone



Oxycodone 30 mg



Xanax (Alprazolam)

Photo from the Physicians Desk Reference

Alprazolam

Direct to consumer advertising

The Perfect Storm

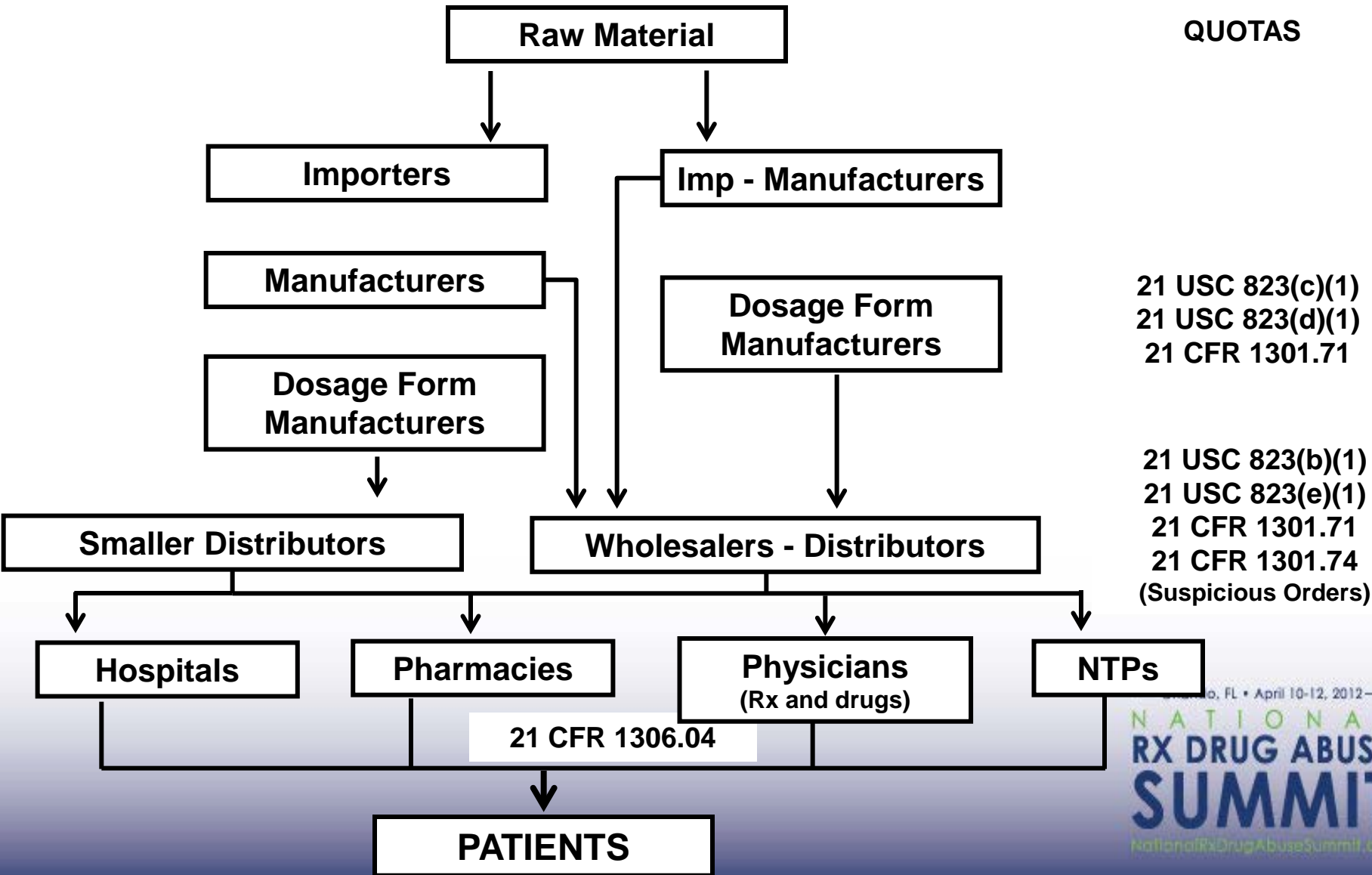
- **Industry is producing a wider variety of controlled substance pharmaceuticals and practitioners are prescribing more.**
- **Use of Medicare / Medicaid or insurance to fund drug habits**
- **Information / Electronic era**

The Controlled Substances Act

Checks and Balances



The Flow of Pharmaceuticals



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))

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

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.

Purchases of Oxycodone 30mg

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

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.

Prescriptions like candy

The story of a Duarte doctor makes it clear a lot can go wrong between the handcuffs and the prison time.

SANDY BANKS

We're getting tough on drug dealers in Los Angeles these days, sweeping crack sellers off skid row streets, shutting down marijuana dispensaries, prosecuting doctors who peddle prescriptions like candy to patient addicts.



But the story of Dr. Daniel Healy makes it clear that a lot can go wrong between the handcuffs and the prison time.

Healy, according to prosecutors, is a most prolific drug dealer. In 2008 alone, he illegally distributed enough prescription drugs to constitute the federal government's equivalent of more than 50 kilos of cocaine or 37,000 pounds of marijuana.

The Duarte physician ordered more Vicodin than any doctor in the nation — 1 million pills in 2008. That's 10 times the stockpile of an average pharmacy; more than his local CVS, Wal-Mart, Target and City of Hope pharmacies combined.

According to federal legal briefs, Healy made so many over-the-counter sales from his "Kind Care" medical clinic, the office had its own money-counting machine and Healy pocketed "\$3,000 to \$6,000 a day."

On the day he was arrested, police pulled over a

ghetto street dealer with a wad of cash and pocketful of crack cocaine.

That guy would have received a mandatory five years in prison for selling as little as five grams of crack.

Healy's lawyer argued that a lengthy term in jail was "not necessary to deter Dr. Healy from engaging in future criminal conduct, or to protect the public from his future criminal acts."

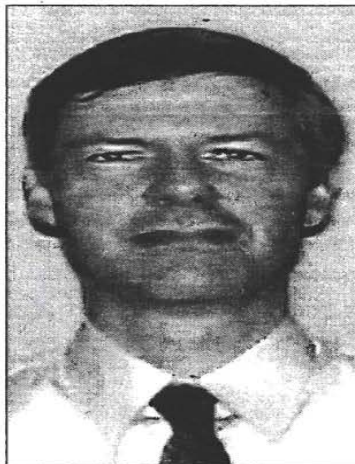
Attorney Roger Rosen called his client a "gifted healer who provided quality medical care" to a working-class community with few options for affordable care.

The prosecutors, drawing an investigation by Monrovia police and the Drug Enforcement Administration, painted a far different picture.

Healy operated in two ways: "writing prescriptions for his customers to fill, or more commonly by selling [pills] directly from his clinic to any customers who could pay." Those customers often dealt the medication on the streets and came quickly back for more, legal papers said.

Healy's dealings became so blatant, local pharmacists refused to fill prescriptions he wrote for his patients' prescriptions because they came in so often, involved large quantities of controlled substances and patients tended to pay in cash for the drugs.

Investigators matching his inventory against his pharmacy orders and pre-



DOCTOR: Prosecutors say Daniel J. Healy is a prolific drug dealer.

scription records couldn't account for 890,296 of the pills he ordered the year before he was arrested, court papers said.

Healy's Kind Care clinic was little more than a "narcotics mill" that netted him almost \$700,000 in one year: "a cash-and-carry narcotics store under the guise of providing legitimate medical treatment."

The prosecutor in the case stopped short of saying he's disappointed when I interviewed him Monday.

"Forty-eight months is a significant sentence, by any measure," said Assistant U.S. Atty. David Herzog.

The felony conviction

means Healy will lose his license. "The end result is that this defendant is no longer able to distribute narcotics into the community and never will again."

But 48 months is considerably less than the 210-month minimum term the probation report recommended. It's less, even, than the 57 months Healy's lawyer suggested would be fair.

That's a blow to DEA efforts to crack down on abuse of prescription drugs, which is rising among teens and young adults.

Nearly 7 million Americans are abusing pharmaceutical drugs — up from 3.8 million 10 years ago, and more than the number addicted to cocaine, heroin and hallucinogens. Opioid painkillers — the kind Healy dispensed — cause more overdose deaths than cocaine and heroin combined.

Blatant drug-dealing by doctors is rare. More common is doctor-shopping by patients, thefts from pharmacies, trading meds by addicts and illicit street sales by drug dealers.

That's why Healy's sentence is so disappointing.

Here's a chance to send a message to "well-meaning" doctors like Healy who might be tempted by easy money and to suffering patients who might not realize that the mild-mannered guy with the stethoscope might have more than their well-being in mind.

sandy.banks@latimes.com

Burden on the health care delivery system

What is the Societal Damage?

2009 Current Users 2010

ANY ILLICIT DRUG:

21.8 million
(8.7% of population)

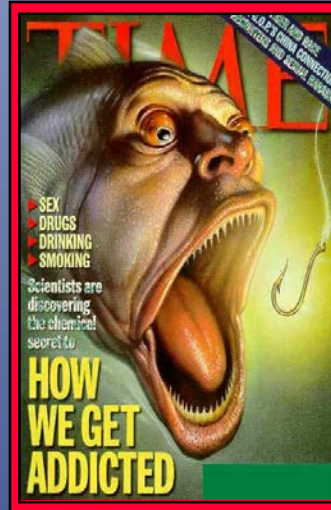
MARIJUANA: 16.7 million

PSYCHOTHERAPEUTIC
DRUGS: 7 million

COCAINE: 1.6 million

Hallucinogens: 1.3 million

METHAMPHETAMINE: 502,000



ANY ILLICIT DRUG:

22.6 million
(8.9% of population)

MARIJUANA: 17.4 million

PSYCHOTHERAPEUTIC
DRUGS: 7 million

COCAINE: 1.5 million

Hallucinogens: 1.2 million

METHAMPHETAMINE: 353,000

Prescription Drug Abuse

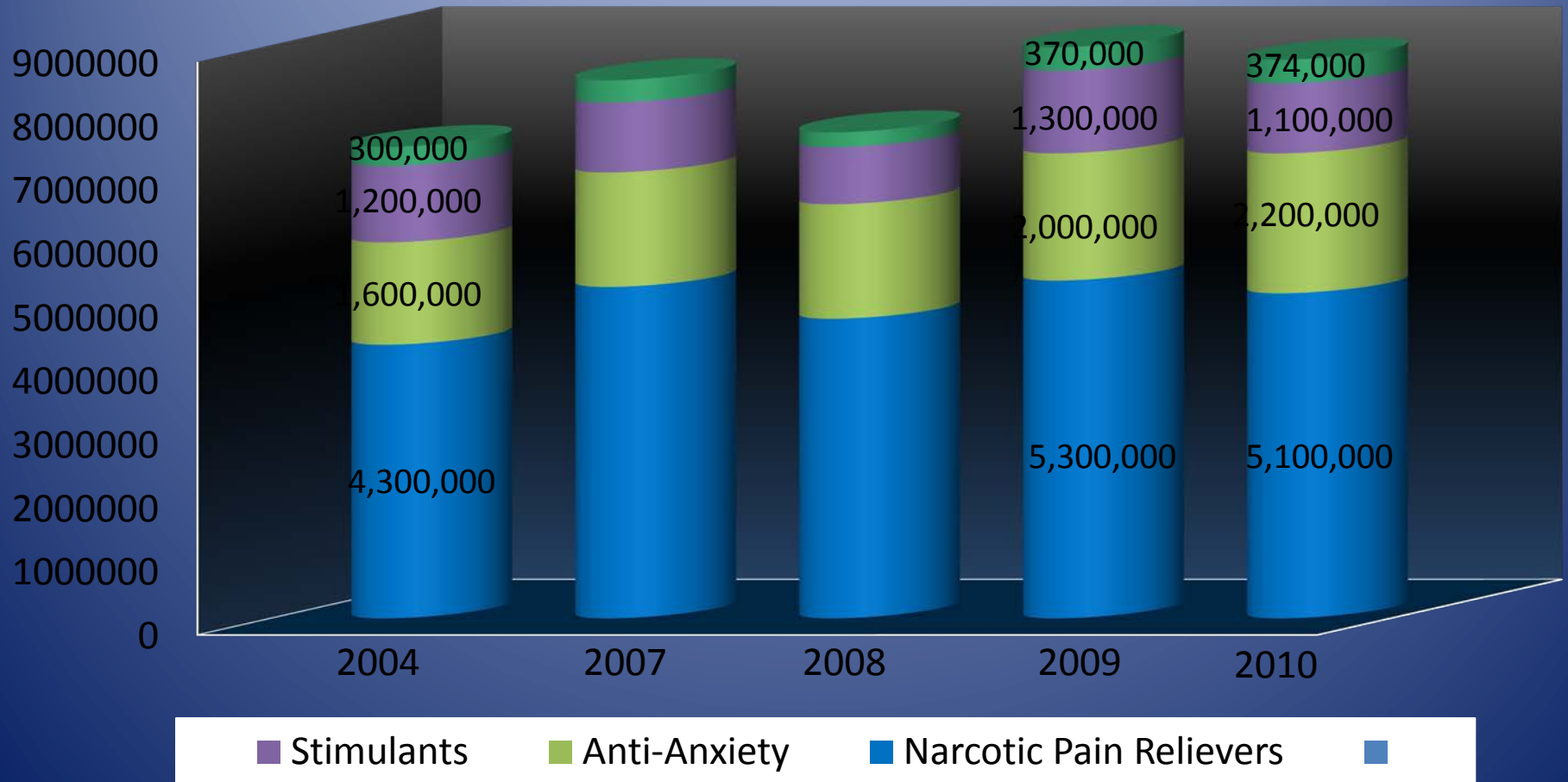
More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Heroin, and Inhalant abusers

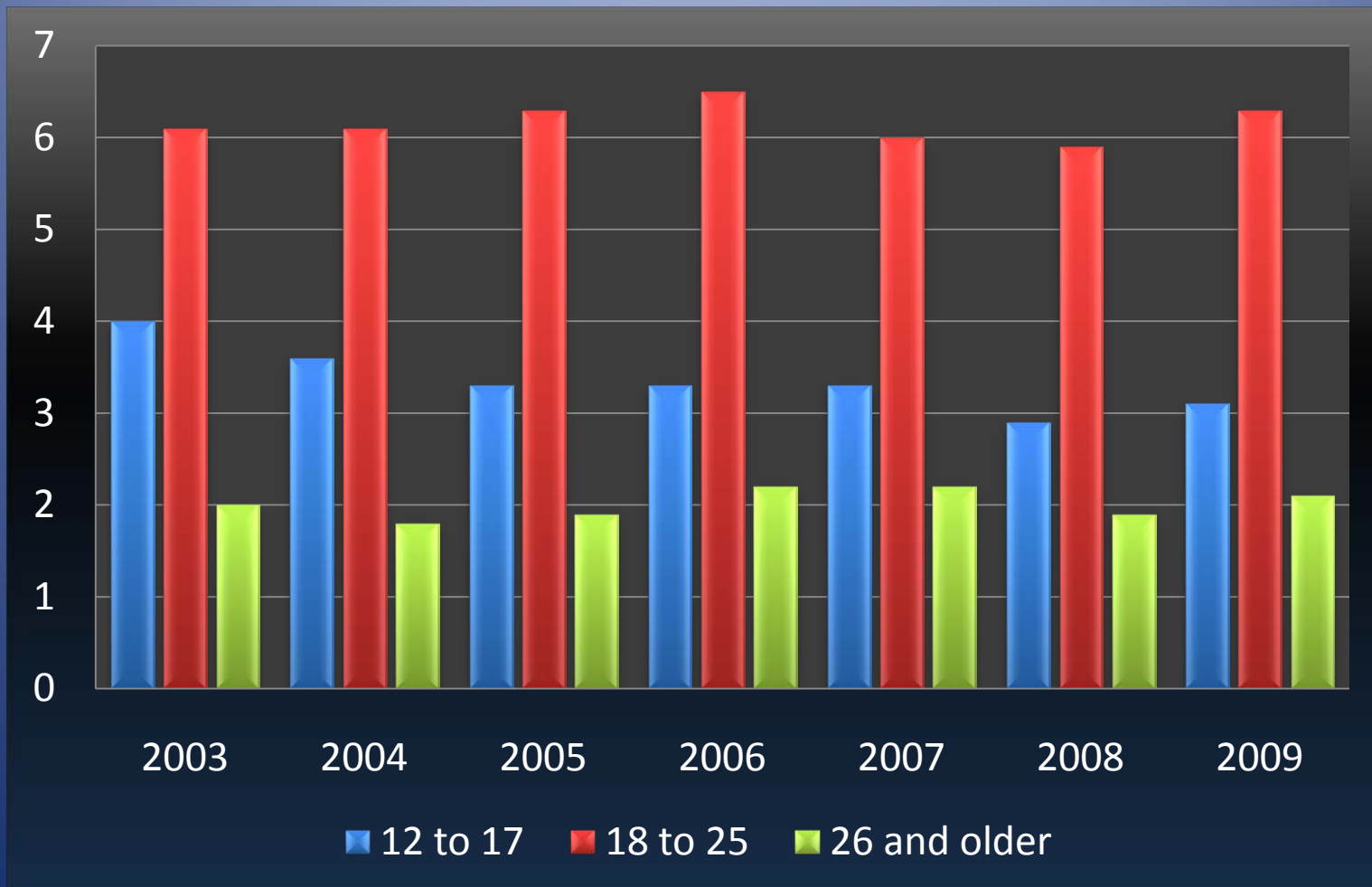
COMBINED!!!



Scope and Extent of Problem



Percentage of Past Month Nonmedical Use of Psychotherapeutics by Age, 2003-2009



Source: National Survey on Drug Use and Health

Violence



Violence Related to Controlled Substance Pharmaceuticals

ASSASSIN



Ready for mayhem, the lunatic strolls through the door. Gun in his right hand, he walks coolly through an aisle.



He pulls his cap over his face as he leaves the store. Now a mass murderer, he walks out into the sunlight.

Chilling anatomy of drugstore massacre

He never gave them a chance. The coldblooded killer who massacred four people in a Long Island pharmacy methodically shot each victim, shocking step-by-step surveillance footage of the slaughter revealed yesterday.

PAGES 4-5

DRUGSTORE MASSACRE

Husband
and wife
busted in
Rx-slay
horror



PAIN KILLER

David Laffer is the man caught on video wearing a fake beard (top) who slaughtered four people in a pharmacy to feed his wife Melinda's addiction, cops said yesterday.

PAGES 4-5

23 of 34



Nassau police respond to the scene of a

Nassau police respond to the scene of a shooting Saturday at Charlie's Family Pharmacy, 3931 Merrick Rd., in Seaford. (Dec. 31, 2011) Photo Credit: Kevin P. Coughlin



Long Island

Robbery suspect, federal agent killed in Seaford

A robbery suspect and a federal agent who had dropped by to pick up a prescription for his ailing father both died of gunshot wounds Dec. 31, 2011, after police struggled with the suspect in the doorway of a Seaford pharmacy.

Be the first to rate: ★★★★★ [Click to rate](#)

Related



Nassau
Cops: Fatal shooting at Seaford drugstore

Newsday

GO MOBILE! Get

Westchase teachers learn a lesson: Say 'no' to mints in pill bottles



One of the mint-filled pill bottles distributed to some fourth graders at Westchase Elementary.

By JOSÉ PATIÑO GIRONA | The Tampa Tribune

Published: February 8, 2010

What two fourth-grade teachers at Westchase Elementary School apparently thought was a creative way to calm students about to take the FCAT made at least one caregiver fear the teachers were sending a different message – that taking drugs while under stress is OK.

Sandy Young walked into her grandson's fourth-grade classroom last Thursday and saw pill bottles on each students' desk. Her mind raced with questions and thoughts of disbelief.

Young said she immediately questioned Westchase Elementary fourth-grade teacher Beth Watson about the pill bottles, which were filled with pieces of small mint candy.

"She said it was nothing but some mints; it was just something special for the kids, for the FCAT to mellow them out," Young said.

Young said she was shocked and speechless and walked out of the room when Watson started the students on a math assignment.

Young said the pill bottles go against the lessons of teaching children to say no to drugs.

"We turn around and we have our teachers giving them drugs," said Young, 60, of Tampa. "I don't care if it's mints or not. ... If it's in a prescription bottle, it's a drug."

Young said the bottle reads in part: "Watson's Whiz Kid Pharmacy. Take 1 tablet by mouth EVERY 5 MINUTES to cure FCAT jitters. Repeated use may cause craft to spontaneously ooze from pores. No refills. Ms. (Deborah) Falcon's authorization required."

The school received one complaint since pill bottles were distributed on Thursday, said Linda Cobbe, a school district spokeswoman. It's believed only two fourth-grade teachers at the school distributed the pill bottles.

The principal met with the students on Monday to confirm the pill bottles contained mints that were safe to eat. The students were asked to dump the mints in a separate container and the pill bottles were thrown away, Cobbe said.

She said the bottle idea was tied to the children's book the students recently read, "George's Marvelous Medicine," about a boy who concocts potions to try to change the disposition of his cranky grandmother.

The teachers were just trying to use a creative way to get across to the students not to be stressed with the FCAT writing examination that will be administered to fourth-, eighth- and 10th-graders beginning today, Cobbe said.

"Elementary teachers do creative things to make learning fun," Cobbe said.

The teachers won't be disciplined, and it wasn't their intention to promote drug use, Cobbe said.

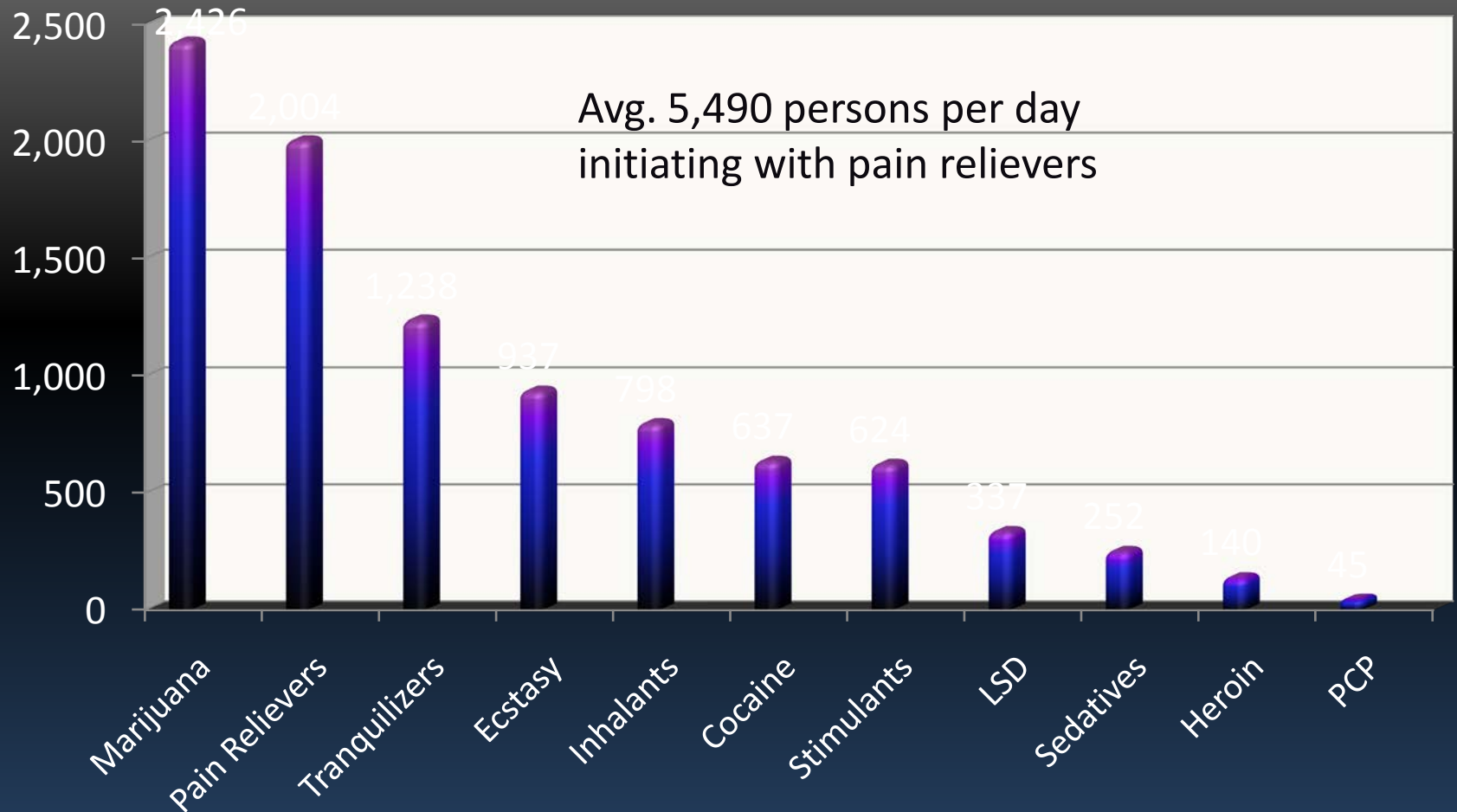
"I know that is not the intent of the teachers," Cobbe said. "That is not the outcome they would wish for."

Young said her grandson has been at Westchase Elementary for a year, and she hasn't had any complaints. But this experience has soured her.

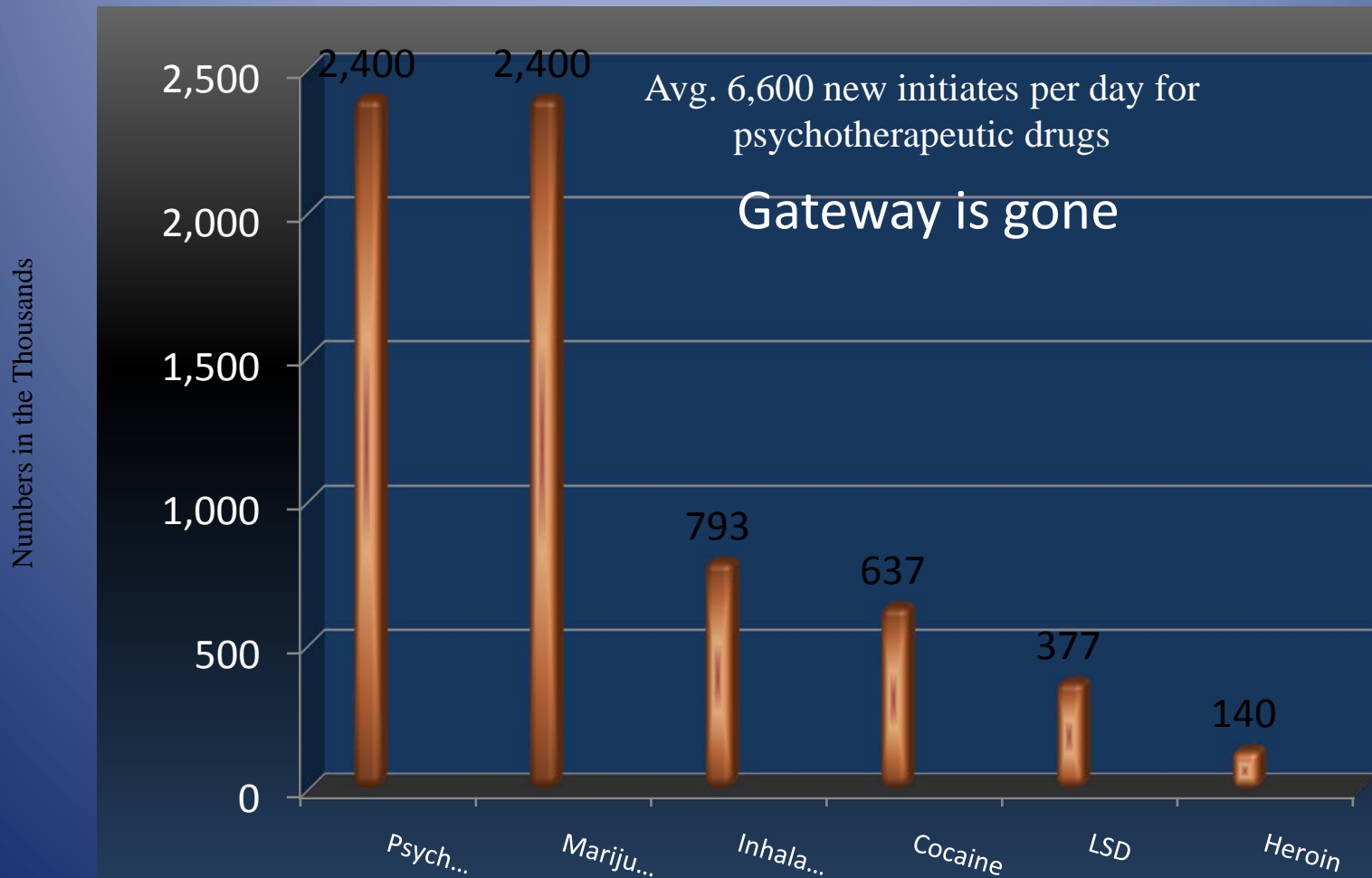
It concerns her that now someone might hand her grandson a pill bottle with drugs and he might think it's OK to consume its contents.

"We as parents and grandparents have to drill it into them that this is unacceptable and hope and pray that they don't accept drugs from someone else," Young said.

Past Year Initiates for Specific Drugs Persons Aged 12 or Older 2010



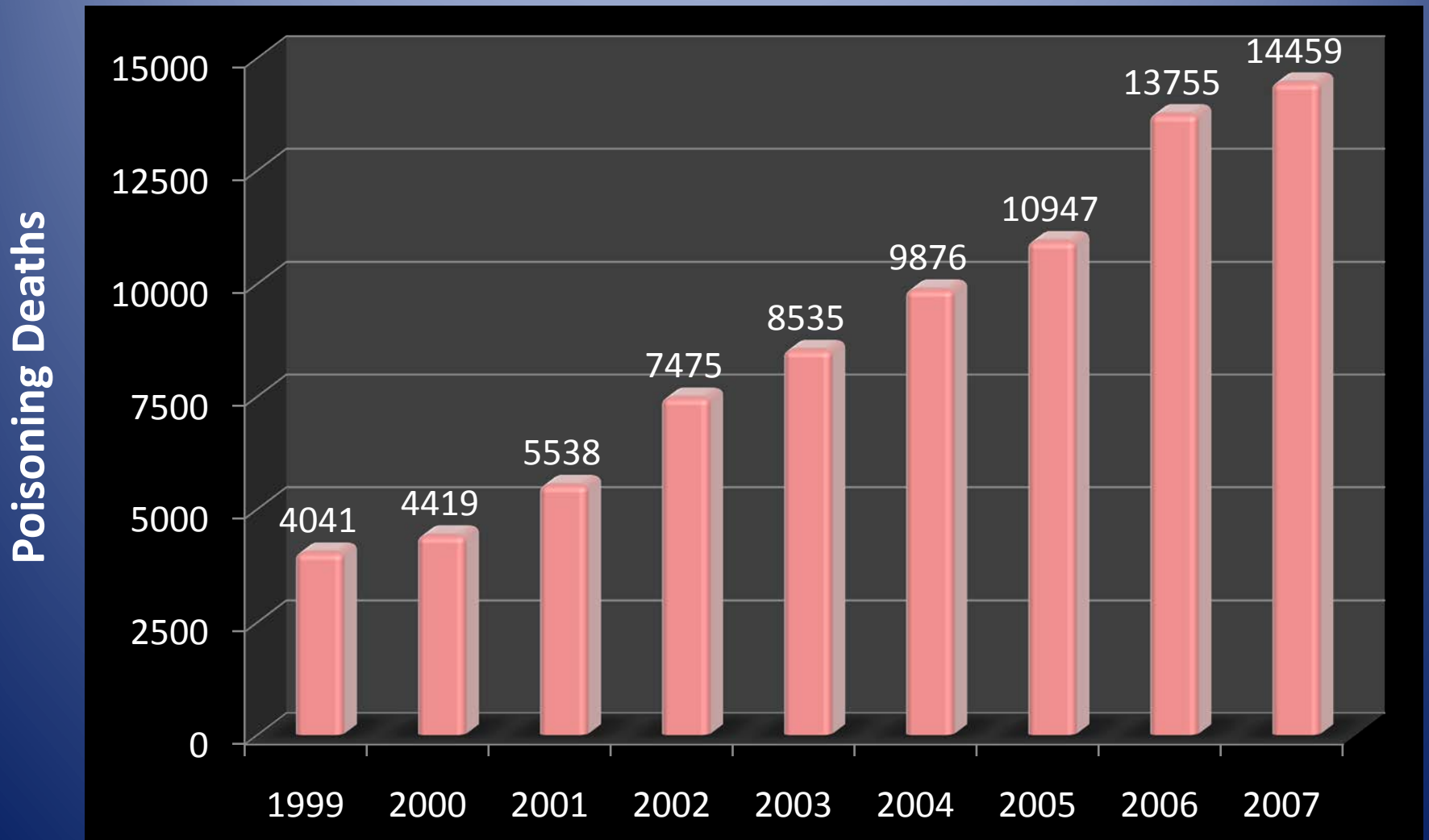
New Initiates 2010 - 12 years and older



Emergency Room Data 2004-2009

- Increase of 98.4%: ER visits attributable to pharmaceuticals alone
(*i.e.*, with no other type of drug or alcohol) (627,291 to 1,244,679)
 - No Significant Change: ER visits attributable to cocaine, heroin, marijuana, or methamphetamine
- Rx Drugs most frequently implicated:
 - **Opiates/Opioids pain relievers**
 - Oxycodone products 242.2% increase
 - Hydrocodone products 124.5% increase
 - Fentanyl products 117.5% increase
 - **Insomnia or Anti-Anxiety medications**
 - Zolpidem 154.9% increase
 - Alprazolam 148.3% increase
 - Clonazepam 114.8% increase
 - **Carisoprodol 100.6% increase**
 - For patients aged 20 and younger misuse/abuse of pharmaceuticals increased 45.4%
 - For patients aged 20 and older the increase was 111%

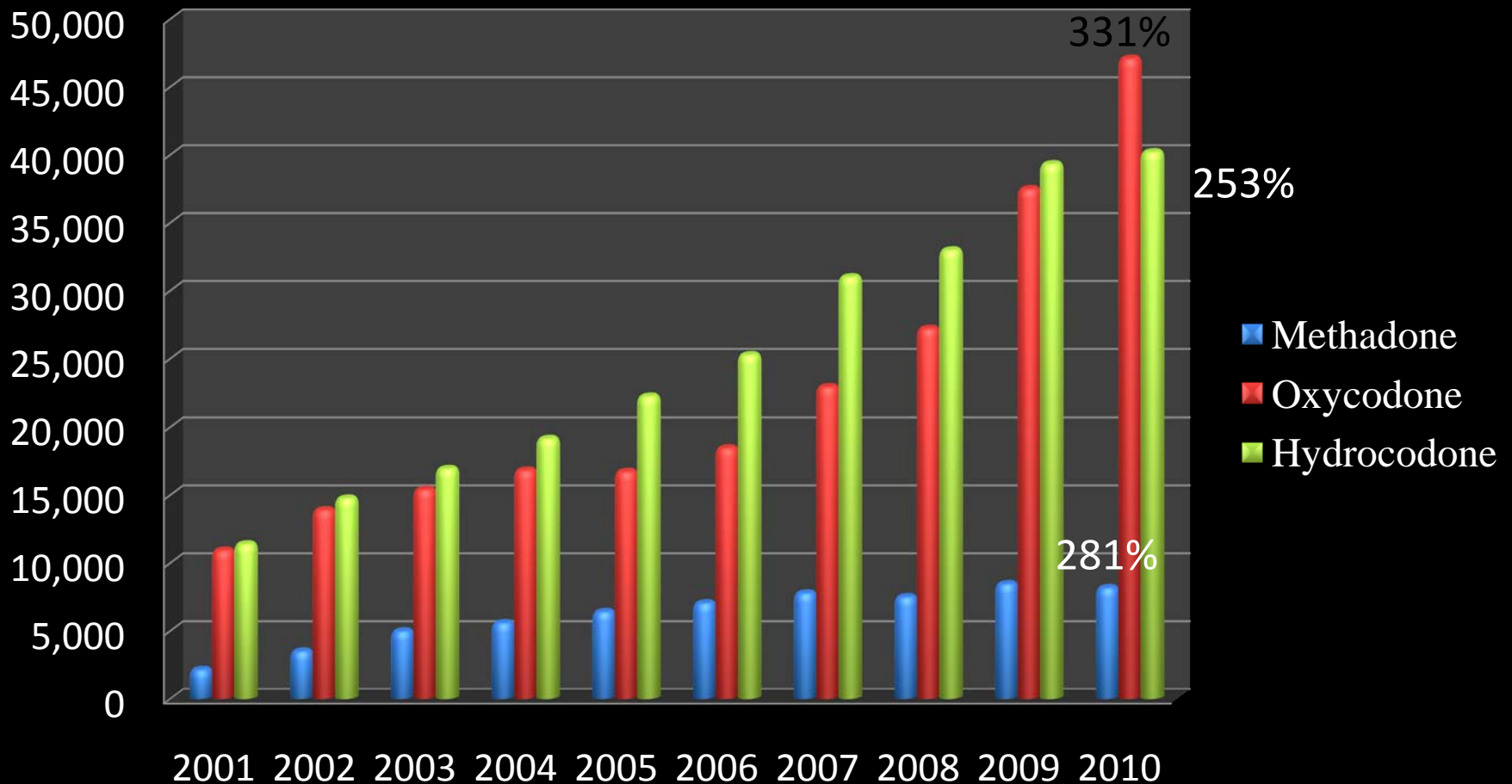
Poisoning Deaths: Opioid Analgesics



Number of Forensic Cases

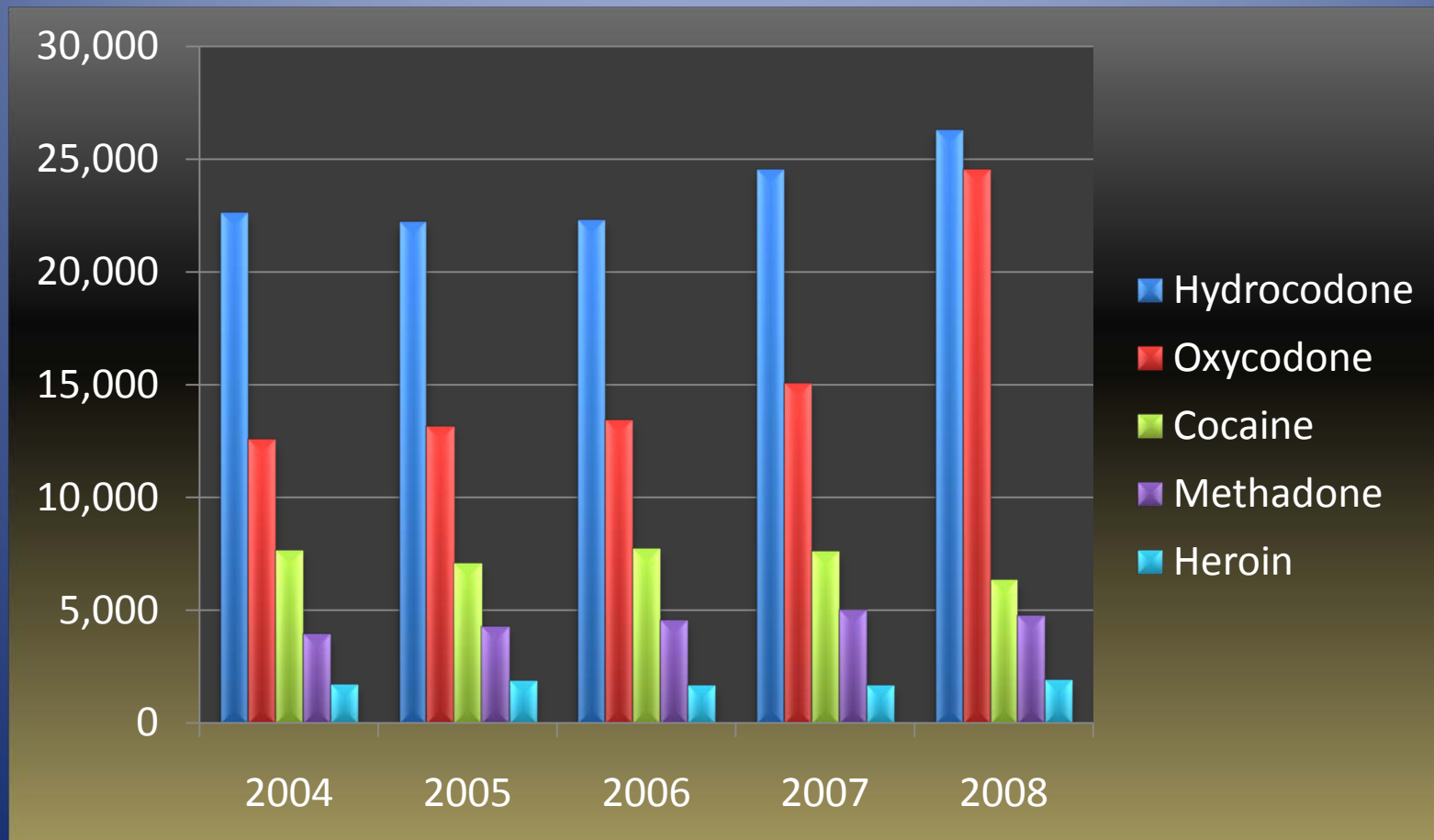
2001-2010

NFLIS
Estimated U.S. Law Enforcement Encounters



National Poison Data Center
Number of U.S. Poison Exposure Case Mentions
2004 - 2008

Number of U.S. Poison Case Mentions



Source: American Association of Poison Control Centers (AAPCC) Annual Reports, 2004-2008



Statistical Perspective

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

Sources of Information and Risks

% Learned a lot about risks of drugs from...	1998	2004	2005	2007	2008	2009
School	41	42	38	37	44	39*
Parents	26	28	28	29	35	31
TV Commercials	17	36	26	31	31	26*
The Internet	11	23	22	25	29	29
Websites like YouTube	NA	NA	NA	NA	14	17*
* = Significant at the .05 level vs 2008						

What are kids listening to... Eminem?

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



'Vike'

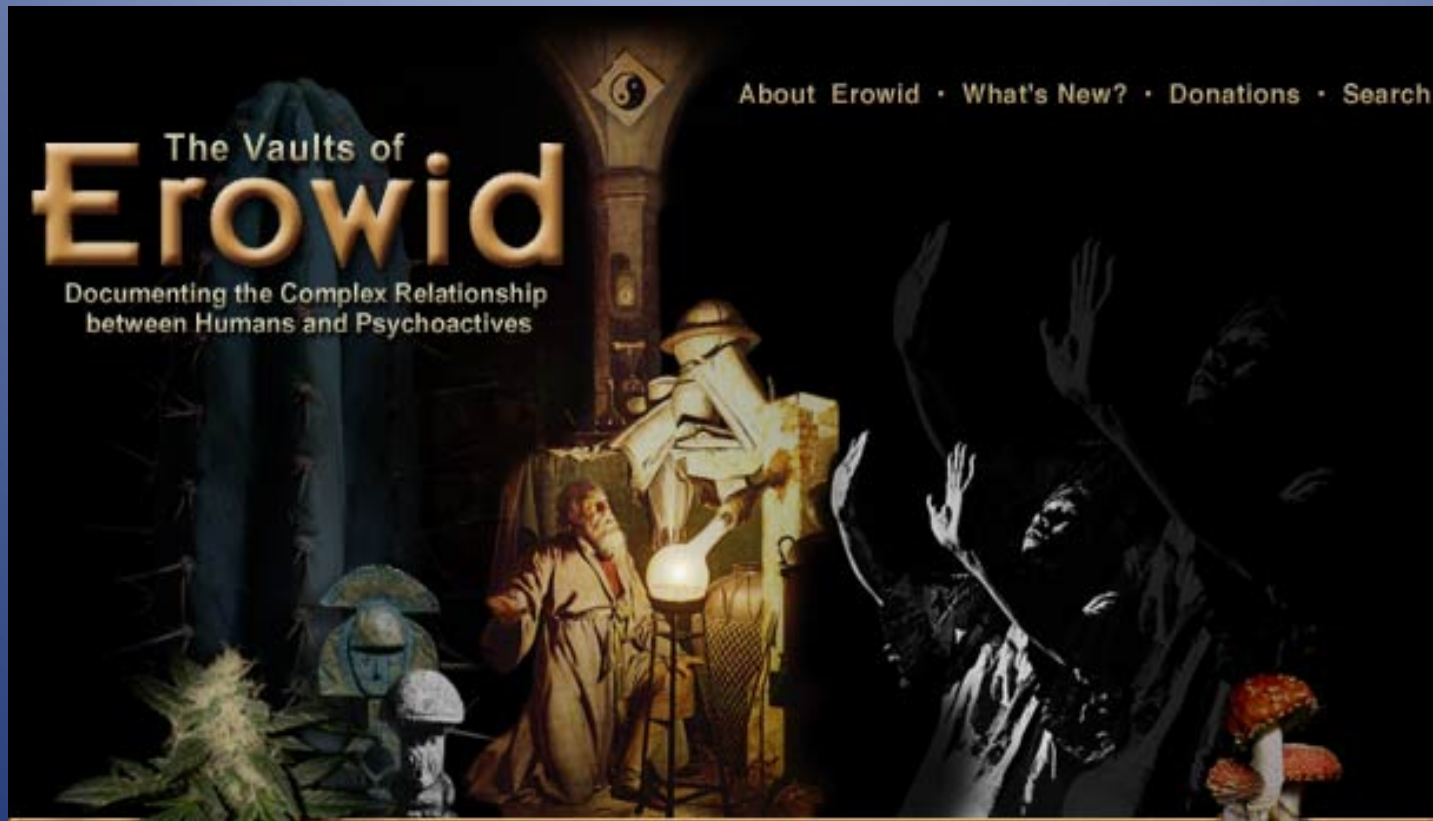




Teens and Their Attitudes

% Agree strongly/somewhat	2008	2009	2010
Prescription drugs are available everywhere	42	55	38
Its easy to get prescription drugs from parent's medicine cabinets	56	63	47
Most teens get prescription drugs from their own family's medicine cabinets	59	62	51

Where do kids get their information from?



Parents and Their Attitudes

Parents are still not discussing the risks of abusing prescription and over-the-counter medicines

Percent	2008	2009	2010
Beer/alcohol	79	79	81
Marijuana	79	79	77
Cocaine/crack	36	35	30
Prescription pain reliever w/o doctor's Rx	20	20	23
Any prescription drug used w/o doctor's Rx	21	20	22
Heroin	23	23	21
Ecstasy	21	20	21
Methamphetamine	23	21	21

Who are the Victims of Prescription Drug Abuse

- The drug abuser
- Children
- Parents / Family members
- Society / Taxpayer
 - Loss of productivity
 - Cost of uncompensated medical costs
 - Cost of social services
 - Costs for treatment
 - Cost to judicial system

Economic Impact – The Cascading Effect

2006 estimated cost in the United States from nonmedical use of prescription opioids

\$53.4 BILLION

- \$42 billion – Lost productivity
- \$8.2 billion – Criminal Justice costs
- \$2.2 billion – Treatment costs
- \$944 million – Medical complications

Five drugs –

OxyContin, oxycodone, hydrocodone, propoxyphene, and methadone accounted for two-thirds of the economic burden

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

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



ONDCP Strategy



“Epidemic: Responding To America’s Prescription Drug Abuse Crisis” (Released in April 2011)

Highlights:

- Education
 - Healthcare Provider Education
 - Parent, Youth, and Patient Education
- Tracking and Monitoring
 - Work with states to establish effective PDMPs
 - Support NASPER
 - Explore reimbursements to prescribers who check PDMPs before writing a prescription



ONDCP Strategy con't



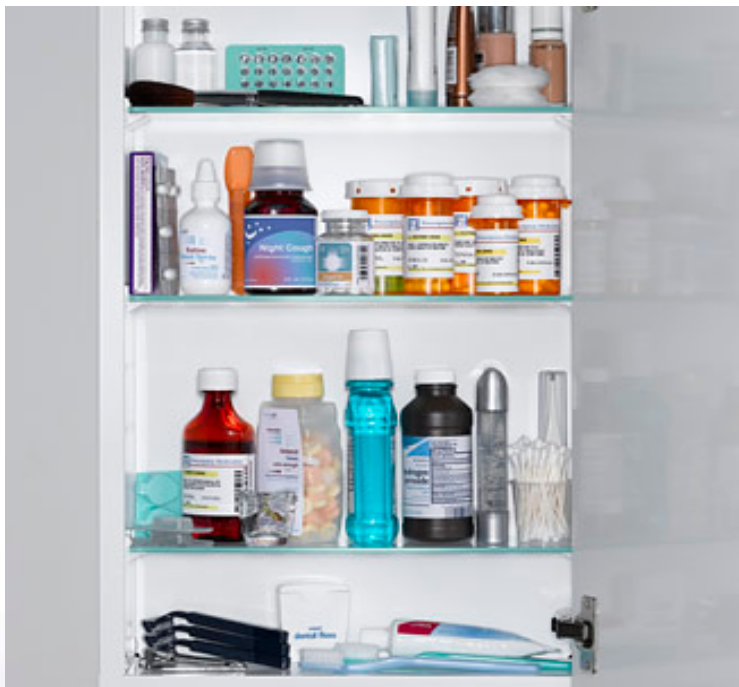
- Proper Medicine Disposal
- Enforcement
 - Assist states address doctor shopping and pill mills
 - Increase HIDTA intelligence-gathering and investigation of prescription drug trafficking
 - Expand the use of PDMPs to identify criminal prescribers and clinics
- Prescription Drug Abuse Plan Goals
 - 15% reduction in non-medical use of prescription-type psychotherapeutic drugs;
 - Write and disseminate a Model Pain Clinic Regulation Law within 12 months;
 - Implement REMS for long-acting and extended release opioids within 12 months

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

Friends and Family...For Free!!

The Medicine Cabinet
and
the Problem of Pharmaceutical
Controlled Substance Disposal

The Problem – Easy Access



CSA Definitions

- An “ultimate user” is a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household.
- To distribute means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical.

Ultimate User Disposal of Medicines

National Take-Back Events: Take-back events are a good way to remove expired, unwanted, or unused medicines from the home.



Law Enforcement Collection Bins: Collection bins installed by our Law Enforcement Partners are a good way to remove expired, unwanted, or unused medicines from the home.



Disposal in Household Trash: Mix medicines (do not crush tablets or capsules) with substances such as kitty litter or used coffee grounds and place the mixture in a container such as a sealed plastic bag and throw the container in your household trash.



Disposal by Flushing: Some medicines have specific disposal instructions that indicate they should be flushed down the sink or toilet when they are no longer needed.



Law Enforcement

- **Law enforcement officers, acting to enforce laws regarding the abandonment of controlled substances, may receive controlled substances from ultimate users.**
- **Law enforcement must safeguard the controlled substances and ensure that they are destroyed properly.**
- **Law enforcement must be present during the destruction of the controlled substances.**

So Many Drugs in the Household – Why?

- Unreasonable quantities being prescribed
- Insurance rules

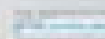
National Take Back Initiative

September 29, 2012

Got Drugs?

Turn in your
unused or expired
medication for safe disposal
Saturday, Sept 29, 2012

Click here
for a collection
site near you.



SUMMIT
NationalRxDrugAbuseSummit.org

Nationwide Take-back Initiative

- On **September 30, 2010**, **122 tons** of prescription drugs collected
- On **April 30, 2011**, **188 tons** of prescription drugs collected
- On **October 29, 2011**, **189 tons** of prescription drugs collected
- On **April 28, 2012**, approximately **272 tons** of prescription drugs collected (est.)

Secure and Responsible Drug Disposal Act of 2010

- Enacted in October 2010 (Pub. L. 111-273, codified at 21 U.S.C. 822(g) and 823(b)(3))
- Act allows an ultimate user to “deliver” a controlled substance “to another person for the purpose of disposal” in accordance with regulations issued by DEA
- If the ultimate user dies while in lawful possession of the controlled substance, then any person lawfully entitled to dispose of the decedent’s property may deliver the controlled substance to another person for the purpose of disposal.
- DEA may also, by regulation, authorize long term care facilities (LTCFs) to dispose of controlled substances on behalf of ultimate users who reside or have resided at the LTCF.
- DEA is working to promulgate regulations to implement this Act. DEA must consider:
 - Public health and safety
 - Ease and cost of program implementation
 - Participation by various communities
 - Diversion Control
- Participation is voluntary. DEA may not require any person to establish or operate a delivery or disposal program.

ONDCP Guidelines

- ONDCP guidelines for the disposal of ultimate user medications, including dispensed controlled substances (2/20/07).
- Advise public to flush medications only if the prescription label or accompanying patient information specifically states to do so.
- ONDCP recommends a minimal deactivation procedure, and disposal in common household trash.

PROZAC (?) FISH



MEDICINES RECOMMENDED FOR DISPOSAL BY FLUSHING

This list from FDA tells you what expired, unwanted, or unused medicines you should flush down the sink or toilet to help prevent danger to people and pets in the home. Flushing these medicines will get rid of them right away and help keep your family and pets safe.

FDA continually evaluates medicines for safety risks and will update the list as needed.

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

*These medicines have generic versions available or are only available in generic formulations.

List revised: January 2012

Other Trends Related to the Medicine Cabinet

- Real estate
- Trip to relatives/friends house
- Easy access at home

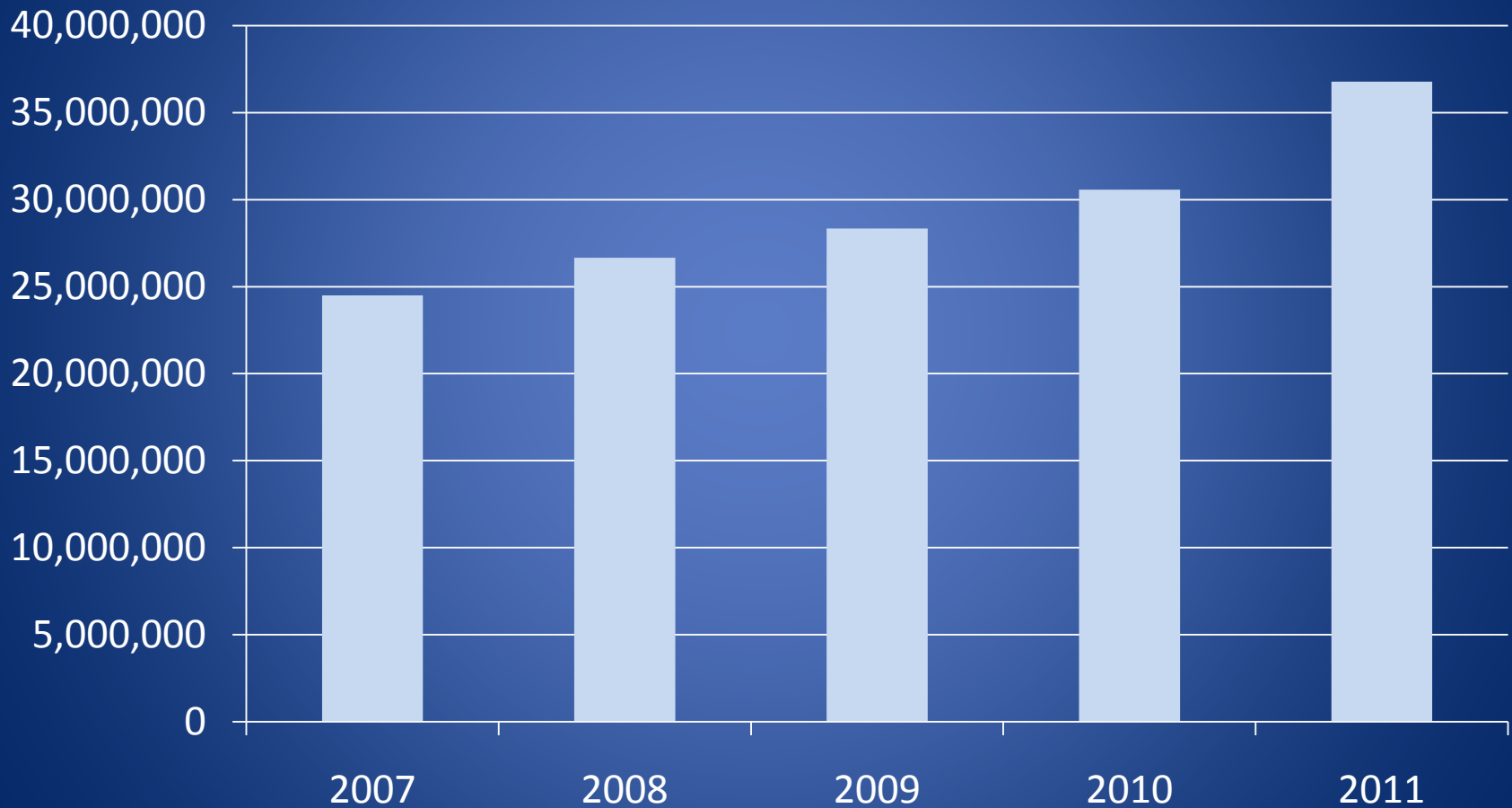
Controlled and Legend Pharmaceuticals



Non-Controlled Substances

- Analgesic:
 - Tramadol (Ultram®), Ultracet®)
- Muscle Relaxant:
 - Cyclobenzaprine (Flexeril®)

Tramadol Prescriptions



Source: IMS Health National Prescription Audit Plus downloaded 6/5/2012

NFLIS Data

Reporting period:

January 2011 through June 2011

Tramadol

720 reports

1.09%

Cyclobenzaprine

(Amrix[®], Flexeril[®], Fexmid[®])

- A skeletal muscle relaxant prescribed for acute temporary muscle spasms caused by local trauma or strain.
- Marketed in the United States since 1977 (by Merck Com.).
- Currently non-controlled under the CSA.
- Chemical structure related to tricyclic antidepressant drugs (e.g., amitriptyline)
- Cyclobenzaprine, similar to other skeletal muscle relaxants, is being diverted and abused

Most commonly prescribed prescription
medicine?

Hydrocodone/acetaminophen

Top Five Prescription Drugs Sold in the U.S. (2006-2010)

Source: IMS Health

(By Number of Prescriptions Sold)

140,000,000
120,000,000
100,000,000
80,000,000
60,000,000
40,000,000
20,000,000
0

2006
112,400,000

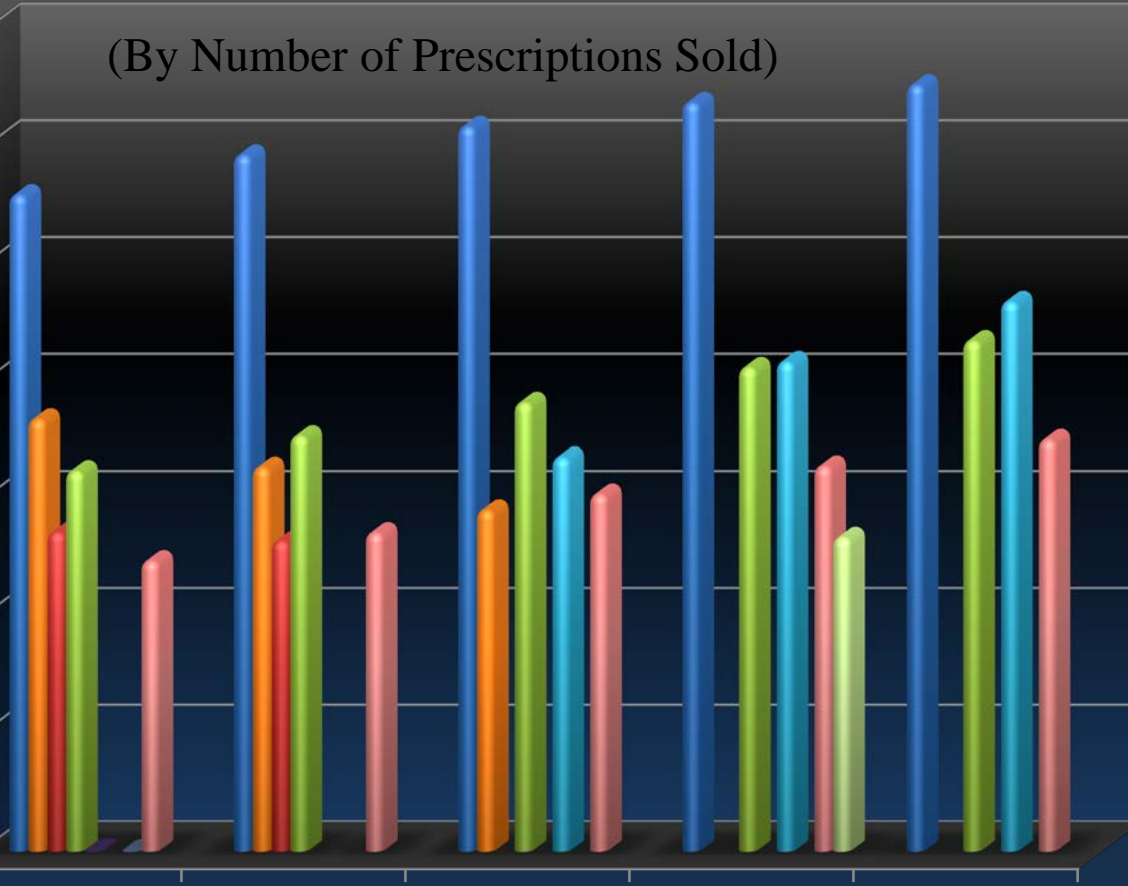
2007
119,200,000

2008
124,100,000

2009
128,200,000

2010
131,200,000

- Hydrocodone/Apap
- Lipitor
- Amoxicillin
- Lisinopril
- Simvastatin
- Levothyroxine
- Azithromycin



Top 50 Generic Drugs by Total Prescriptions 2010

Rank	Drug	Total Rxs	Change from Previous Year	Rank	Drug	Total Rxs	Change from Previous Year
1	Hydrocodone/APAP	122,806,850	2.10%	26	Lorazepam	23,428,627	3.70%
2	Lisinopril	76,901,813	4.30%	27	Warfarin	23,388,338	1.50%
3	Simvastatin	76,771,821	4.90%	28	Clonazepam	23,085,065	4.00%
4	Levothyroxine	68,222,152	8.20%	29	Fluticasone nasal	22,447,832	19.70%
5	Amoxicillin	51,083,822	-0.60%	30	Cyclobenzaprine	22,240,071	7.30%
6	Amlodipine besylate	50,186,652	11.70%	31	Cephalexin	21,943,482	2.70%
7	Azithromycin	48,756,188	-2.10%	32	Trimethoprim/sulfa	21,345,723	4.50%
8	Alprazolam	46,201,182	3.90%	33	Fexofenadine	20,430,430	27.50%
9	Hydrochlorothiazide	45,838,017	-0.80%	34	Amoxicillin/pot clav	20,234,873	1.20%
10	Omeprazole	44,795,175	15.40%	35	Ciprofloxacin HCl	20,063,382	1.80%
11	Metformin	41,932,689	4.70%	36	Pravastatin	20,026,786	17.90%
12	Furosemide oral	36,583,895	-0.10%	37	Trazodone HCl	18,786,495	6.50%
13	Metoprolol tartrate	34,707,807	-0.50%	38	Lovastatin	17,509,951	13.50%
14	Atenolol	33,839,806	-11.00%	39	Triamterene/HCTZ	17,201,037	-7.00%
15	Sertraline	33,409,838	8.90%	40	Carvedilol	16,681,336	8.30%
16	Metoprolol succinate	32,224,000	12.00%	41	Alendronate	16,177,014	-6.90%
17	Zolpidem tartrate	29,719,569	-2.80%	42	Ranitidine HCl	14,699,414	6.60%
18	Oxycodone/APAP	28,705,243	6.80%	43	Meloxicam	14,645,167	2.90%
19	Citalopram HBR	27,993,635	9.40%	44	Diazepam	14,584,147	7.10%
20	Gabapentin	26,865,557	14.00%	45	Naproxen	14,297,759	10.30%
21	Ibuprofen	26,256,548	3.20%	46	Propoxyphene-N/APAP	14,274,354	-18.70%
22	Prednisone oral	25,529,463	-2.70%	47	Fluconazole	13,938,887	4.60%
23	Tramadol	25,527,796	10.30%	48	Methylprednisolone tabs	13,659,852	11.30%
24	Lisinopril/HCTZ	24,538,247	8.00%	49	Doxycycline	13,199,430	1.90%
25	Fluoxetine	24,473,994	6.80%	50	Paroxetine	12,979,366	-14.40%

Top 50 Generic Drugs by Total Prescriptions 2009

Rank	Drug	Total Rxs	Change from Previous Year	Rank	Drug	Total Rxs	Change from Previous Year
1	Hydrocodone/APAP	120,478,000	-0.60%	26	Clonazepam	23,090,000	5.70%
2	Lisinopril	74,544,000	6.80%	27	Lisinopril/HCTZ	22,898,000	12.40%
3	Simvastatin	72,966,000	21.30%	28	Lorazepam	22,436,000	1.80%
4	Levothyroxine	63,710,000	8.70%	29	Cephalexin	21,415,000	-3.00%
5	Amoxicillin	51,430,000	-1.20%	30	Cyclobenzaprine	21,086,000	6.10%
6	Azithromycin	49,902,000	1.30%	31	Amoxicillin/pot. clav.	20,504,000	2.10%
7	Hydrochlorothiazide	46,403,000	-1.40%	32	Trimethoprim/sulfa	20,462,000	40.20%
8	Amlodipine besylate	45,107,000	15.60%	33	Ciprofloxacin HCl	19,673,000	-3.90%
9	Alprazolam	44,467,000	2.00%	34	Fluticasone nasal	18,866,000	16.70%
10	Metformin	42,161,000	5.30%	35	Triamterene w/HCTZ	18,566,000	-8.80%
11	Omeprazole	38,791,000	33.00%	36	Pravastatin	17,827,000	30.90%
12	Atenolol	37,973,000	-7.20%	37	Trazodone HCl	17,740,000	6.20%
13	Furosemide oral	36,774,000	-1.80%	38	Propoxyphene-N/APAP	17,575,000	-13.90%
14	Metoprolol tartrate	36,016,000	21.40%	39	Alendronate	17,458,000	31.00%
15	Sertraline	30,508,000	3.50%	40	Fexofenadine	16,689,000	1.20%
16	Zolpidem tartrate	30,081,000	6.20%	41	Lovastatin	15,498,000	1.30%
17	Metoprolol succinate	27,884,000	-28.30%	42	Carvedilol	15,392,000	20.90%
18	Oxycodone w/APAP	27,238,000	3.80%	43	Paroxetine	15,048,000	-3.30%
19	Prednisone oral	26,291,000	6.20%	44	Meloxicam	14,073,000	17.20%
20	Citalopram HBR	25,856,000	19.90%	45	Diazepam	13,957,000	0.60%
21	Ibuprofen	25,728,000	0.70%	46	Ranitidine HCl	13,817,000	8.70%
22	Fluoxetine	23,417,000	0.60%	47	Fluconazole	13,381,000	3.00%
23	Gabapentin	23,351,000	13.00%	48	Naproxen	13,193,000	0.00%
24	Warfarin	23,287,000	2.00%	49	Doxycycline	13,167,000	5.10%
25	Tramadol	23,282,000	9.40%	50	Amitriptyline	12,904,000	-3.00%



Hydrocodone, APAP C-III

- Hydrocodone / Acetaminophen (toxicity)
- Similarities:
 - Structurally related to codeine
 - Equal to morphine in producing opiate-like effects
- Brand Names: Vicodin[®], Lortab[®], Lorcet[®]
- “Cocktail” or “Holy Trinity”
 - Hydrocodone
 - Soma [®] / carisoprodol
 - Alprazolam / Xanax[®]
- Street prices: \$2 to \$10+ per tablet depending on strength & region



State Ranking - Hydrocodone

Total Dosage Units Sold to Retail
January 1, 2010 – December 31, 2011

2011			2010			2011			2010		
STATE	RANK	TOTAL DOSAGE UNITS	RANK	TOTAL DOSAGE UNITS	% CHANGE 2010 to 2011	STATE	RANK	TOTAL DOSAGE UNITS	RANK	TOTAL DOSAGE UNITS	% CHANGE 2010 to 2011
CA	1	1,070,071,036	1	1,008,085,597	6%	CO	29	96,427,859	29	93,524,023	3%
TX	2	881,240,377	2	825,923,242	6%	MN	30	76,880,520	30	73,153,391	5%
TN	3	439,728,700	3	475,681,320	-8%	IA	31	74,022,276	31	68,748,014	7%
MI	4	436,081,376	5	397,828,308	9%	MA	32	66,153,063	32	64,746,507	2%
FL	5	412,449,314	4	402,021,110	3%	NJ	33	64,979,025	34	61,551,852	5%
OH	6	319,235,352	6	303,268,137	5%	UT	34	64,669,054	33	64,047,210	1%
IL	7	316,944,665	7	288,359,428	9%	MD	35	56,853,556	35	55,061,251	3%
IN	8	294,538,688	9	269,256,309	9%	ID	36	53,514,031	36	49,084,374	8%
NY	9	283,936,955	8	287,237,385	-1%	NM	37	50,534,790	37	48,901,869	3%
GA	10	274,651,122	10	255,493,723	7%	NE	38	39,104,287	39	35,516,505	9%
SC	11	262,995,007	11	247,722,550	6%	CT	39	38,090,207	38	35,879,692	6%
AL	12	252,871,816	14	231,802,448	8%	ME	40	31,823,602	40	30,631,728	4%
KY	13	248,071,282	13	234,303,755	6%	MT	41	29,956,540	41	27,583,894	8%
PA	14	246,555,534	12	234,945,069	5%	RI	42	23,355,637	42	22,593,260	3%
NC	15	234,966,344	15	216,889,030	8%	HI	43	21,400,480	43	21,063,460	2%
MO	16	208,785,825	16	180,038,768	14%	SD	44	18,744,726	44	17,303,573	8%
OK	17	192,642,379	17	179,114,866	7%	NH	45	16,270,322	45	15,792,203	3%
LA	18	170,903,746	20	156,098,877	9%	AK	46	14,795,894	46	14,027,075	5%
WA	19	166,055,312	19	163,621,829	1%	WY	47	13,916,883	47	13,350,627	4%
NV	20	161,198,104	18	169,303,028	-5%	ND	48	12,479,481	48	10,515,903	16%
VA	21	157,974,527	21	147,003,823	7%	DE	49	10,936,956	49	10,391,298	5%
AZ	22	153,002,866	22	143,450,419	6%	VT	50	8,195,310	50	7,920,278	3%
MS	23	128,184,306	24	116,311,926	9%	DC	51	2,633,674	51	2,504,112	5%
OR	24	127,284,645	23	122,322,459	4%	PR	52	1,793,600	52	1,785,440	0%
AR	25	121,768,590	25	112,768,066	7%	VIR ISL	53	407,500	53	358,700	12%
WI	26	117,797,893	26	112,507,848	4%	GUAM	54	294,700	54	302,480	-3%
KS	27	101,921,733	28	94,285,791	7%	AM	55	7,000	55	0	100%
WV	28	97,449,564	27	94,782,536	3%	TOTAL DU's		8,767,548,031		8,316,766,366	5%

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

NFLIS – State, local and federal cases reported

	Hydrocodone	Oxycodone
2002	9,106	7,993
2003	11,617	9,431
2004	16,299	13,342
2005	21,019	14,417
2006	24,798	17,733
2007	30,410	22,160
2008	33,611	28,340
2009	37,888	37,673
2010	39,138	47,193
2011	33,423	42,279

National Forensic Laboratory Information System (NFLIS) – State, local and federal exhibits

	Hydrocodone	Oxycodone
2002	10,511	9,464
2003	13,699	11,311
2004	18,303	15,519
2005	23,537	17,057
2006	27,929	21,155
2007	34,449	26,479
2008	38,424	34,655
2009	44,077	46,590
2010	45,562	60,186
2011	39,226	53,788

Drug Abuse Warning Network (DAWN) - Emergency Department Mentions

Year	Hydrocodone	Oxycodone
1994	9,320	4,069
1995	9,686	3,393
1996	11,419	3,190
1997	11,570	5,012
1998	13,611	5,211
1999	15,252	6,429
2000	20,098	10,825
2001	21,567	18,409
2002	25,197	22,397
2004*	39,844	41,701
2005	47,192	52,943
2006	57,550	64,888
2007	65,735	76,587
2008	89,051	105,214
2009	86,258	148,449

*Changes in DAWN methodology were implemented in 2004 and thus the data from 2004 through 2009 cannot be compared to those of the previous years.

State Ranking - Oxycodone

Total Dosage Units Sold to Retail
January 1, 2010 – December 31, 2011

2011			2010		% CHANGE 2010 to 2011	2011			2010		% CHANGE 2010 to 2011
STATE	RANK	TOTAL DOSAGE UNITS	RANK	TOTAL DOSAGE UNITS		STATE	RANK	TOTAL DOSAGE UNITS	RAN K	TOTAL DOSAGE UNITS	
FL	1	525,338,986	1	650,885,860	-24%	LA	29	56,074,553	29	49,599,949	12%
PA	2	311,529,433	2	288,870,043	7%	UT	30	50,697,974	30	47,895,830	6%
NY	3	299,937,485	4	266,896,986	11%	NM	31	48,896,260	31	45,697,500	7%
CA	4	295,022,496	5	261,181,184	11%	IL	32	47,700,128	33	42,805,010	10%
OH	5	289,383,062	3	282,936,529	2%	WV	33	45,830,170	32	42,911,440	6%
NC	6	222,189,039	6	201,693,238	9%	AR	34	42,524,552	34	39,873,970	6%
NJ	7	195,014,871	7	179,311,163	8%	KS	35	41,646,268	36	37,315,942	10%
AZ	8	173,034,663	8	154,633,084	11%	DE	36	39,956,010	35	37,620,204	6%
TN	9	158,340,886	11	141,889,292	10%	ME	37	35,748,190	37	34,383,060	4%
WA	10	153,748,970	9	151,249,822	2%	NH	38	30,851,640	38	29,799,340	3%
MA	11	151,947,593	10	146,314,057	4%	MS	39	28,293,808	40	24,573,192	13%
MD	12	149,086,425	12	141,639,892	5%	IA	40	27,996,044	39	25,805,582	8%
GA	13	142,133,490	13	125,986,084	11%	RI	41	20,227,440	42	18,148,220	10%
VA	14	131,740,301	14	118,068,618	10%	HI	42	20,153,440	41	18,897,498	6%
CO	15	112,194,642	17	100,227,545	11%	ID	43	17,952,864	45	15,583,792	13%
MO	16	109,876,292	18	99,979,350	9%	MT	44	17,228,940	43	16,533,080	4%
WI	17	108,480,463	16	100,329,263	8%	NE	45	17,225,401	44	16,154,094	6%
OR	18	107,116,456	15	101,389,306	5%	AK	46	13,325,196	48	12,287,550	8%
KY	19	94,901,418	19	81,873,088	14%	PR	47	12,810,809	46	12,525,590	2%
IN	20	90,455,351	20	80,726,827	11%	VT	48	12,534,921	47	12,422,380	1%
MI	21	82,434,611	21	73,164,053	11%	DC	49	9,269,620	49	8,839,300	5%
SC	22	79,359,293	23	71,450,580	10%	WY	50	9,016,202	50	8,530,680	5%
MN	23	76,127,137	24	69,549,000	9%	SD	51	8,535,958	51	8,025,872	6%
CT	24	74,439,138	22	71,531,918	4%	ND	52	7,632,423	52	6,598,122	14%
NV	25	70,560,182	25	63,270,105	10%	GUAM	53	511,440	53	463,800	9%
TX	26	69,676,107	26	62,437,942	10%	VIR ISL	54	288,500	54	301,080	-4%
AL	27	61,157,797	28	51,216,443	16%	AM SAM	55	42,800	55	50,200	-17%
OK	28	57,706,857	27	52,363,292	9%	TOTAL DU's		5,055,904,995		4,804,706,841	5%

OxyContin[®] (Schedule II)

- Controlled release formulation of Schedule II oxycodone
 - The controlled release method of delivery allows for a longer duration of drug action so it contains much larger doses of oxycodone
 - Abusers easily compromise the controlled release formulation by crushing the tablets for a powerful morphine-like high
 - Street Slang: “Hillbilly Heroin”
 - 10, 15, 20, 30, 40, 60, 80mg available
- Effects:
 - Similar to morphine in effects and potential for abuse/ dependence
- Street price: Approx. \$80 per 80mg tablet
- Since 2002, use among 12th graders has remained between approximately 4% and 5%*

Other Oxycodone Products

Percocet



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

Percodan



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

Tylox



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



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

Roxicodone



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®

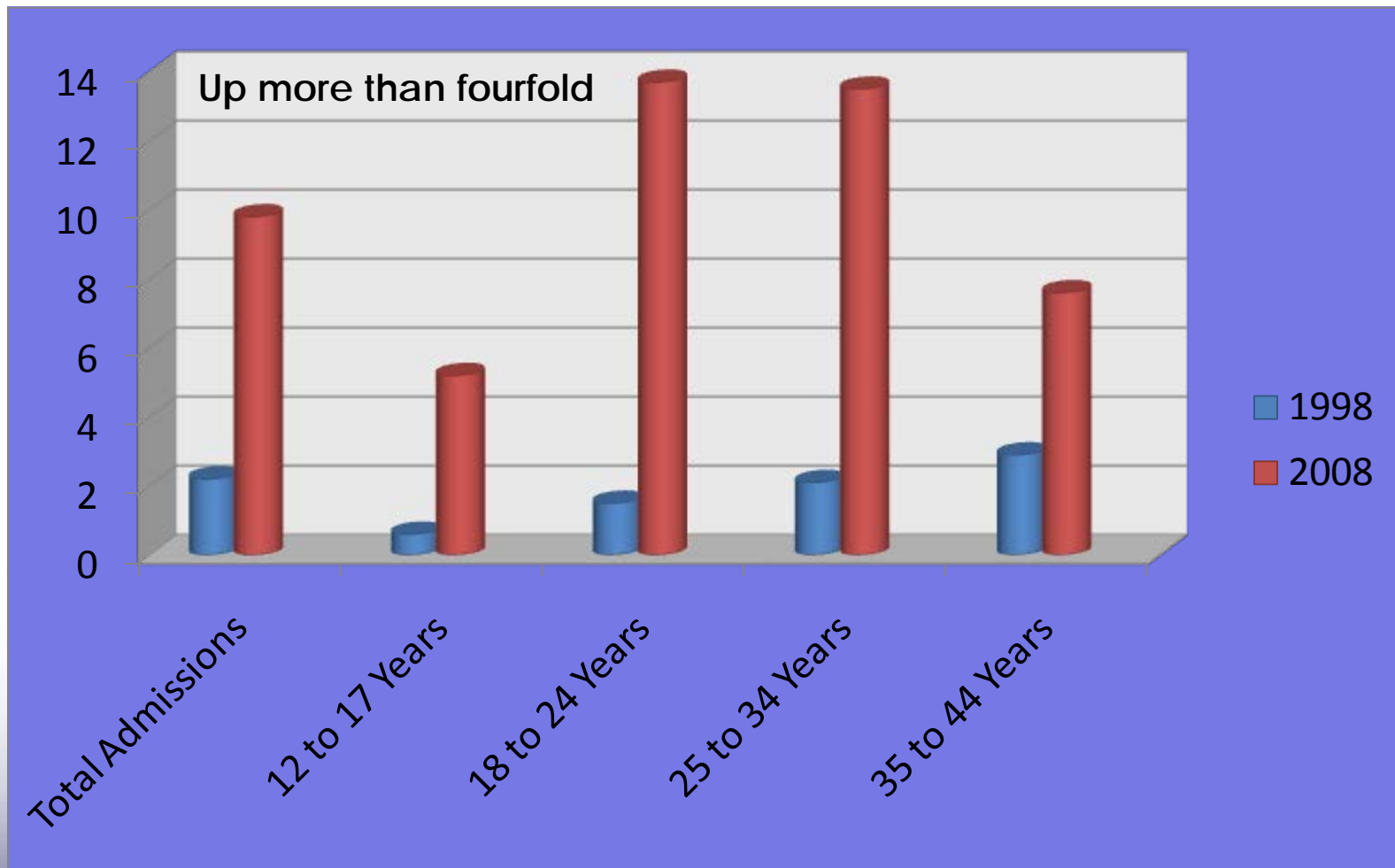
\$5-\$7/tab

Heroin

\$15/bag



Substance Abuse Treatment Admissions within Specific Age Groups That Reported Any Pain Reliever Abuse: 1998-2008





Methadone- 5mg & 10mg



Mallinckrodt Pharmaceuticals 5 mg & 10mg

Methadone 40 mg



Bluefield Daily Telegraph

William "Bandy" Deason
Publisher

Thomas A. Colley
Executive Editor

Samuelson Perry, Managing Editor

Special Advertising
Representative

Andy Boone
City Manager

James C. ...
City Editor

...
Liberty Street

"Then he answered and spake to him, saying, Thus is the word of the LORD to Zerubbabel, saying, Not by might, nor by power, but by my spirit, said the LORD of hosts."

(Zechariah 4:6 ARJV)

Overdose deaths Prescription drugs take deadly toll in WV

An alarming new study has found that prescription drugs killed more people in West Virginia in 2010 than illegal drugs. According to the report, nine out of the 10 accidental overdose deaths reported in the Mountain State involved prescription drugs. Researchers in a joint state-federal study came to the troubling conclusion after studying 432 accidental overdose autopsy reports, excluding suicides and overdoses, the Associated Press reported.

The report found that one-third of the prescription drugs taken during the fatal incidents were being used as a result of a prescription issued by a doctor within the last 30 days. The report found fewer than one in four of the deaths involved illegal narcotics.

Ann Hall, a Centers for Disease Control Epidemic Intelligence Service Officer for the West Virginia Department of Health and Human Resources, said there is a perception among some citizens that just because narcotics are legal and prescribed drugs, they are somehow safer.

The report found that methadone contributed to one of three deaths, or more than any other prescription drug. However, the report found that only 10 of the overdose victims were enrolled in a methadone clinic for drug-abuse treatment.

The report found that other opioid drugs frequently linked to accidental overdose deaths included hydrocodone

□ □ □
We must take steps now to educate citizens of the growing number of accidental overdose deaths in the state associated with the misuse of legally prescribed drugs.

and oxycodone. The two narcotics contributed to one in five deaths. Morphine contributed to about one in seven deaths, the report found. Anti-anxiety drugs were found in 43 percent of the deaths.

While law enforcement officials have been fighting the illegal drug scourge in our region for years, accidental overdose deaths associated with the misuse of prescription narcotics now represents an emerging epidemic for the Mountain State.

The alarming new study from the West Virginia Department of Health and Human Resources should be viewed as a call to action for our community. We must take steps now to educate citizens of the growing number of accidental overdose deaths in the state associated with the misuse of legally prescribed drugs.

We must act now to educate our community. If we fail to act, the number of accidental overdose deaths in the state and the region could continue to rise. It will take a combined effort of public education and law enforcement cooperation to reduce these alarming statistics.

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, abuse or diversion of methadone



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

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.

400 Greenley Road
Sonoma, CA 95370



The Union

Democrat

THE MOTHER LODE'S LEADING INFORMATION SOURCE

Report finds trends in child deaths

By ALISHA WYMAN
The Union Democrat

Prescription drug abuse, suicide and vehicle accidents were the most prevalent causes of death last year among children and young adults in Tuolumne County, according to a recently-released report.

The Child Death Review Team, made up of officials from the Sheriff's Office, the Sonoma Police Department, the Public Health Department, Child Welfare Services and other agencies, examined 11 deaths of youths through age 25. Most were teens and young adults.

One of the concerning trends was a

rise in abuse of prescription drugs, particularly methadone, Sheriff's spokesman Lt. Dan Bressler said.

"What we're finding is even small amounts of methadone mixed with alcohol can cause death," he said. "It doesn't take much."

Three young people died of accidental overdose in 2007, two of which

involved a mixture of alcohol and methadone, a painkiller also used to help with withdrawals of harsher drugs such as heroin.

Tuolumne County isn't the only area to see a rise in prescription drug abuse, said Dr. Todd Stolp, county public health officer.

"It's a national issue, but we're in the

process of identifying the extent of the problem and how to address the problem," he said.

There were three suicides in 2007. The number could be higher, however, because there were some drug-related cases in which there wasn't enough

SEE DEATHS PAGE 10

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

Cheapest narcotic pain reliever – synthetic

Insurance companies

What's the problem?

Overdose... Why?

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

Methadone – Drug Interactions

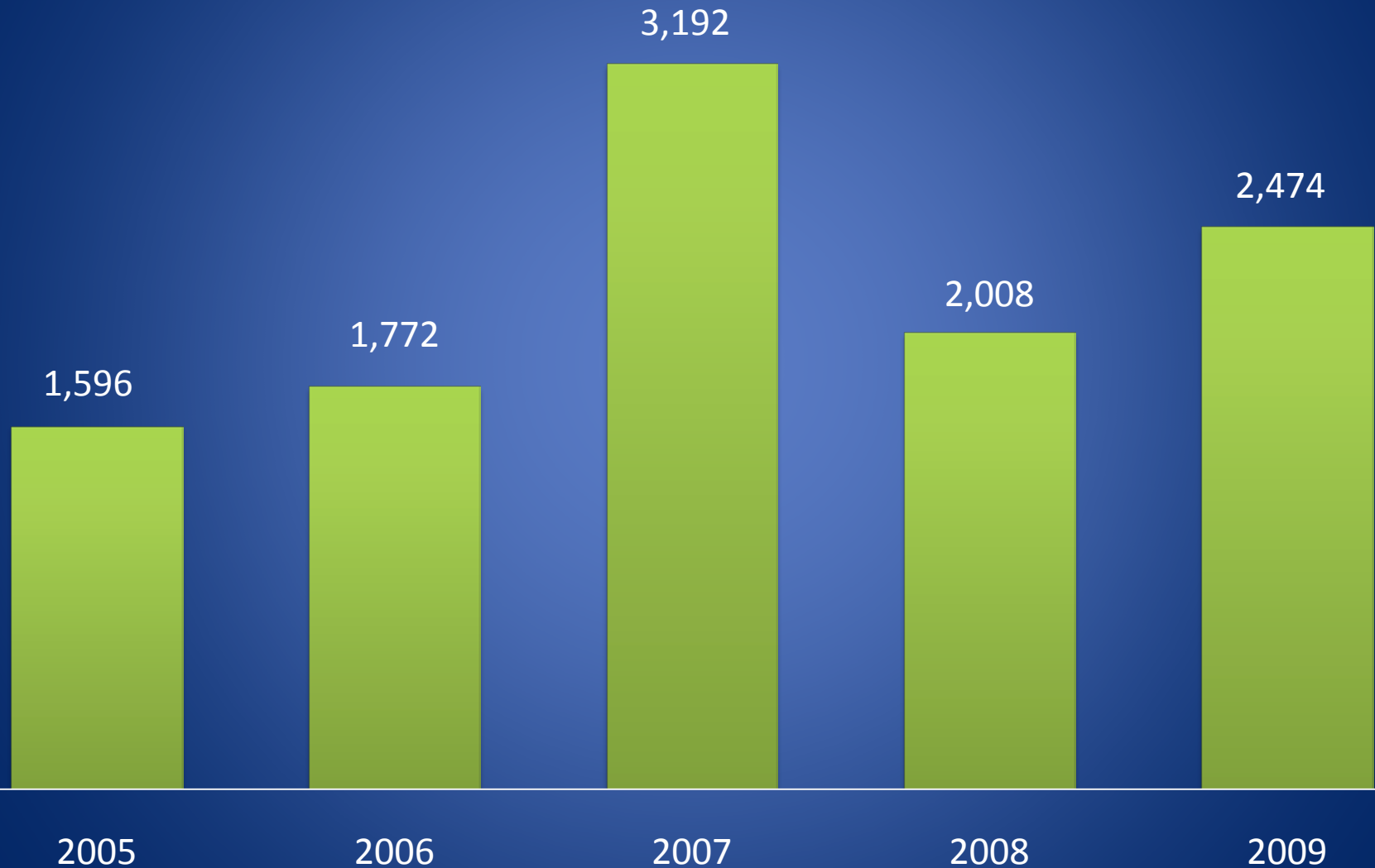
- CNS depressants
(e.g., alcohol, anesthetics, sedatives, other opioids) -
Additive effect
- Antiretroviral drugs have variable interactions
- CYP3A4 inhibitors (some antifungal agents, macrolide antibiotics, and SSRIs) – Inhibits elimination
- Grapefruit juice inhibits methadone elimination
- Smoking enhances (CYP1A2) methadone elimination
- Self-inducer – Enhances (3.5 fold between 1st dose and steady state) its own elimination
- Anticonvulsants – Enhances methadone elimination

ER visits involving Methadone



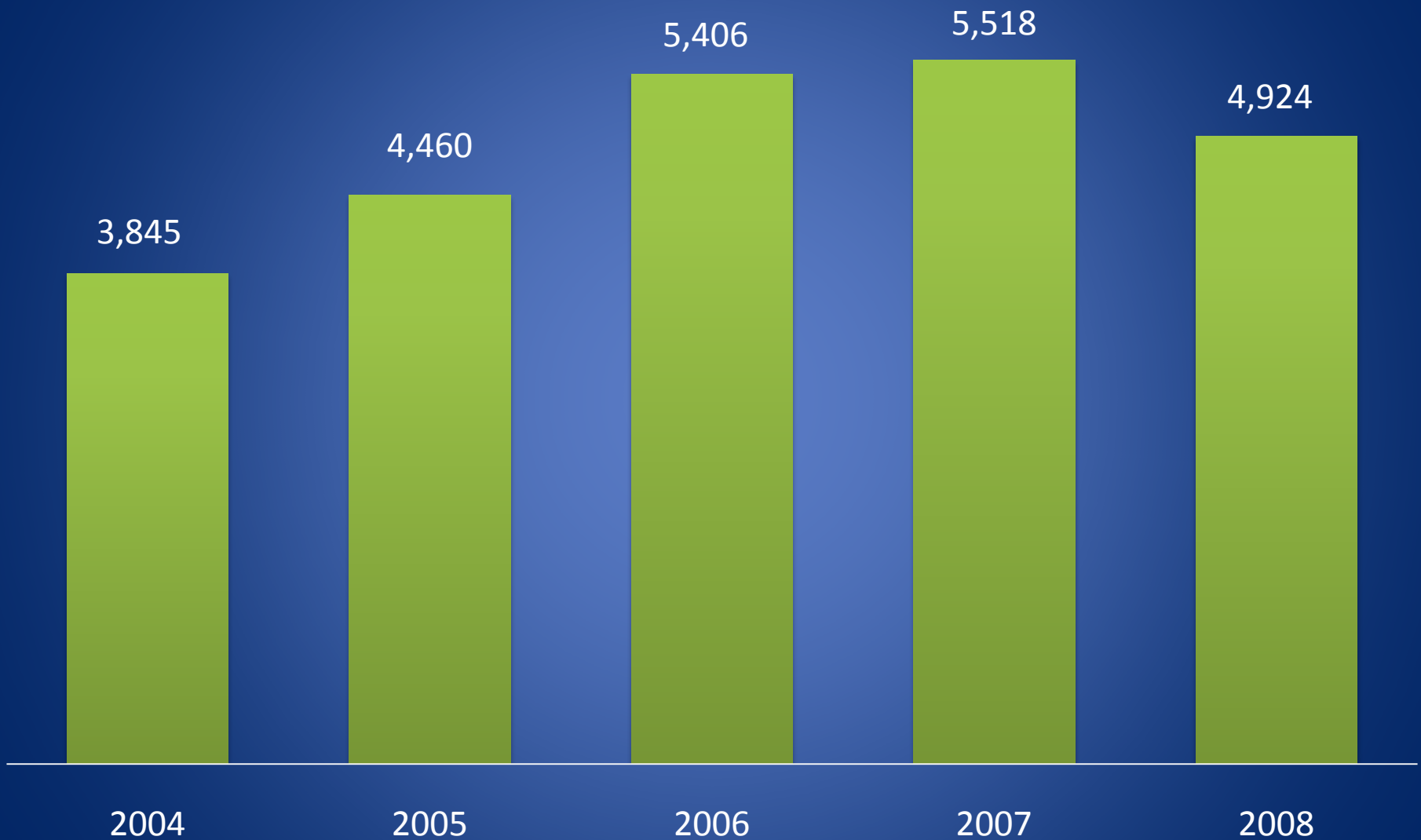
Source: Drug Abuse Warning Network (DAWN) 2009: August 2011

Suicide attempts involving Methadone



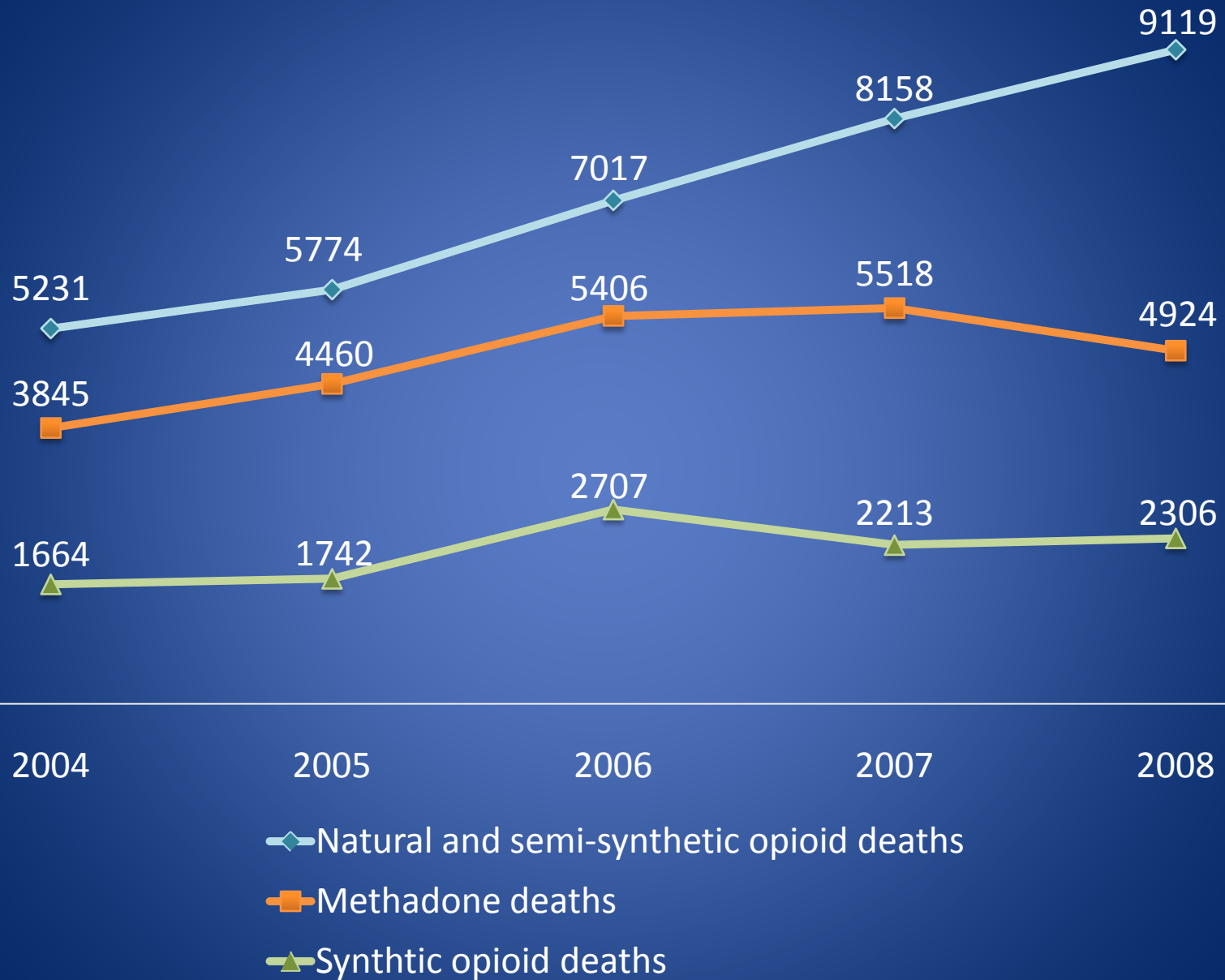
Source: Drug Abuse Warning Network (DAWN) 2009: August 2011

Deaths involving Methadone



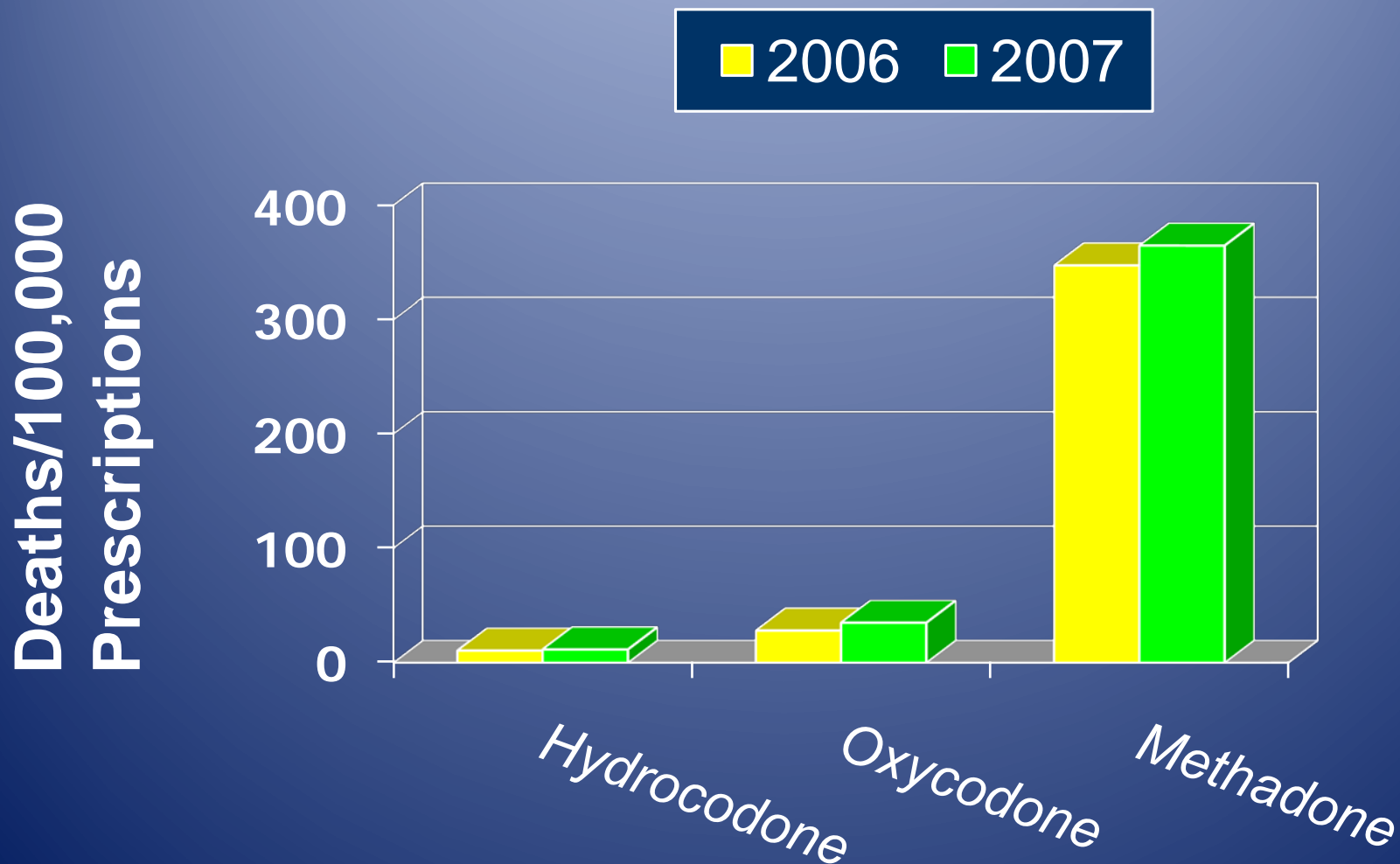
Source: NCHS Data Brief #81, December 2011

Opioid analgesic involved in deaths

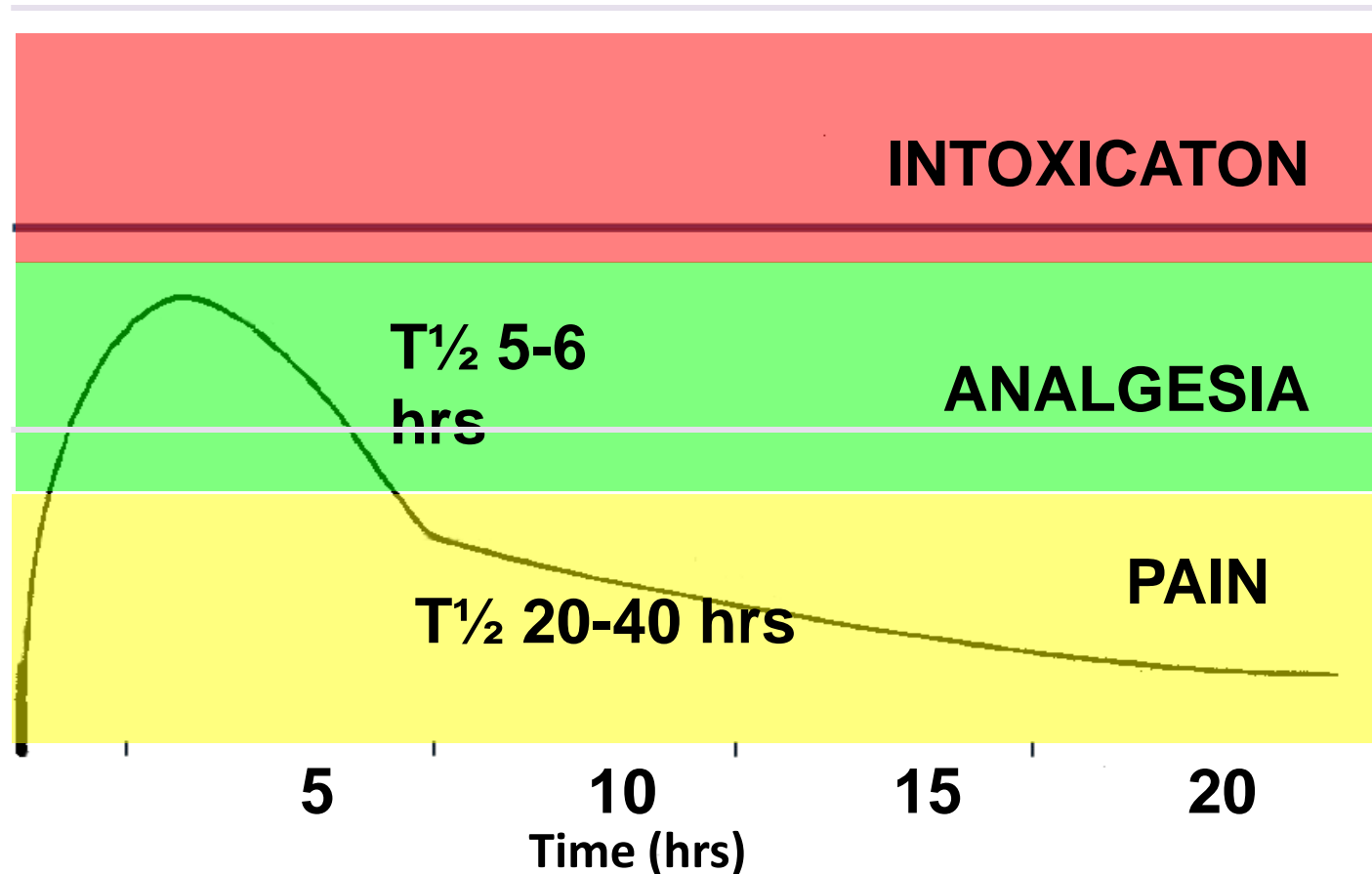


Deaths/100,000 Prescriptions in Florida

Source: FDLE and NPA Plus™



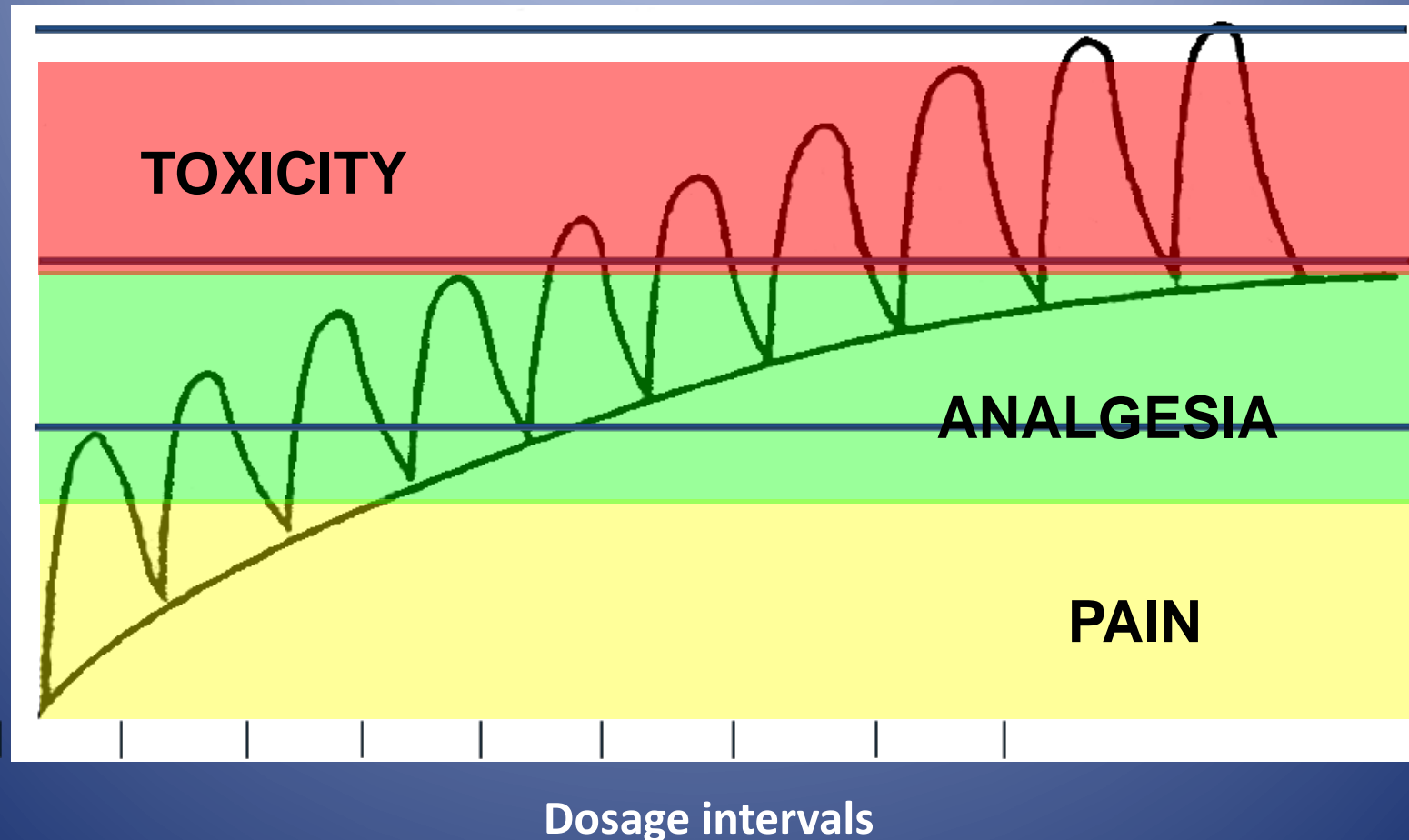
Methadone Single Dose Kinetics



Ref: Nilsson MI, et al. Acta anaesth. scand 1982, Suppl 74, 66-69

Source: Resource Manual for CME course entitled "*Prescribing Opioids for Chronic Pain*" – Offered by the New England Chapters of the American Society of Addiction Medicine with support from CSAT, SAMHSA

Fixed Methadone Dose Interval



Ref: Nilsson MI, et al. Acta anaesth. scand 1982, Suppl 74, 66-69

Source: Resource Manual for CME course entitled *“Prescribing Opioids for Chronic Pain”* – Offered by the New England Chapters of the American Society of Addiction Medicine with support from CSAT, SAMHSA

One Pill can Kill



CE Article: JACCME, CMI, ACEFI 1 CE credit for this article

By Jonathan J. Lipman, PhD

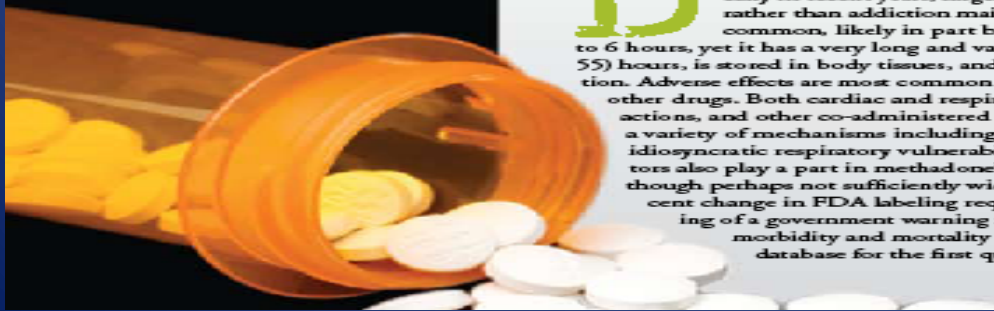
THE METHADONE POISONING "Epidemic"

Increasing use of Methadone as a pain killer may be fueling a disturbing increase in deaths related to this potent drug.

Name _____ Date _____
Address _____

Rx

Death and morbidity associated with methadone treatment has increased dramatically in recent years, largely in the population prescribed this drug for pain control rather than addiction maintenance. Inadvertent overdose is becoming increasingly common, likely in part because the drug's acute pain-relieving effect lasts only 4 to 6 hours, yet it has a very long and variable plasma half-life of 24 to 36 (in some studies 15 to 55) hours, is stored in body tissues, and toxic accumulation occurs with too-frequent consumption. Adverse effects are most common in patients treated with methadone in combination with other drugs. Both cardiac and respiratory systems are vulnerable targets for the drug's toxic actions, and other co-administered drugs can interactively increase the risk of death through a variety of mechanisms including direct central nervous system depression of respiration, idiosyncratic respiratory vulnerabilities, and lethal cardiac arrhythmias. Idiosyncratic factors also play a part in methadone's cardiac toxicity, and risk factors are well characterized, though perhaps not sufficiently widely known and understood by key stakeholders. The recent change in FDA labeling requirements for the drug—and the November 2006 posting of a government warning regarding its use in pain treatment—has not yet reduced morbidity and mortality associated with methadone as reported in the MedWatch database for the first quarter of 2007.



Other Narcotics

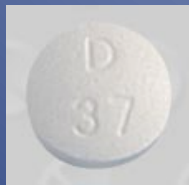
Fentanyl



Hydromorphone

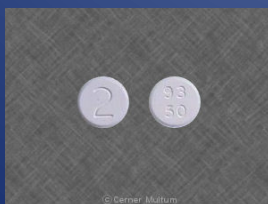


Meperidine

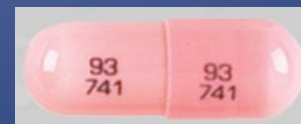


Morphine

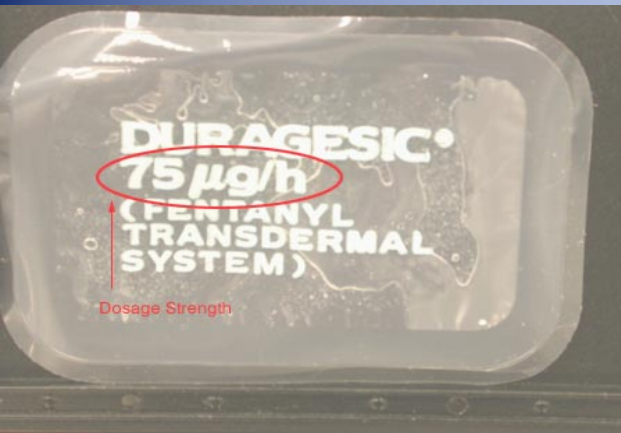
Codeine



Propoxyphene



Fentanyl



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



Fentora®

Actiq®



Other FDA Approved Drugs for Narcotic Addiction Treatment

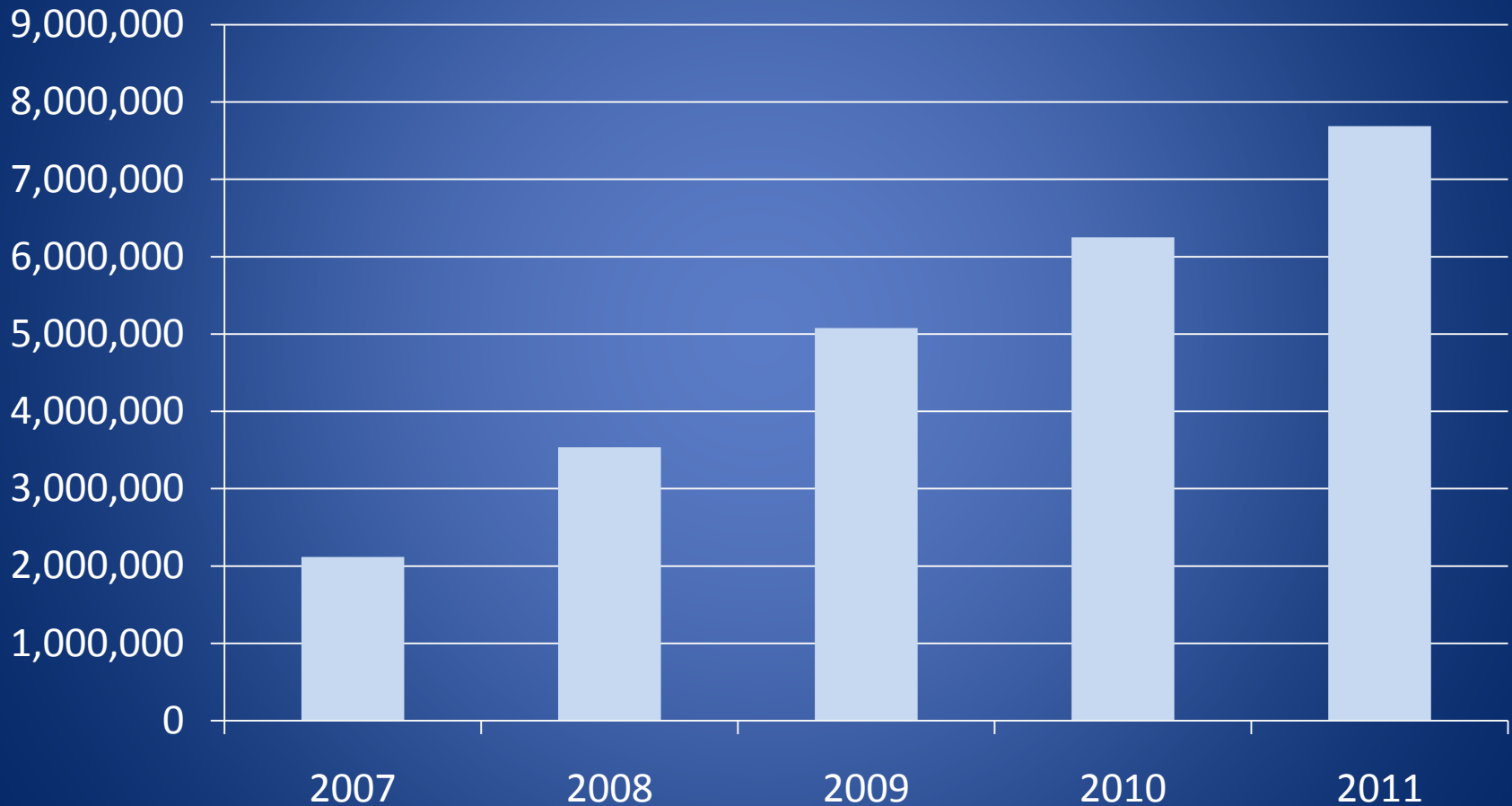
- Schedule III
 - Buprenorphine – Drug Code 9064
 - Subutex (sublingual, single entity tablet)
 - Suboxone (sublingual, buprenorphine/naloxone tablet)



DATA Waive Physicians

- Current (6/5/2012) DEA population of certified DATA Waive Physicians:
 - DW-30 Physicians - 15,867
 - DW-100 Physicians - 5,430
 - Military Physicians – 45
- Total **21,342**
- Difference between CSAT & DEA Population:
 - **2,039**

Buprenorphine Prescriptions



Source: IMS Health National Prescription Audit Plus downloaded 6/5/2012

NFLIS Data

Reporting period:

January 2011 through June 2011

Buprenorphine*	4,836 reports	7.31%
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***3rd** most reported Narcotic analgesic behind Oxycodone and Hydrocodone.

Benzodiazepines

Alprazolam



Clonazepam



Diazepam



Lorazepam



Midazolam



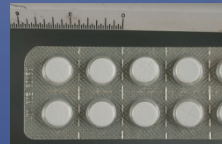
Triazolam



Temazepam



Flunitrazepam





Alprazolam Xanax[®] (Z-bars)

C-IV

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

* Source IMS Health

** Source Verispan VONA





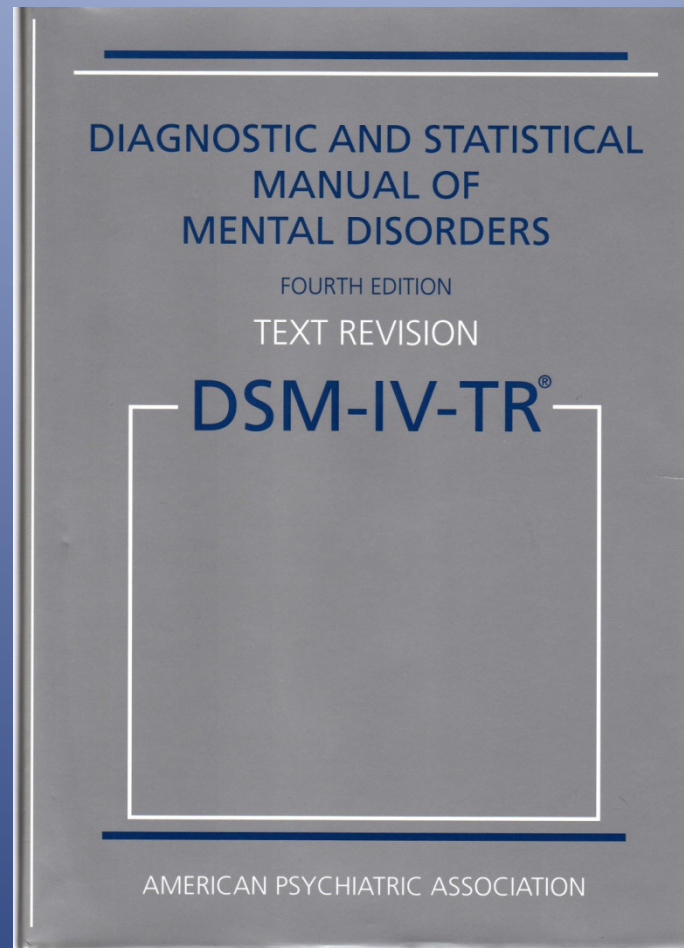
Other Controlled Substances



- Phentermine C-IV
- Phendimetrazine C-III
 - Bontril®
- Amphetamines
 - Adderall C-II
 - Methylphenidate C-II
 - Ritalin®
 - Concerta®



REQUIRED READING



Attention-Deficit and Disruptive Behavior Disorders

Attention-Deficit/Hyperactivity Disorder

Diagnostic Features

Some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age 7 years, although many individuals are diagnosed after the symptoms have been present for a number of years, especially in the case of individuals with the Predominantly Inattentive Type (Criterion B)

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

- Fails to give close attention to details...make careless mistakes in schoolwork, work
- Difficulty sustaining attention in tasks
- Does not seem to listen when spoken to
- Does not follow through on instructions
- Difficulty organizing tasks
- Often loses things necessary for tasks
- Easily distracted
- Forgetful

- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

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

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining

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

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

that require and poor understanding, typically adequate self-regulation, and others as a result of their behavior. Families are especially likely to believe that their child is not responding to treatment.

with successful treatment. On average, individuals with Attention-Deficit/Hyperactivity Disorder obtain less schooling than their peers and have poorer vocational achievement. Also, on average, intellectual level, as assessed by individual IQ tests, is several points lower in children with this disorder compared with peers. At the same time, great variability in IQ is evidenced: individuals with Attention-Deficit/Hyperactivity Disorder may show intellectual development in the above-average or gifted range. In its severe form, the disorder is markedly impairing, affecting social, familial, and scholastic adjustment. All three subtypes are associated with significant impairment. Academic deficits and school-related problems tend to be most pronounced in the types marked by inattention (Predominantly Inattentive and Combined Types), whereas peer rejection and, to a lesser extent, accidental injury are most salient in the types marked by hyperactivity and impulsivity (Predominantly Hyperactive-Impulsive and Combined Types). Individuals with the Predominantly Inattentive Type tend to be socially passive and appear to be neglected, rather than rejected, by peers.

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

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

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

There are no laboratory tests, neurological assessments, or attentional assessments that have been established as diagnostic in the clinical assessment of Attention-Deficit/Hyperactivity Disorder

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There are no specific physical features associated with Attention-Deficit/Hyperactivity Disorder, although minor physical anomalies (e.g., hypertelorism, highly arched palate, low-set ears) may occur at a higher rate than in the general population. There may also be a higher rate of accidental physical injury.

Specific Culture, Age, and Gender Features

Attention-Deficit/Hyperactivity Disorder is known to occur in various cultures, with variations in reported prevalence among Western countries probably arising more from different diagnostic practices than from differences in clinical presentation.

It is difficult to establish this diagnosis in children younger than age 4 or 5 years, because their characteristic behavior is much more variable than that of older children and may include features that are similar to symptoms of Attention-Deficit/Hyperactivity Disorder. Furthermore, symptoms of inattention in toddlers or preschool children are often not readily observed because young children typically experience few demands for sustained attention. However, even the attention of toddlers can be held in a variety of situations (e.g., the average 2- or 3-year-old child can typically sit with an adult looking through picture books). Young children with Attention-Deficit/Hyperactivity Disorder move excessively and typically are difficult to contain. Inquiring about a wide variety of behaviors in a young child may be helpful in ensuring that a full clinical picture has been obtained. Substantial impairment has been demonstrated in preschool-age children with Attention-Deficit/Hyperactivity Disorder. In school-age children, symptoms of inattention affect classroom work and academic performance. Impulsive symptoms may also lead to the breaking of familial, interpersonal, and educational rules. Symptoms of Attention-Deficit/Hyperactivity Disorder are typically at their most prominent during the elementary grades. As children mature, symptoms usually become less conspicuous. By late childhood and early adolescence, signs of excessive gross motor activity (e.g., excessive running and climbing, not remaining seated) are less common, and hyperactivity symptoms may be confined to fidgetiness or an inner feeling of jitteriness or restlessness. In adulthood, restlessness may lead to difficulty in participating in sedentary activities and to avoiding pastimes or occupations that provide limited opportunity for spontaneous movement (e.g., desk jobs). Social dysfunction in adults appears to be especially likely in those who had additional concurrent diagnoses in childhood. Caution should be exercised in making the diagnosis of Attention-Deficit/Hyperactivity Disorder in adults solely on the basis of the adult's recall of being inattentive or hyperactive as a child, because the validity of such retrospective data is often problematic. Although supporting information may not always be available, corroborating information from other informants (including prior school records) is helpful for improving the accuracy of the diagnosis.



Ritalin® / Concerta® / Adderall

- Used legitimately to treat ADHD
- Used non-medically to get high and as an academic “performance-enhancer” to improve memory and improve concentration – gain the edge
 - Higher GPA
 - Higher SAT / ACT score
 - Get that scholarship

Lisdexamfetamine (Vyvanse®)

- Lisdexamfetamine is a new chemical entity consisting of d-amphetamine (schedule II) covalently bound to the amino acid, L-lysine.
- Lisdexamfetamine per se is pharmacologically inactive.
- Upon oral ingestion, the lysine moiety is cleaved in the gastrointestinal system releasing d-amphetamine. Thus, lisdexamfetamine is a “pro-drug” for d-amphetamine.
- Pharmacology and abuse potential of lisdexamfetamine are similar to d-amphetamine.

National Forensic Laboratory Information System (NFLIS) - State and Local Forensic Laboratories

Drug	2007	2008	2009	2010	2011	Jan. - Mar. 2012
Lisdexamfetamine	6	103	359	637	869	198

Source: DEA's NFLIS database, queried 06-15-2012, by submission date, all drugs reported (first, second, and third drugs)

*NR = Not reported in the NFLIS database, January 2007 - March 2012

QUOTAS/SHORTAGES

Quotas

- DEA's mission is to prevent, detect, and investigate the diversion of pharmaceutical controlled substance from legitimate channels while **ensuring an adequate and uninterrupted supply** of pharmaceutical controlled substances to meet legitimate medical, commercial, and scientific needs.
- DEA is statutorily required to issue production material quota to the registered manufacturers on a yearly basis (21 USC 826).

Criteria in Determining Quota

- The manufacturer's current rate of disposal
- The trend of the national disposal rate during the preceding calendar year
- The manufacturer's production cycle and inventory position
- The economic availability of raw materials
- Yield and stability problems
- Emergencies such as strikes and fires
- Other factors.

Quotas/Shortages

- DEA issued enough quota to the industry to meet the medical, commercial, and scientific needs.



- DEA has no statutory or regulatory authority relating to FDA manufacturing issues.



ROBITUSSIN

Because Gatorade doesn't make you a flying robot in space.

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





Methods of Diversion

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

Where are the Pharmaceuticals Coming From?

- Medicine Cabinet
- Internet
- Pain Clinics
- Doctor Shoppers; RX Fraud; Practitioner Diversion



Prescription Fraud

- **Fake prescriptions**
 - Highly organized
 - Use real physician name and DEA Registrant Number
 - Contact Information false or “fake office”
 - (change locations often to avoid detection)
 - Prescription printing services utilized
 - Not required to ask questions or verify information printed
- **Stolen prescriptions**
 - Forged
 - “Smurfed” to a large number of different pharmacies

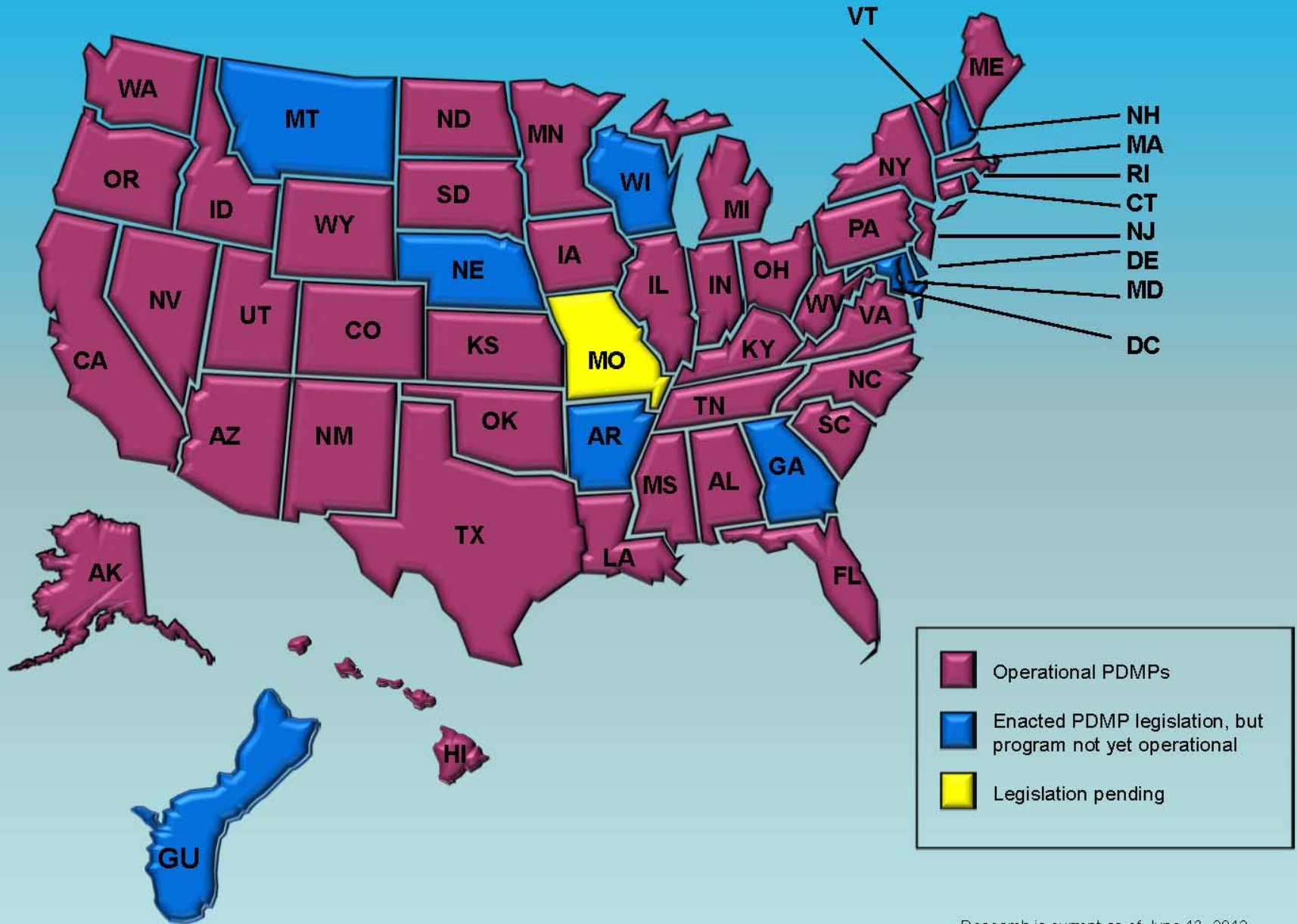


Doctor Shopping



Prescription Drug Monitoring Programs

Status of Prescription Drug Monitoring Programs (PDMPs)





Diversion via the Internet



Domestic 'Rx' Flow

1. Consumer in Montana orders hydrocodone on the Internet

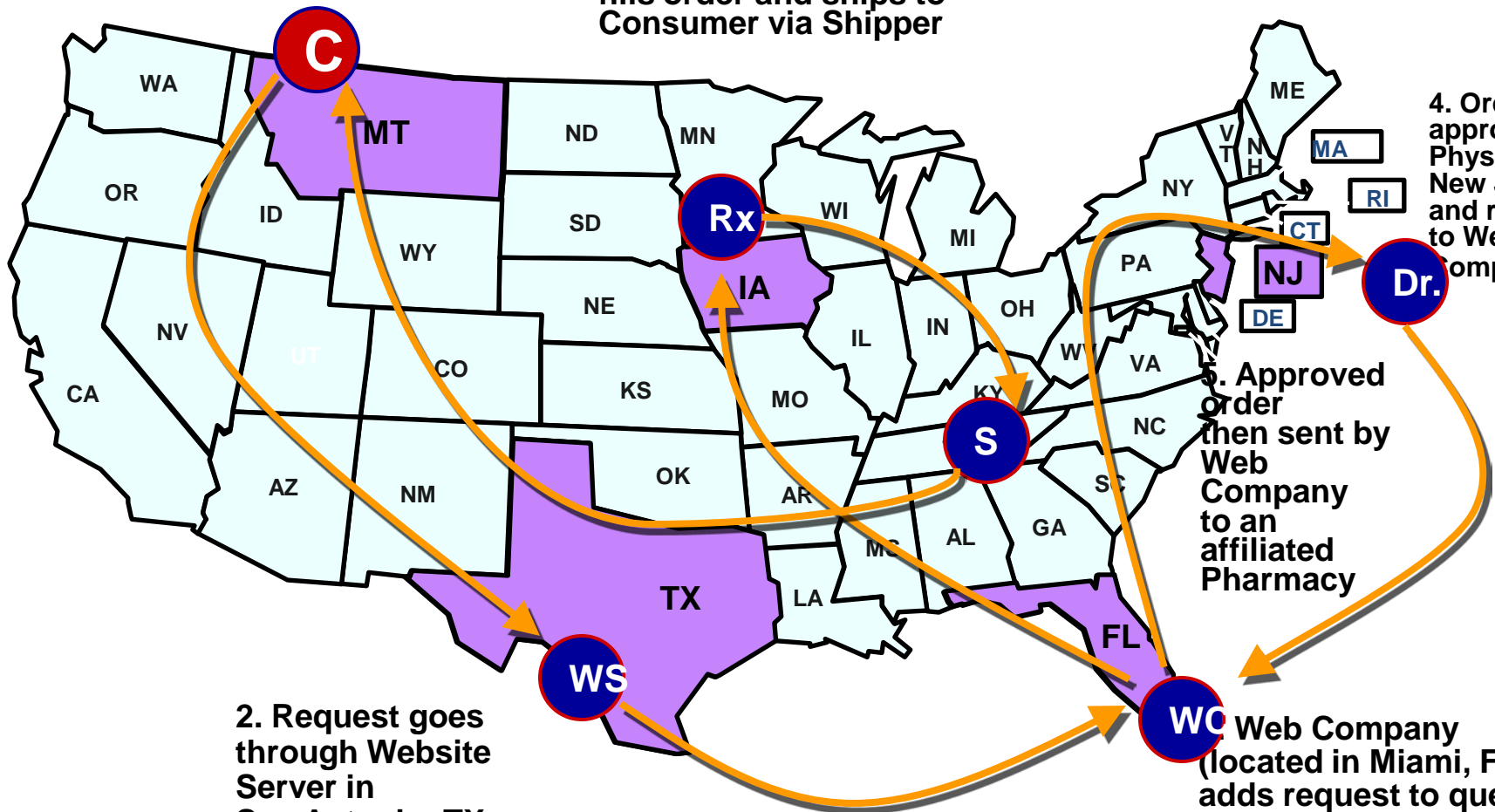
6. Pharmacy in Iowa fills order and ships to Consumer via Shipper

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

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

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

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



New Felony Offense Internet Trafficking

➤ 21 USC 841(h)(1): It shall be unlawful for any person to knowingly or intentionally:

(A) deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized by this title; or

(B) aid or abet any violation in (A)

What has been the reaction????

Per Se Violations

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

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

Current CSA Registrant Population

Total Population: 1,341,505

➤ Practitioner	-	1,040,496
➤ Mid-Level Practitioner	-	170,115
➤ Pharmacy	-	65,946
➤ Hospital/Clinic	-	15,702
➤ Manufacturer	-	525
➤ Distributor	-	805
➤ Researcher	-	6,357
➤ Analytical Labs	-	1,504
➤ NTP	-	1,247
➤ ADS Machine	-	161



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

7

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



Pain Clinics

Medical Care ?

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

Checks and Balances Under the CSA

- Practitioners

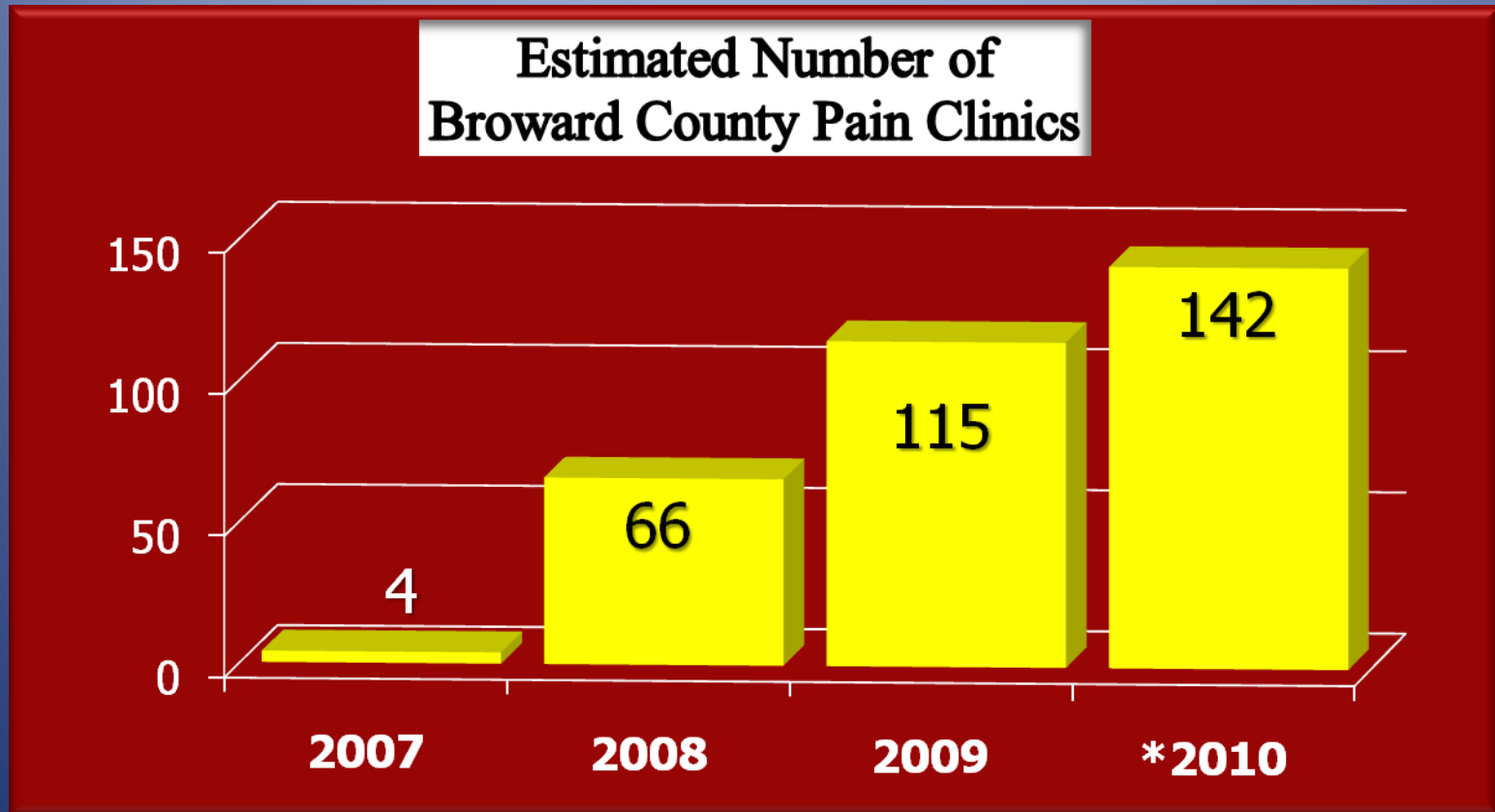
“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.” (21 CFR § 1306.04(a))

United States v Moore 423 US 122 (1975)

Increased Law Enforcement Pressure

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

Explosion of South Florida Pain Clinics



As of June 4, 2010, Florida has received 1,118 applications and has approved 1026

*As of May 14, 2010, Broward 142; Miami-Dade 79; Palm Beach 111

MIGRATION OF PAIN CLINICS



MIGRATION OF PAIN CLINICS



MIGRATION OF PAIN CLINICS



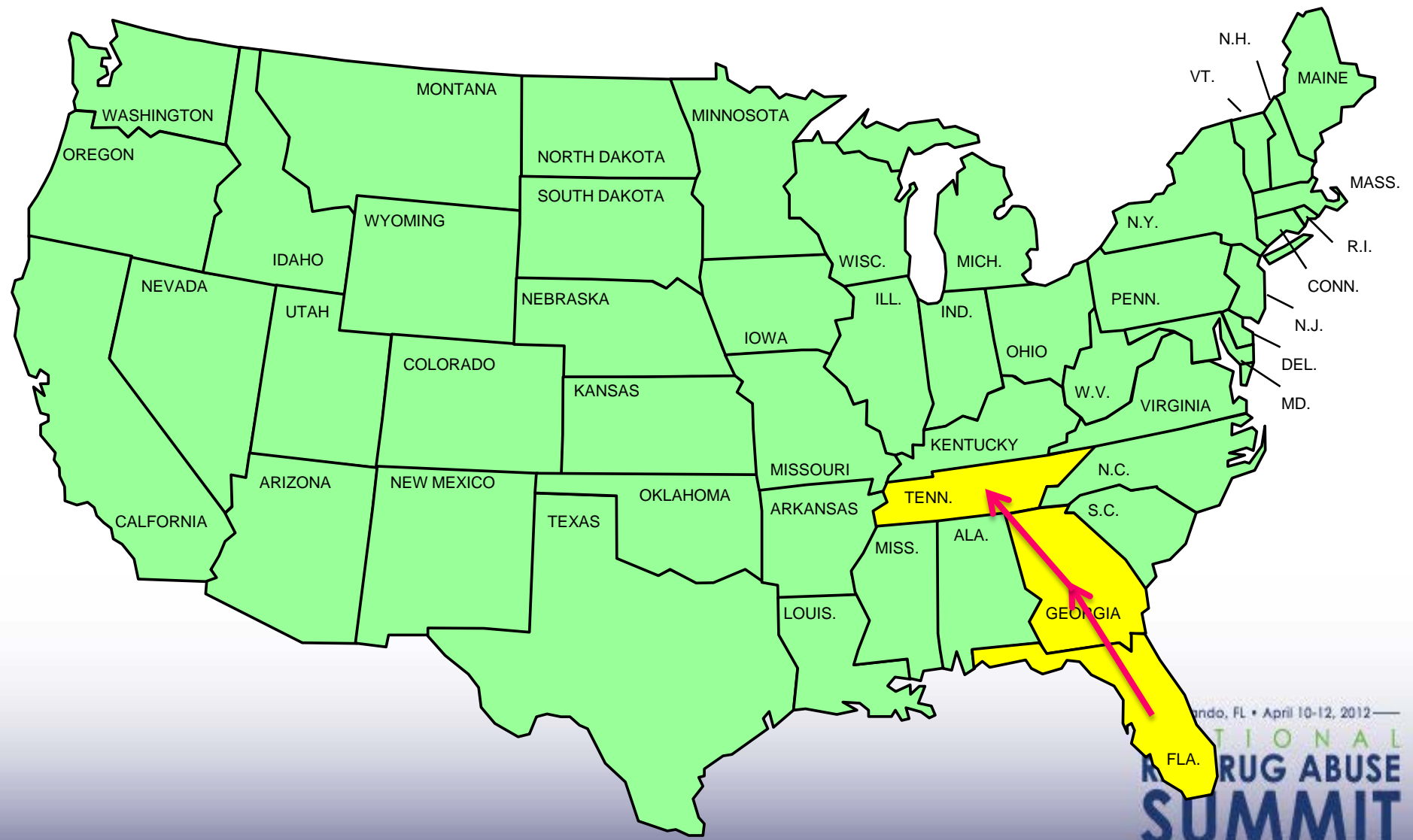
MIGRATION OF PAIN CLINICS



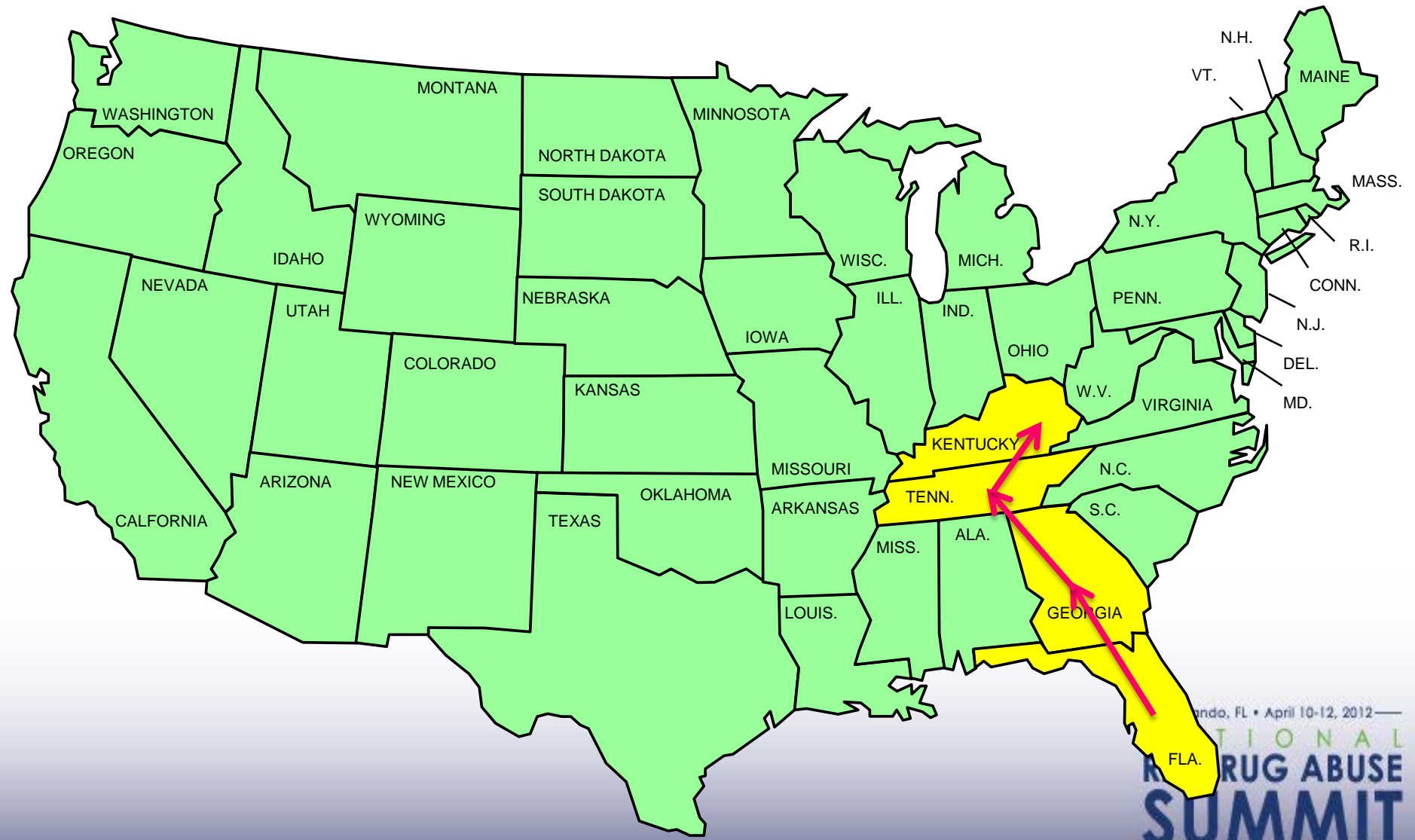
MIGRATION OF PAIN CLINICS



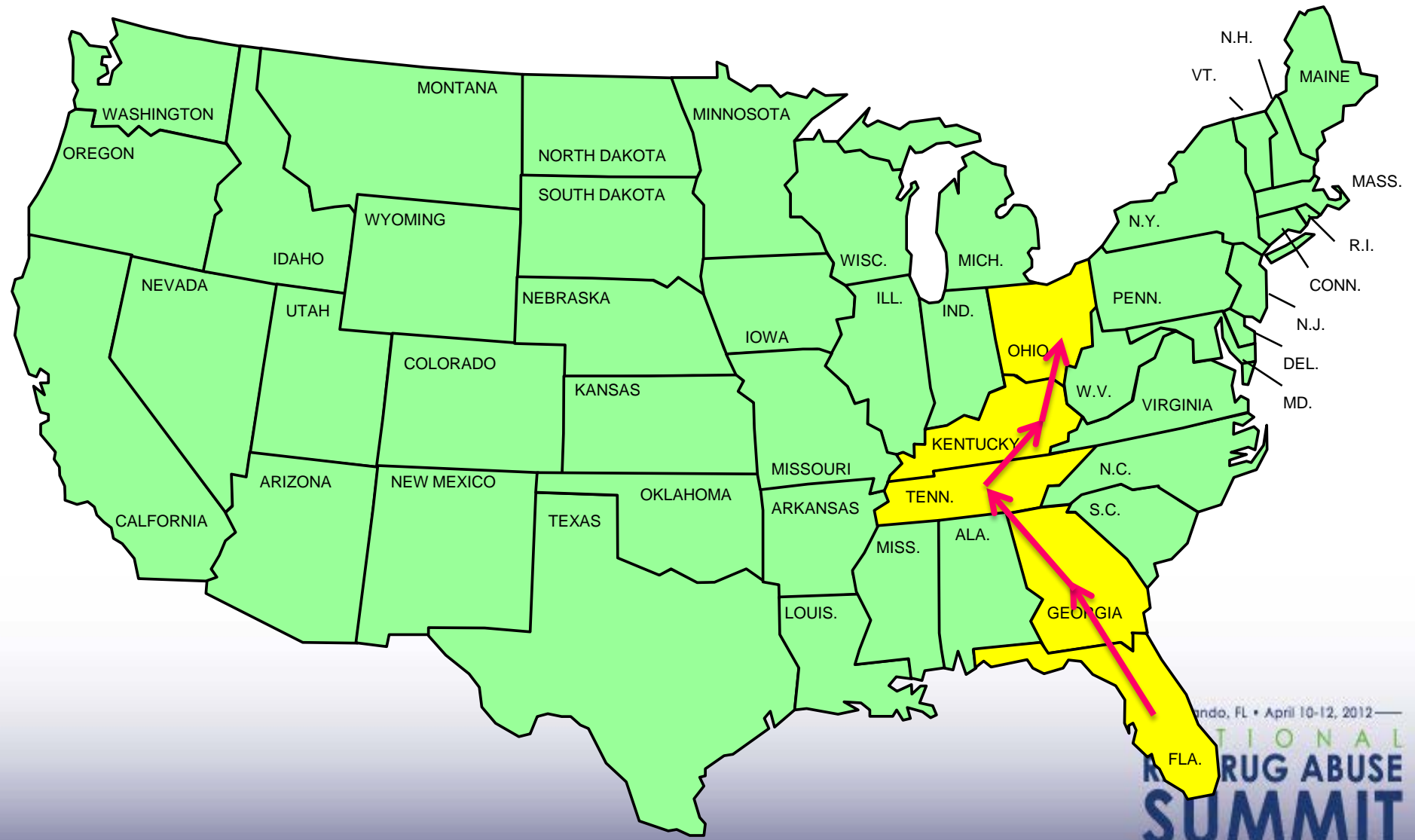
MIGRATION OF PAIN CLINICS



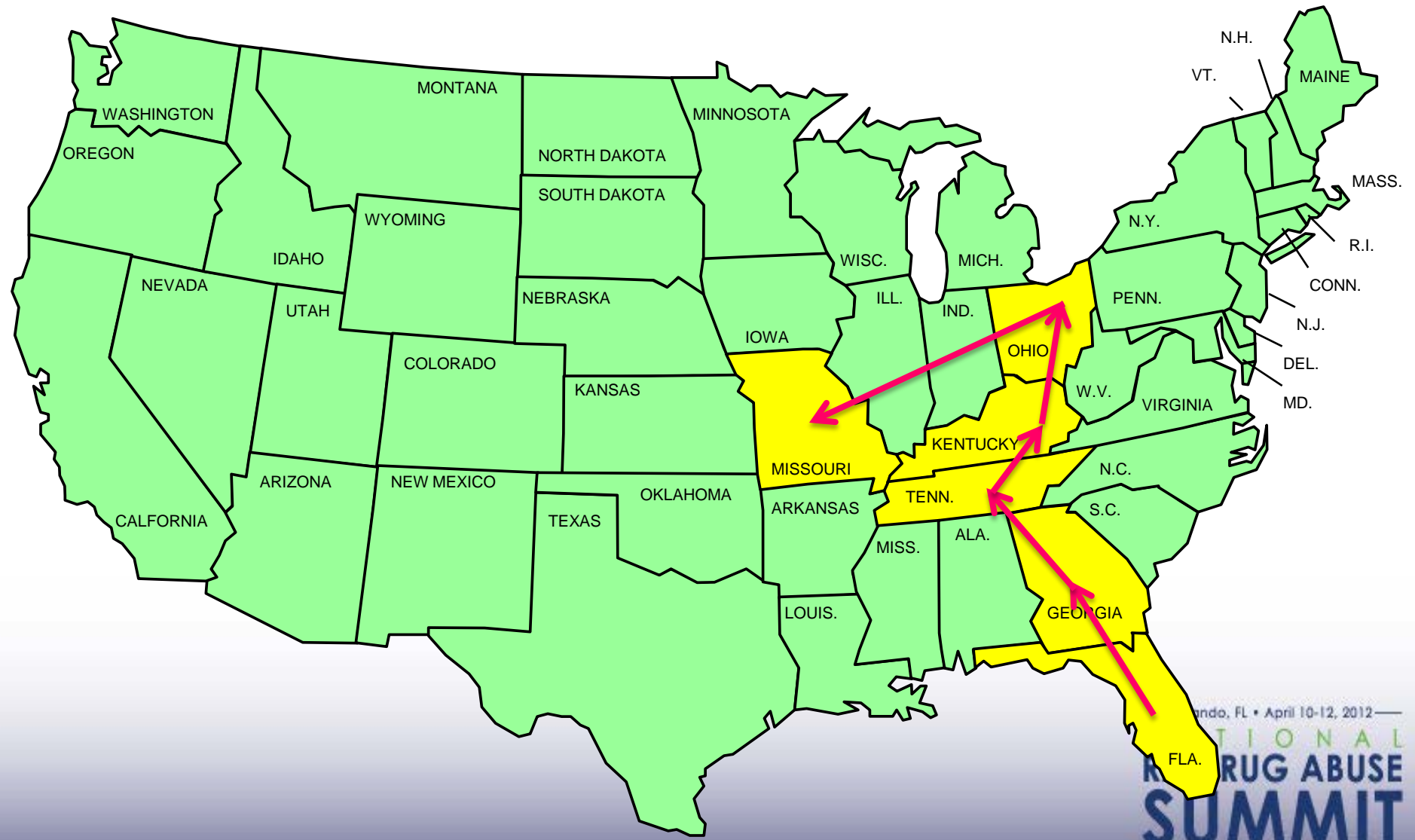
MIGRATION OF PAIN CLINICS



MIGRATION OF PAIN CLINICS



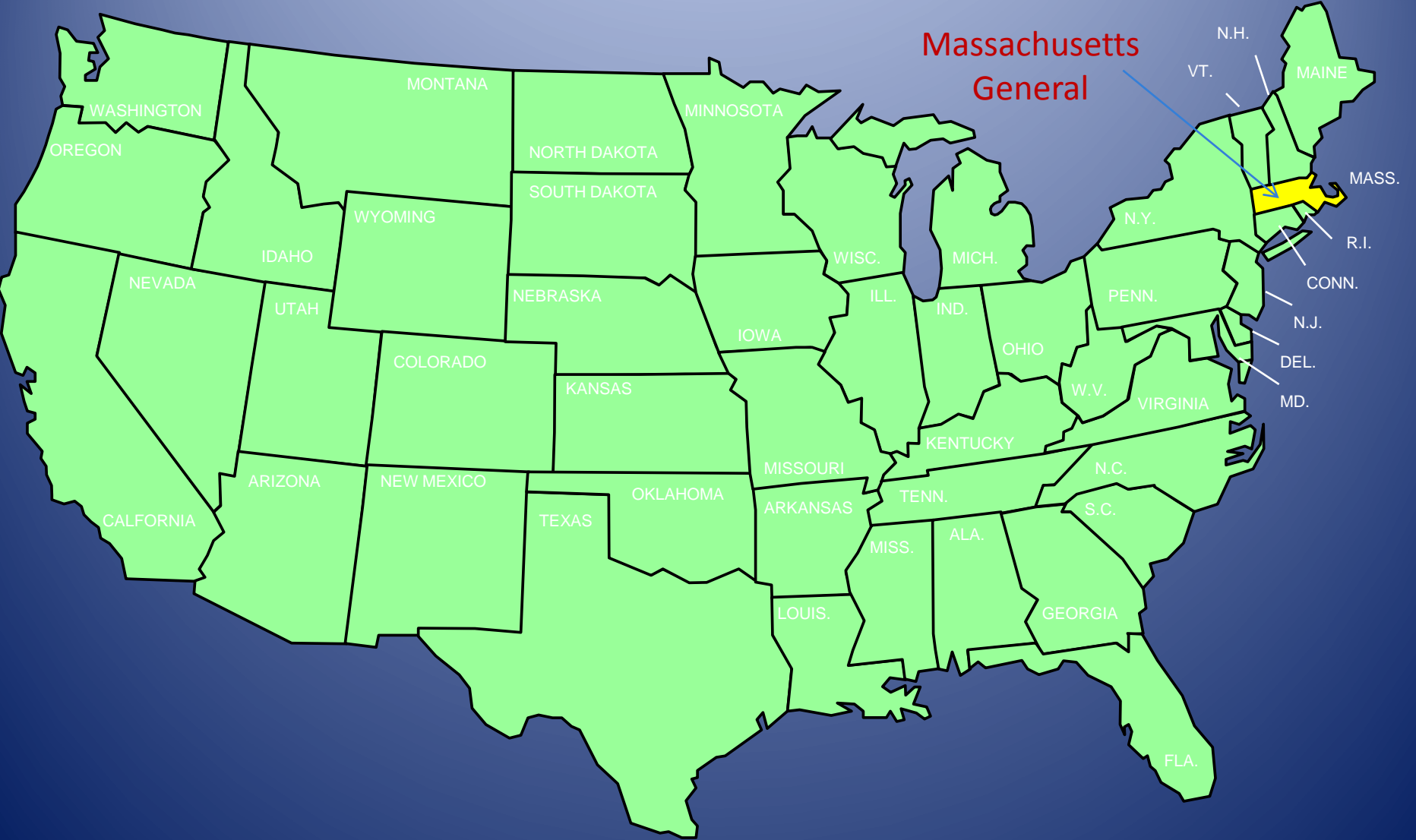
MIGRATION OF PAIN CLINICS



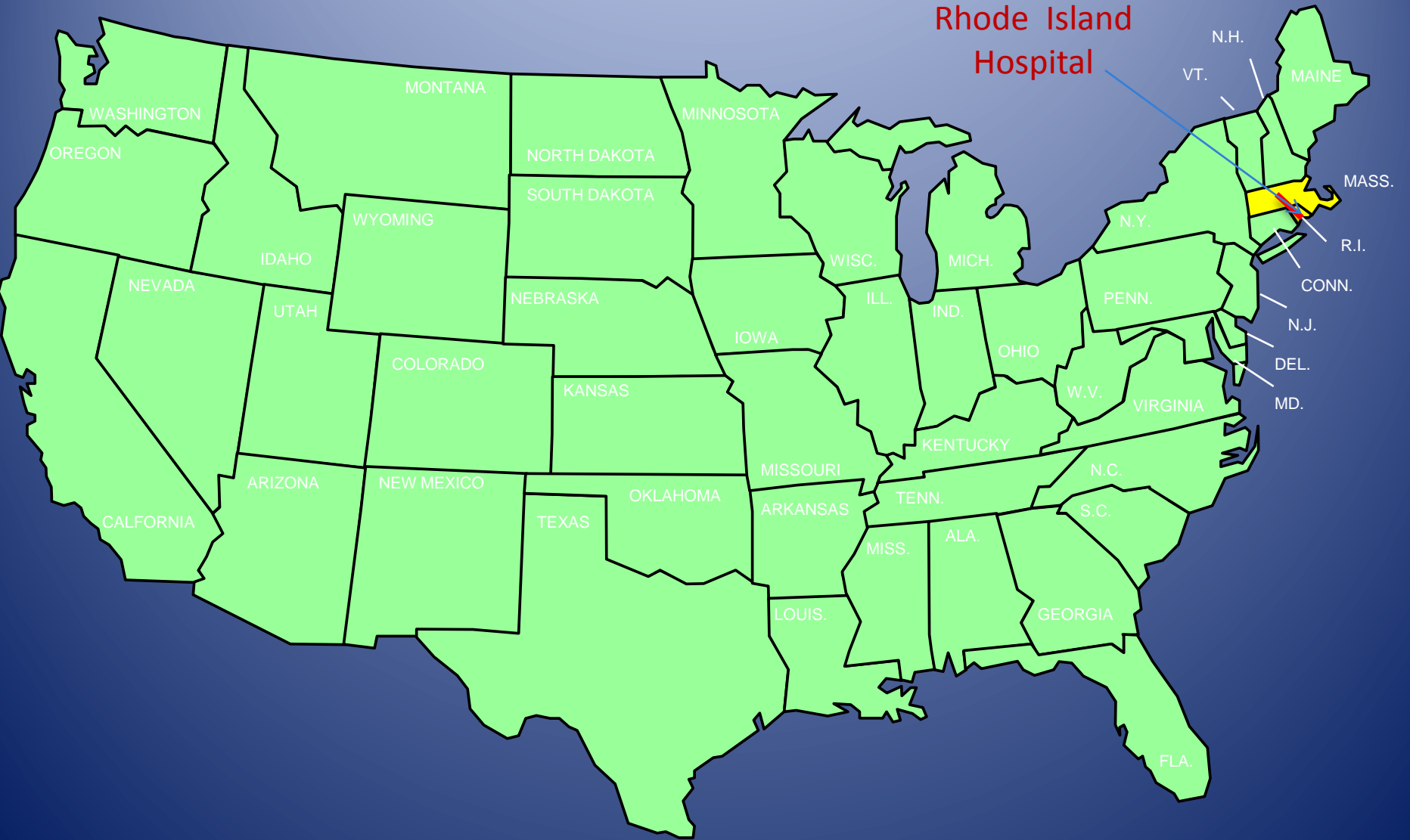
'The Florida Migration'

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

THE MIGRATION

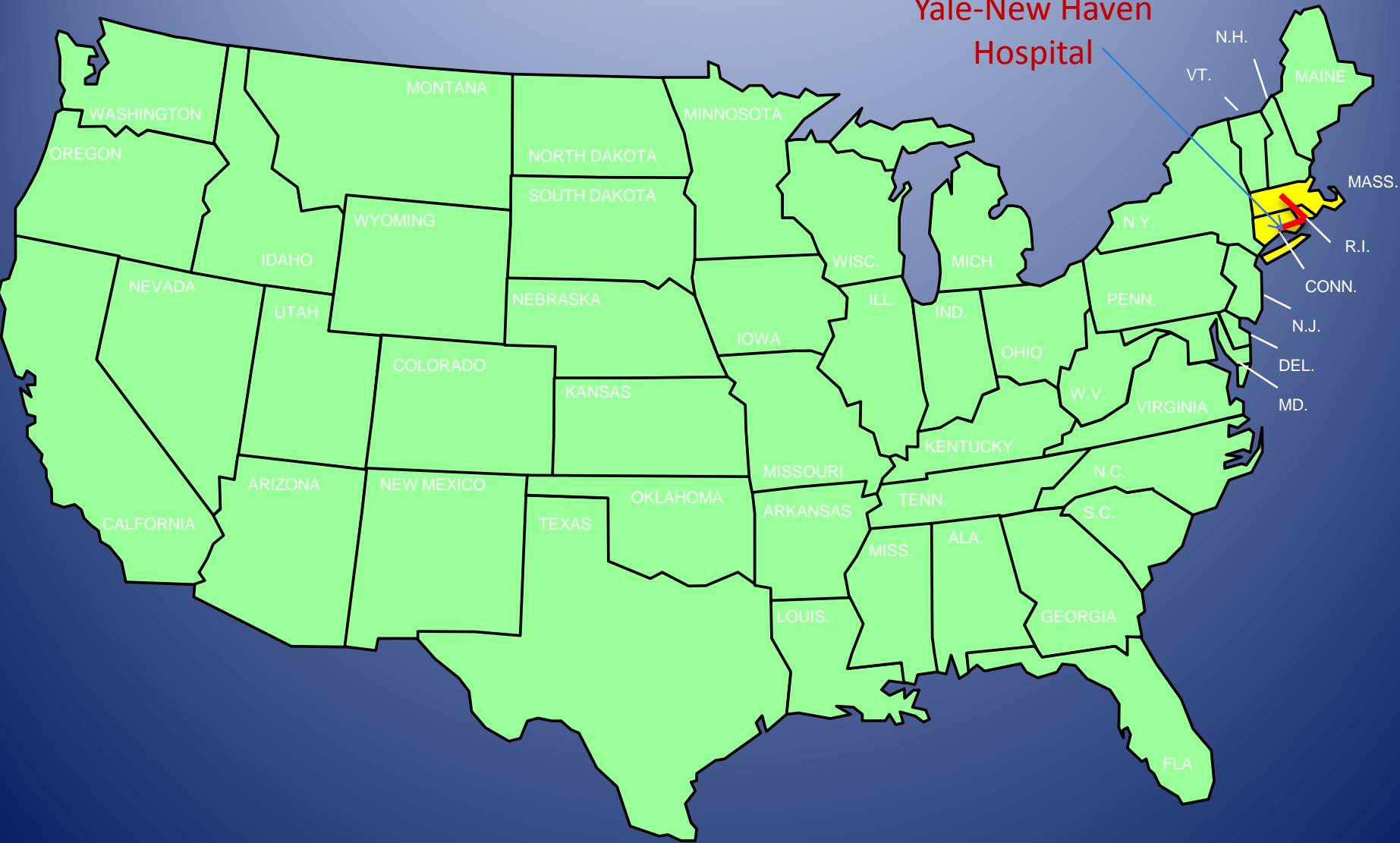


THE MIGRATION



THE MIGRATION

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Hospital



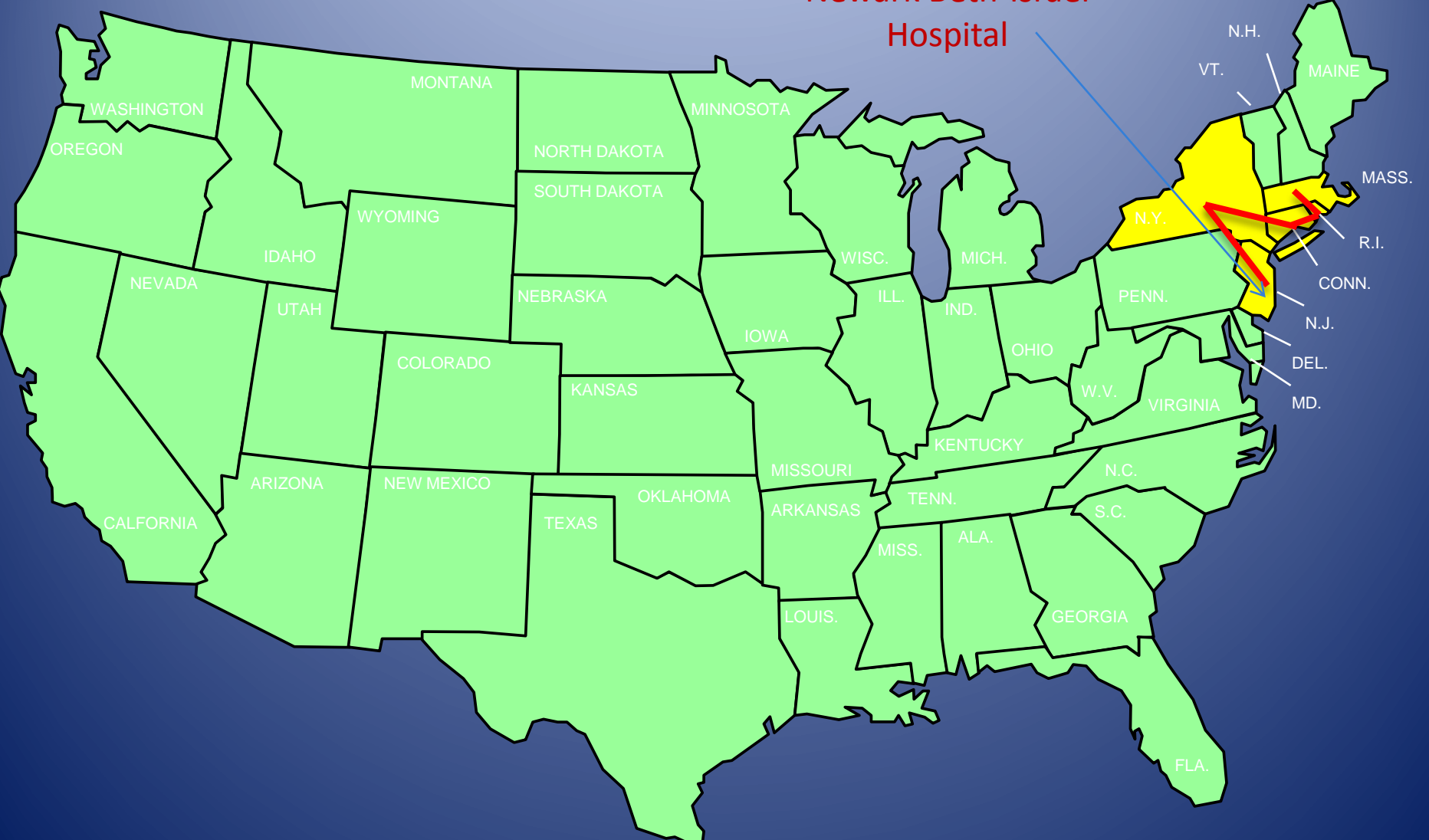
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New York Presbyterian
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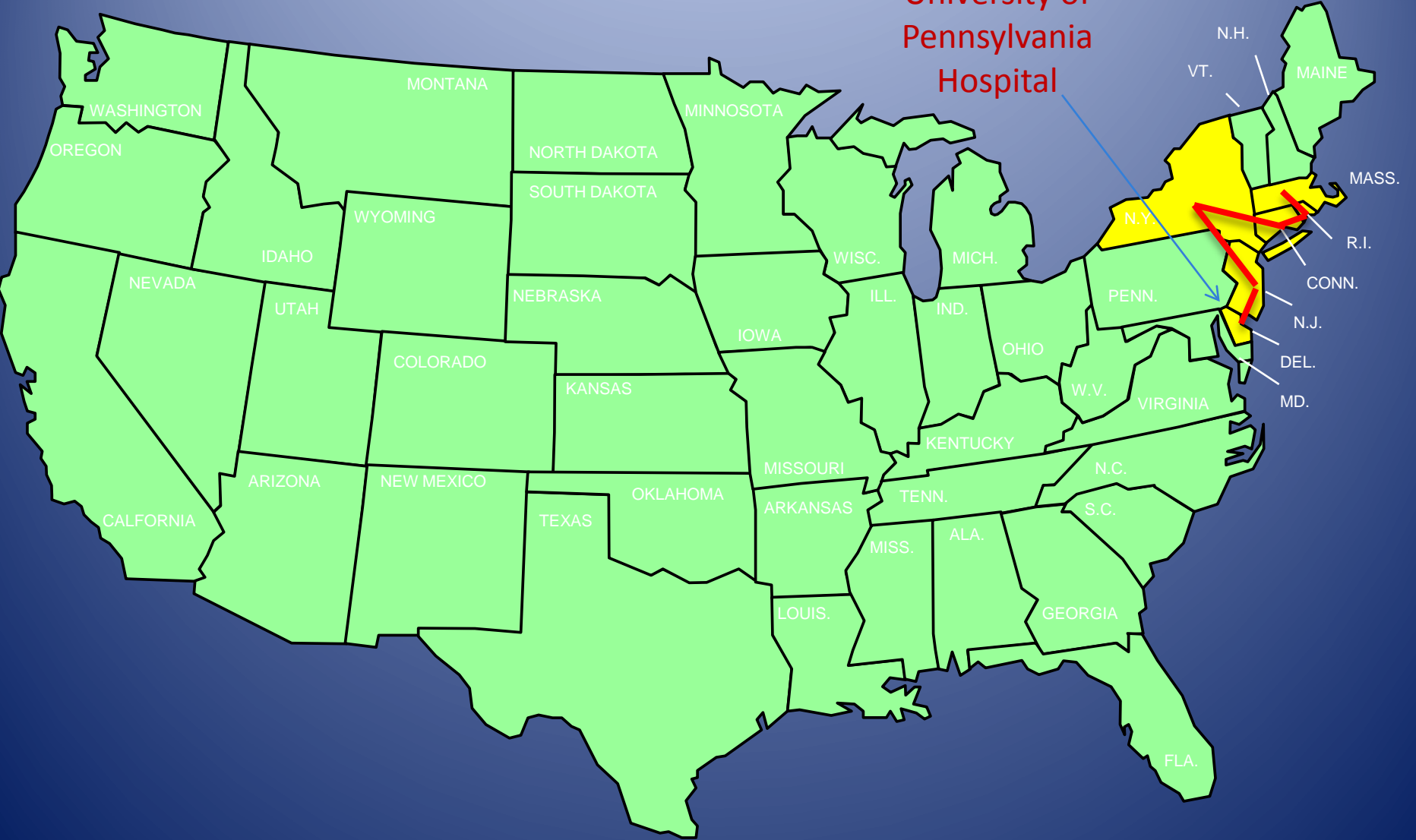
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Newark Beth-Israel
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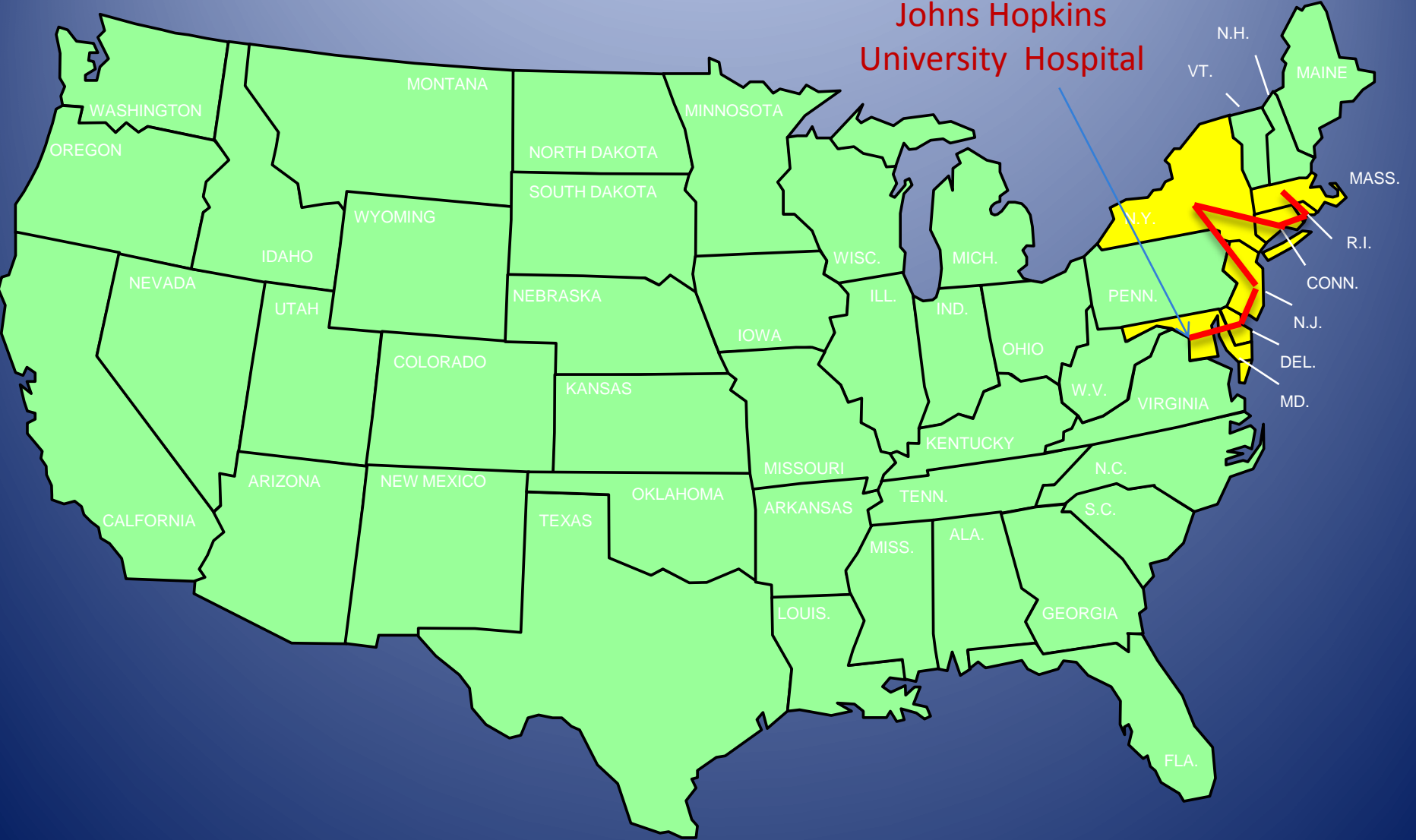
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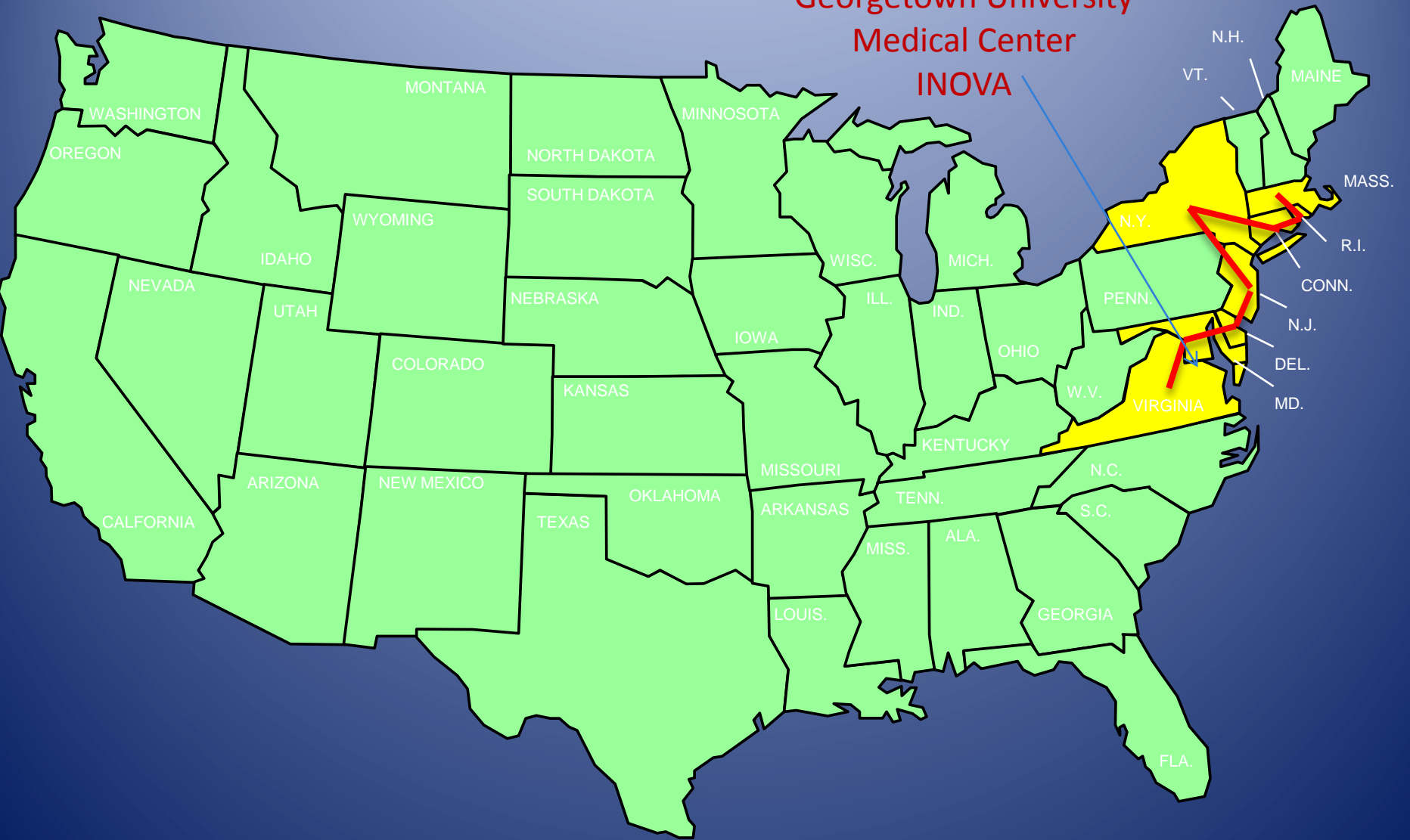
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Johns Hopkins
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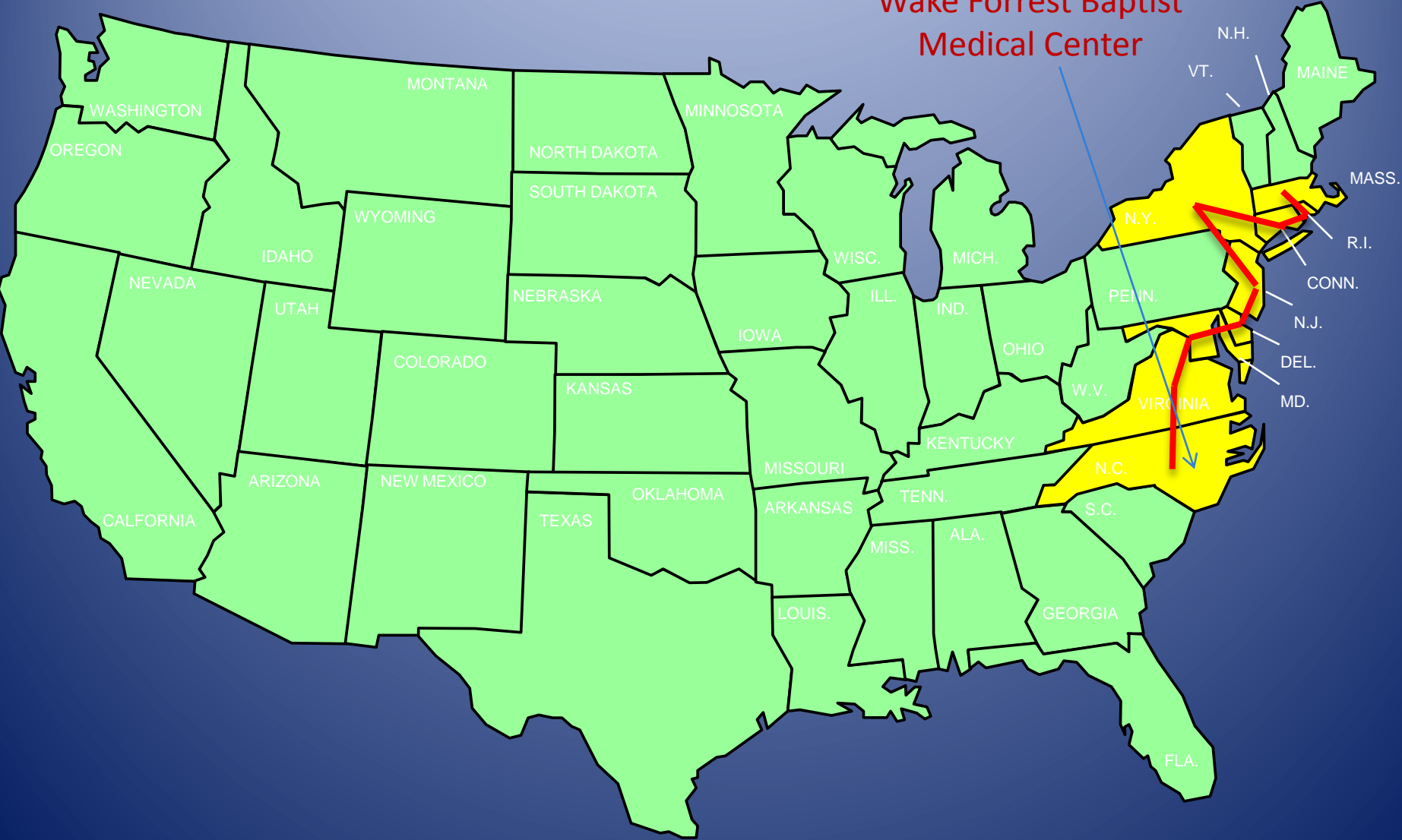
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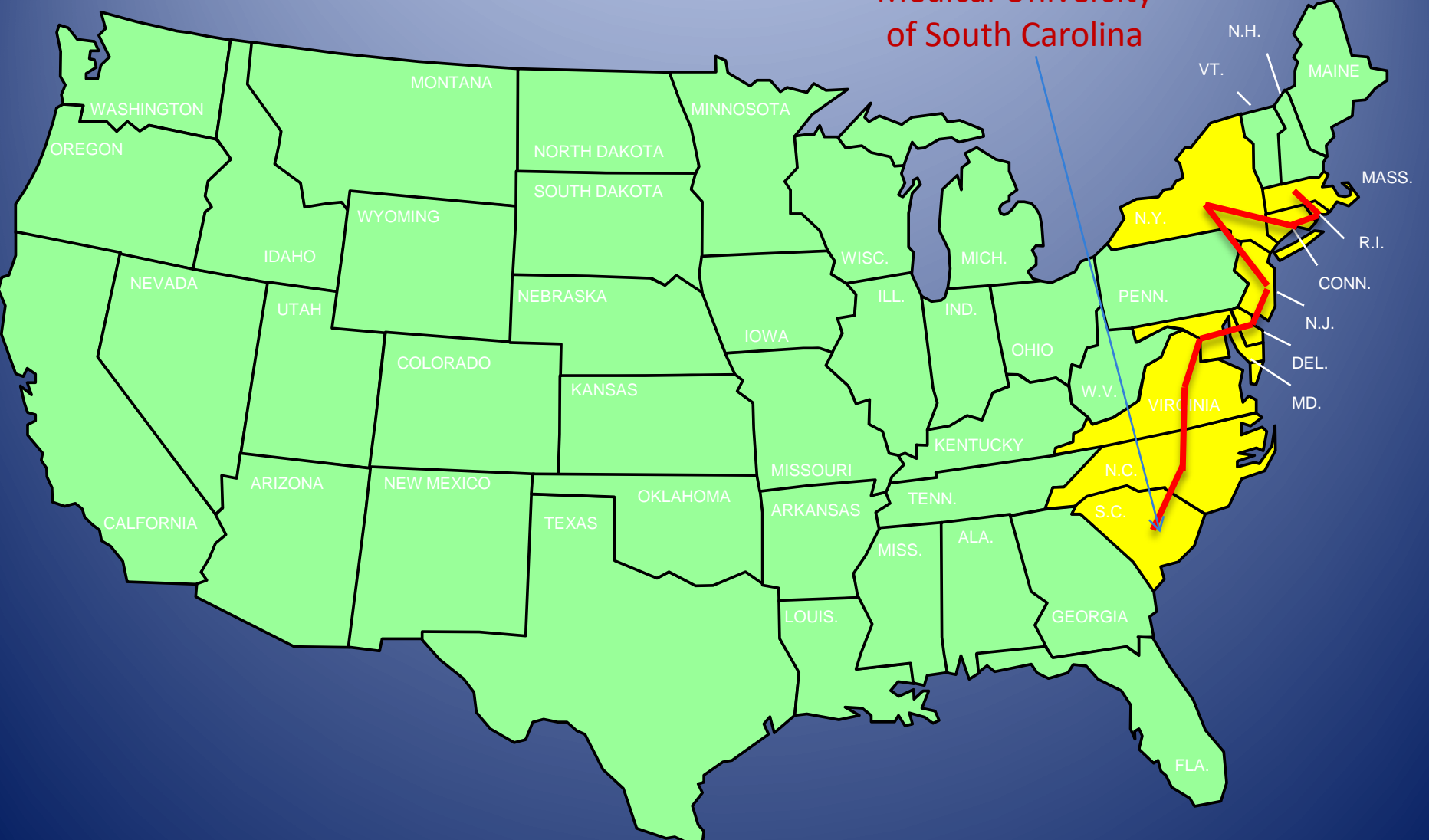
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Wake Forrest Baptist
Medical Center



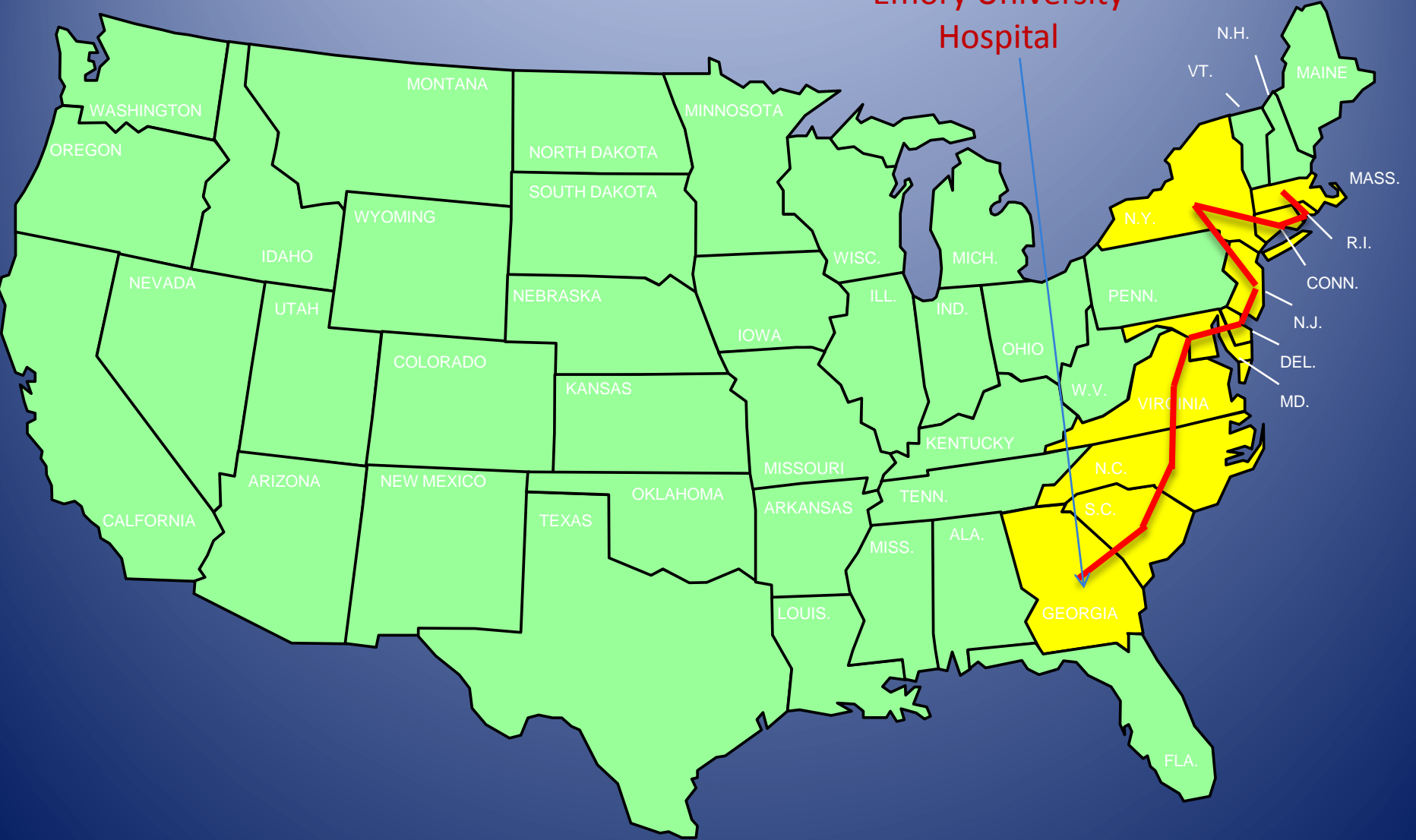
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Medical University
of South Carolina

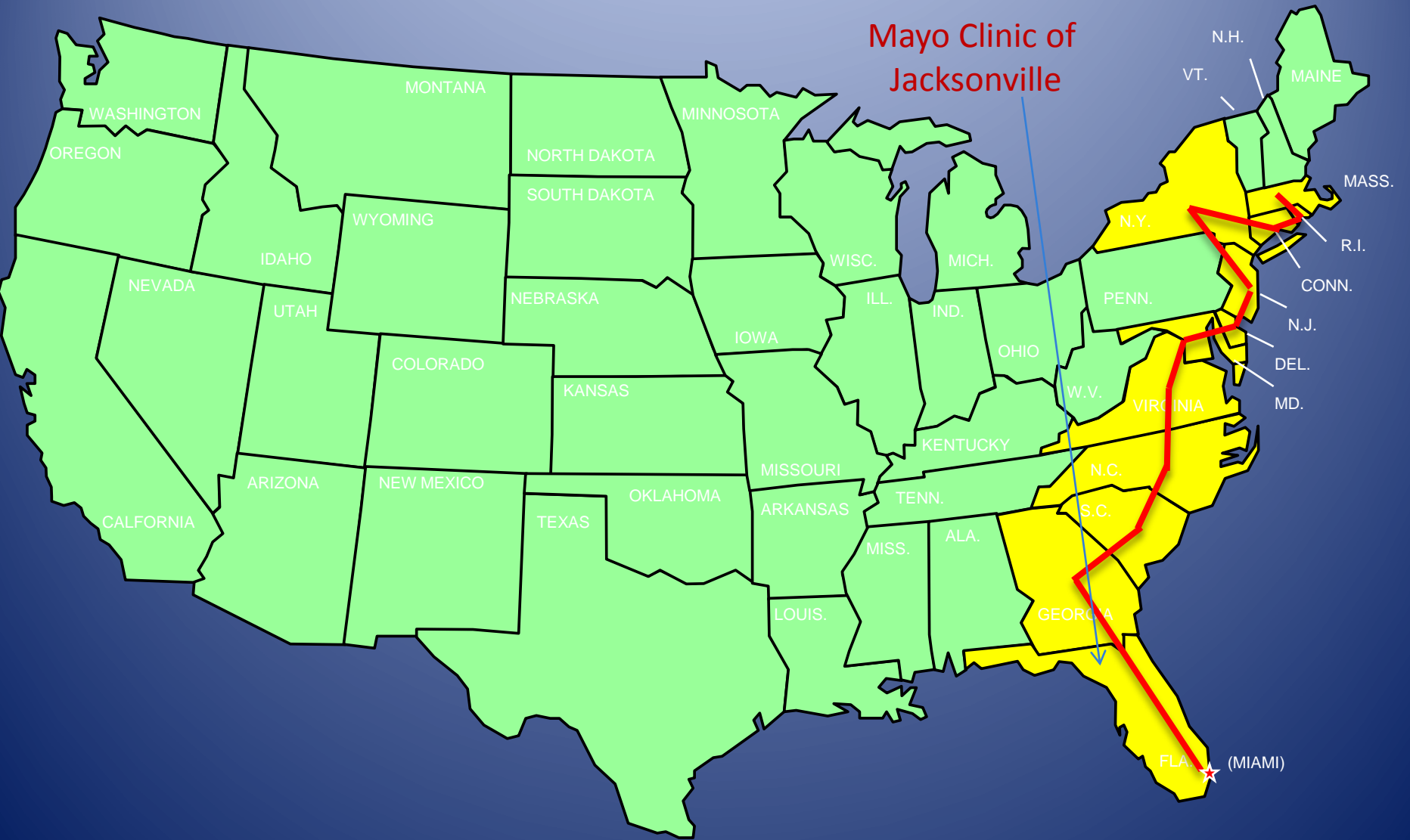


THE MIGRATION

Emory University
Hospital



THE MIGRATION



Drugs Prescribed

- A 'cocktail' of oxycodone and alprazolam (Xanax[®])
- An average 'patient' receives prescriptions or medications in combination

Schedule II	Schedule III	Schedule IV
Oxycodone 15mg, 30mg	Vicodin (Hydrocodone)	Xanax (Alprazolam)
Roxicodone 15mg, 30mg	Lorcet	Valium (Diazepam)
Percocet	Lortab	
Percodan	Tylenol #3 (codeine)	
Demerol	Tylenol #4 (codeine)	

Average Charges for a Clinic Visit

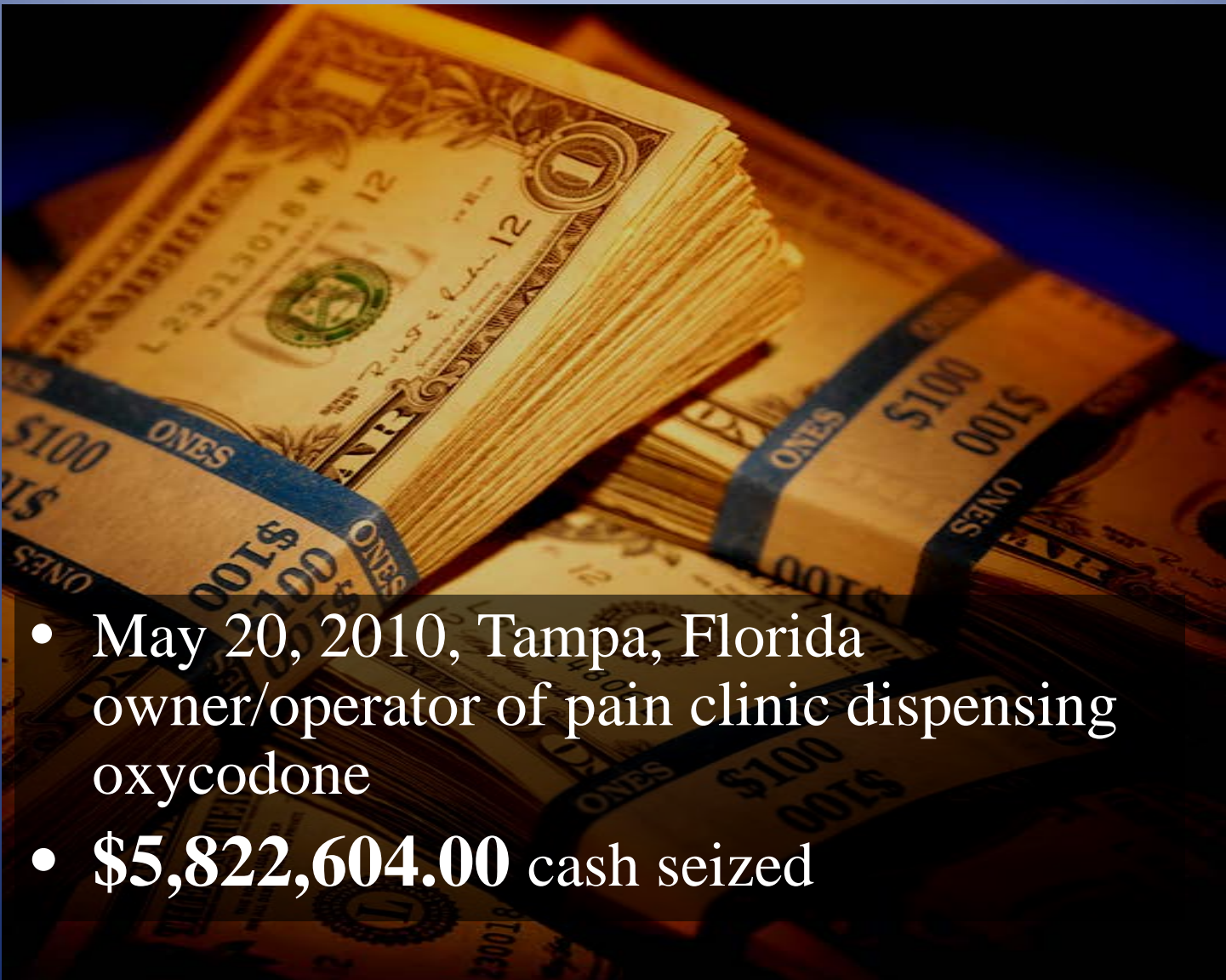
- Price varies if medication is dispensed or if customers receive prescriptions
- Some clinics advertise in alternative newspapers citing discounts for new patients such as 'buy one get one free' or "50% off with this ad"
- Typically, initial office visit is \$250; each subsequent visit is \$150 to \$200
- Average 120-180 30mg oxycodone tablets per visit

Cost of Drugs

- The 'cocktail' prescriptions go for \$650 to \$1,000
- According to medical experts, most clinics do not require sufficient medical history and tests for proper prescribing of Schedule II substances
- Each oxycodone 30mg tablet costs \$1.75 to \$2.50 at the clinics
 - On the street in Florida, that pill can be re-sold for \$7 to \$15
 - Outside of Florida, it can be re-sold for \$25 to \$30 (\$1 per mg)

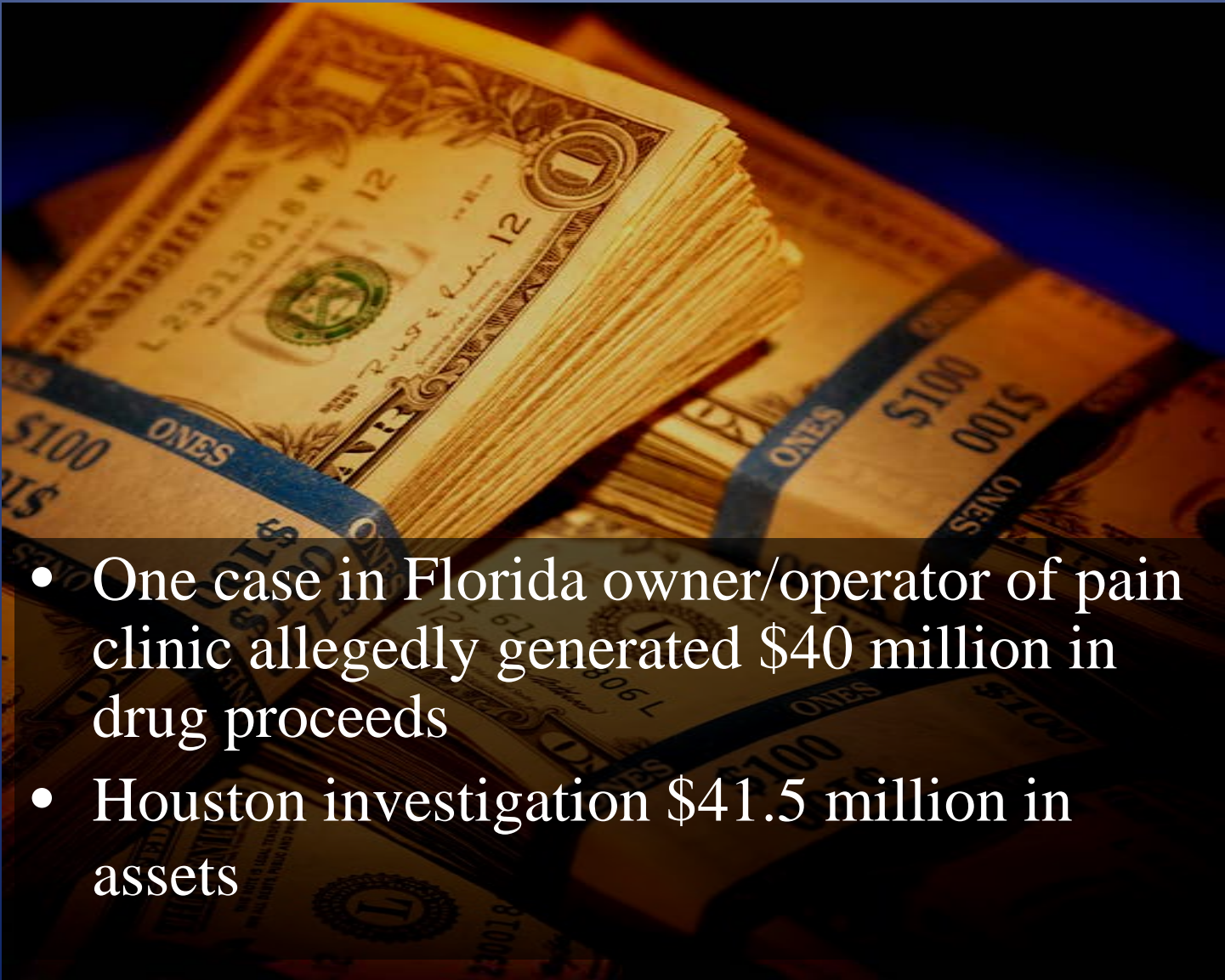
Why is this happening?

What's the Profit?

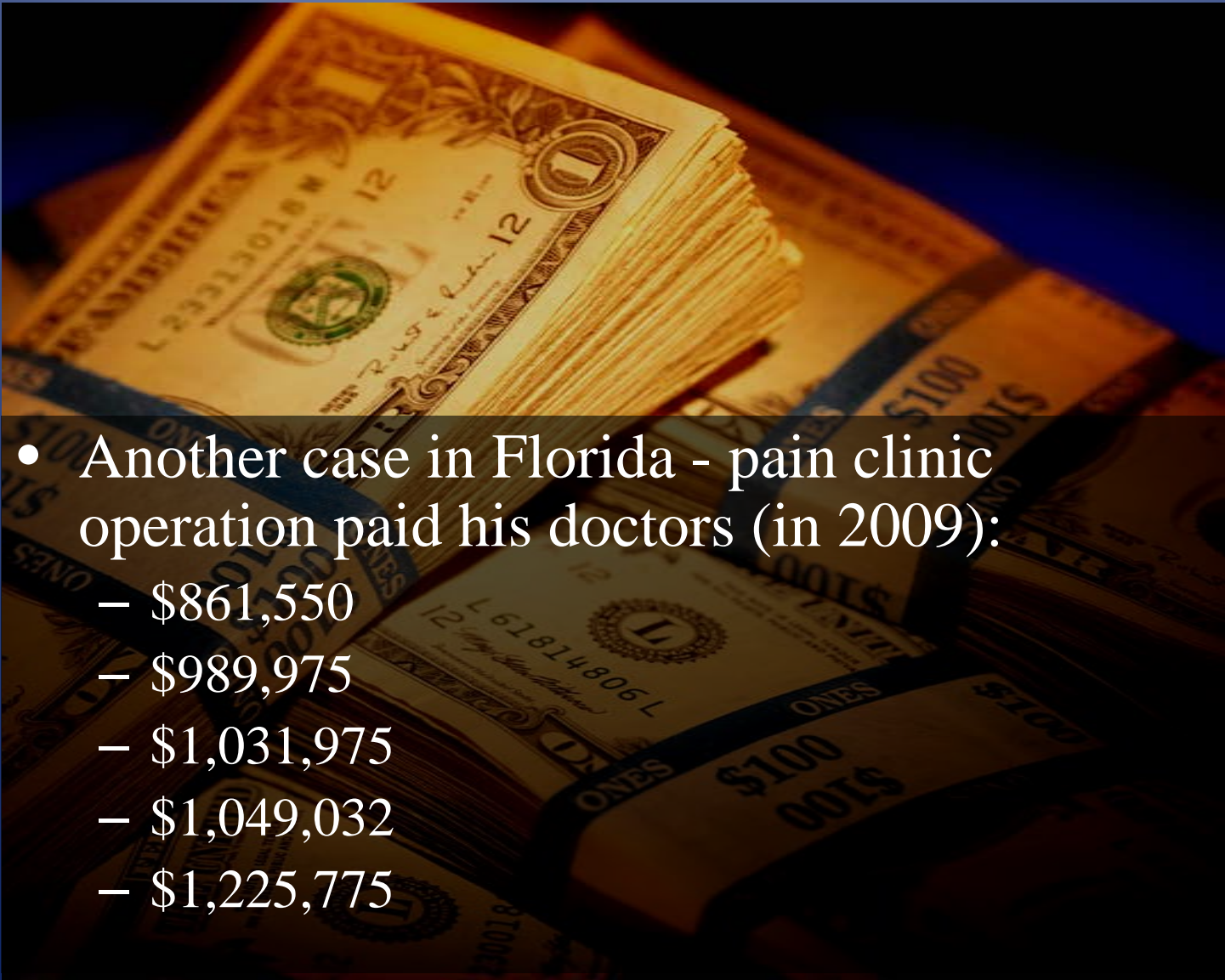


- May 20, 2010, Tampa, Florida owner/operator of pain clinic dispensing oxycodone
- **\$5,822,604.00** cash seized

What's the Profit?

- 
- The background of the slide is a photograph of several stacks of US one hundred dollar bills. The bills are fanned out, showing the top of one bill in each stack. The stacks are arranged in a way that they appear to be growing in size from the bottom left towards the top right. The lighting is warm, highlighting the texture of the paper and the intricate details of the currency. The overall composition is centered and occupies most of the slide's area.
- One case in Florida owner/operator of pain clinic allegedly generated \$40 million in drug proceeds
 - Houston investigation \$41.5 million in assets

What's the Profit?

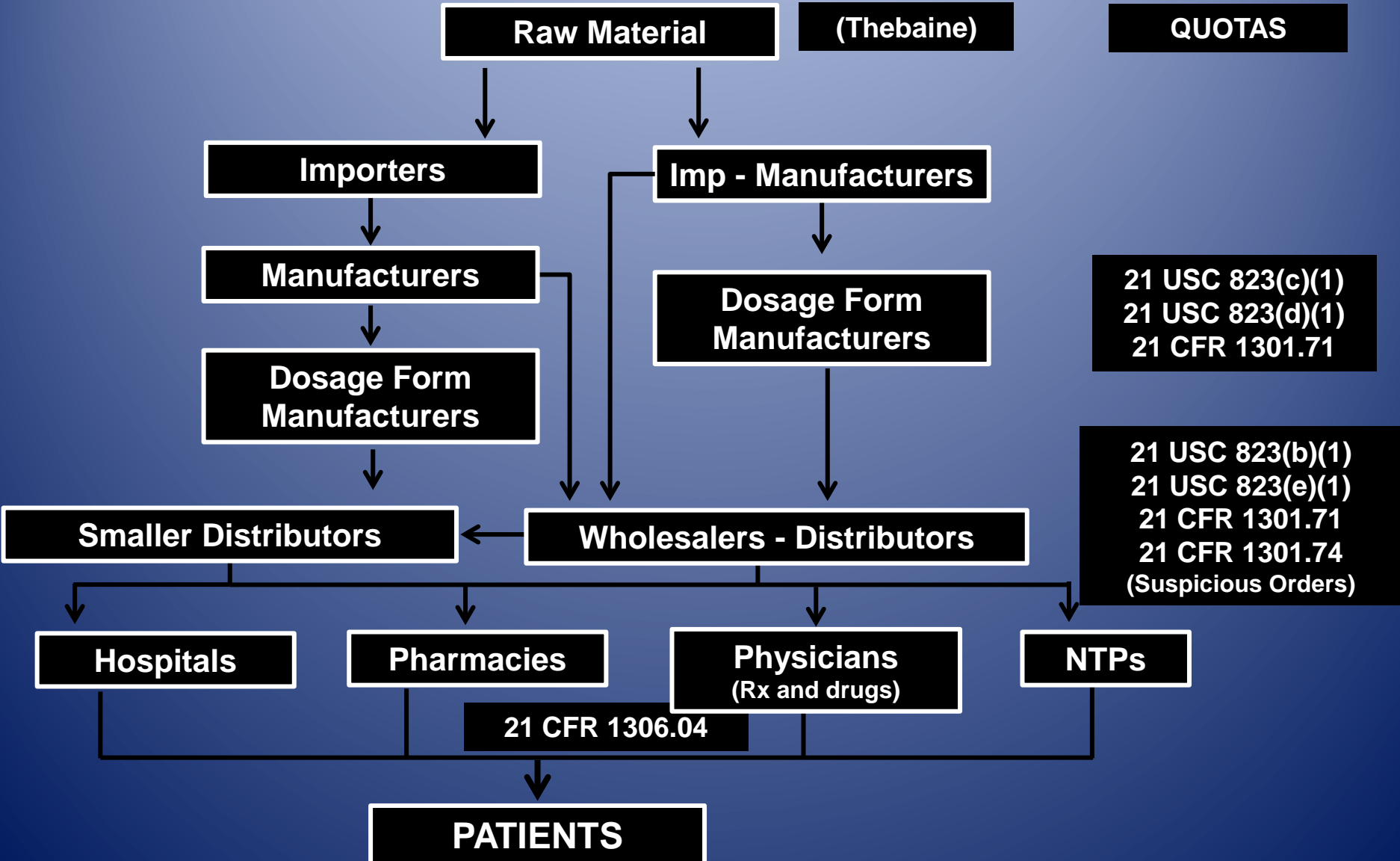
- 
- Another case in Florida - pain clinic operation paid his doctors (in 2009):
 - \$861,550
 - \$989,975
 - \$1,031,975
 - \$1,049,032
 - \$1,225,775

DEA Distributor Initiative

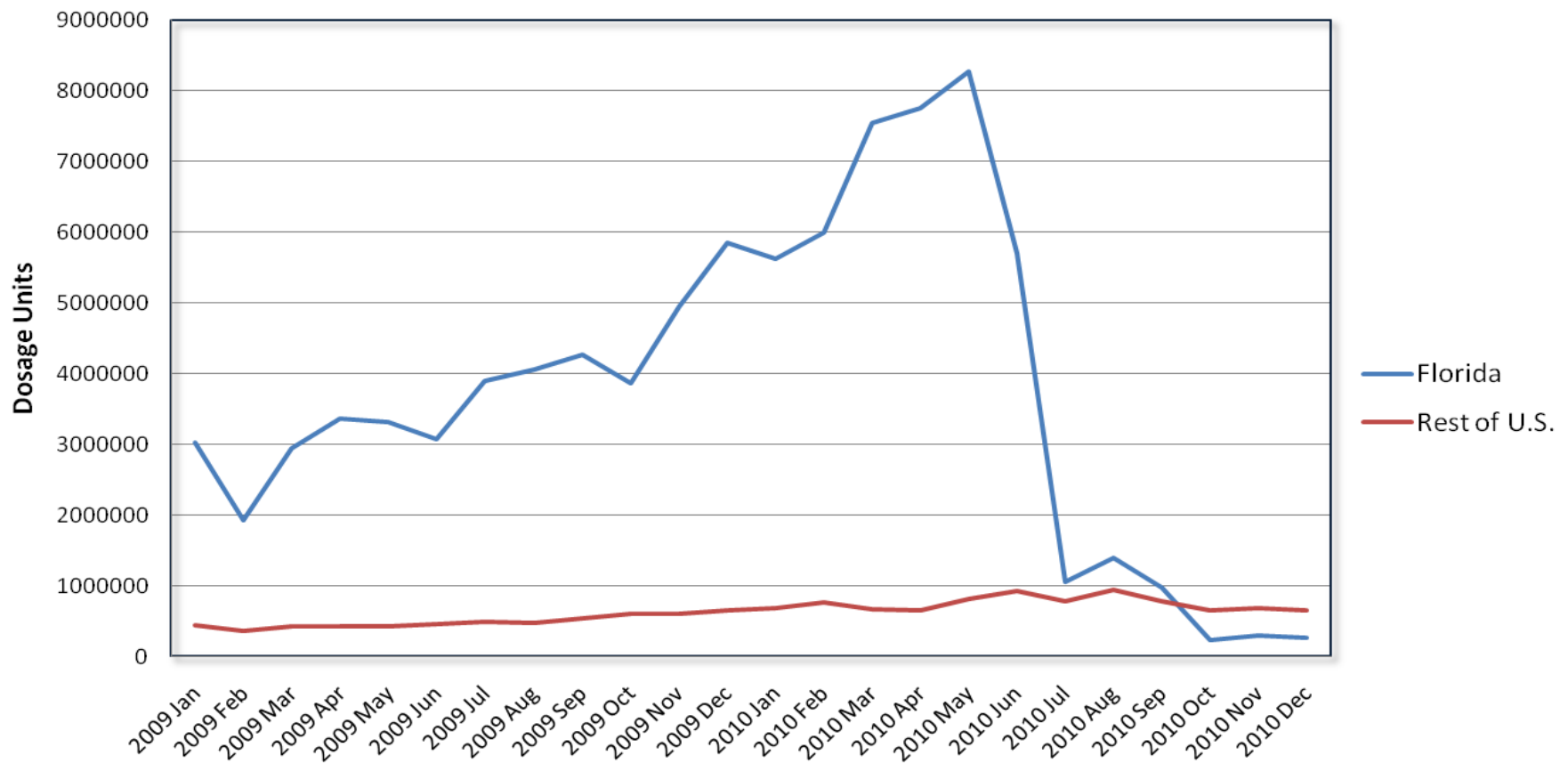
August 2005 – Present:

- **Briefings to 79 firms with 224 locations**
- **Examples of civil action against distributors:**
 - **AmerisourceBergen,**
 - **Cardinal Health, \$34 million civil fine**
 - **McKesson, \$13.25 million civil fine**
 - **Harvard, \$6 million civil fine**
- **Examples of suspension, surrender or revocation of DEA registration**
 - **Keysource, loss of DEA registration**
 - **Sunrise, loss of DEA registration**

The Flow of Pharmaceuticals



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.

State of Florida Legislative Actions

•Effective October 1, 2010

- Pain clinics are banned from advertising that they sell narcotics
- They can only dispense 72-hour supply of narcotics
- Prohibits the registration of pain clinics unless they are owned by physicians or licensed by non-physicians as a health care clinic

•Effective July 1, 2011

- Clinics must turn over their supply of C-II and C-III controlled substances
- Clinics are no longer able to dispense these drugs
- Clinics cannot have ANY affiliation with a doctor that has lost a DEA number

Reaction

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

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

Buy Pharmacies!

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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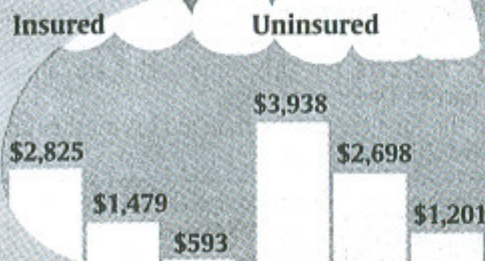
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A bite into dental costs

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



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 pharmacies after Florida targets 'pill mills'

By Donna Leinwand Leger
USA TODAY

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

In Florida, hundreds of people tried to open pharmacies after the state barred doctors from dispensing the narcotics directly from their clinics and forced patients to fill their prescriptions at pharmacies. Others moved their operations to Georgia, state police and federal agents say.

"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-purchas-

A pharmacy must register with the DEA and be licensed by the state to dispense controlled substances, which include many drugs that require a doctor's prescription. The DEA can deny a registration if an applicant has been convicted of a drug-related crime or agents find a connection to a pill mill or other activity that poses a threat to public health and safety.

At least 37 pharmacy applicants withdrew their applications in 2011, Trouville says. "They feel the squeeze and move on," he says.

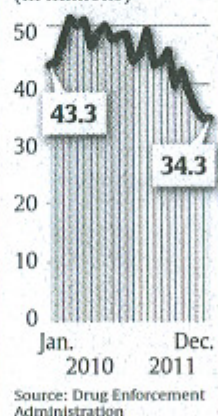
Still, questionable pharmacies are selling thousands of oxycodone and hydrocodone pills to people recruited by drug dealers to get prescriptions from pain clinics. "They're not selling Band-Aids and aspirin," Trouville says. "There's nothing but an empty room with a bulletproof window."

Pharmacy applicants turned down in Florida often try their luck in Georgia, says Rick Allen, director of the Georgia Drugs 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."

Fewer pills

Number of oxycodone pills purchased by Florida pharmacies and practitioners: (in millions)



Source: Drug Enforcement Administration

By Julie Snider, USA TODAY

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Pharmacy Applications for Registration

	2008	2009	2010	2011 (as of 9/22/11)
Registered Pharmacies in US	65,065	65,991 1.4%	66,766 1.2%	66,934 .03%
Registered Pharmacies in FL	4,343	4,403	4,741	4,809
New Applications in US (Independent Pharmacies)	2,230	2,192 <1.73%>	2,010 <8.3%>	1,840 <8.5%>
New Applications in FL (Independent Pharmacies)	271	250 <7.7%>	388 55.2%	290 <25.25%>
New Applications in Miami area (Independent Pharmacies)	130	79 <39.2%>	118 49.4%	126 6.8%
New Applications in Ft. Lauderdale area (Independent Pharmacies)	37	52 40.5%	81 55.8%	58 <28.4%>

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

Response

Enforcement and Regulatory Action

- Investigating/Inspecting all new and renewal pharmacy applications submitted in Florida
- Investigating/Inspecting existing pharmacies registrations
- Results
 - Withdrawal of applications
 - Orders To Show Cause (OTSC) issued against applications
 - Immediate Suspension Orders (ISO) issued as appropriate

The Last Line of Defense



21CFR 1306.04

The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner , but a corresponding responsibility rests with the pharmacist who fills the prescription.

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

Potential Red Flags

- many customers receiving the same combination of prescriptions
- many customers receiving the same strength of controlled substances;
- many customers paying cash for their prescriptions;
- many customers with the same diagnosis codes written on their prescriptions;
- individuals driving long distances to visit physicians and/or to fill prescriptions;
- 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.).



Thank You!



Questions