



Not according to prescription



SS/A Gerry Baril
MDEA Lewiston

Prescription Drug Diversion



Pills Are As Common as Pot

- Small operation from a woman's purse



Major marijuana cultivator

Rx drugs are commonly exchanged for marijuana then sold/traded with others

Prescription Drug Diversion

- Acquiring Drugs by Deception, Fraud and Stealing Drugs
- For self-medication, dependency or distribution



Abusers shop for doctors
To prescribe desired Rx
Drugs greater than medical need



From Pharmacy to the Streets



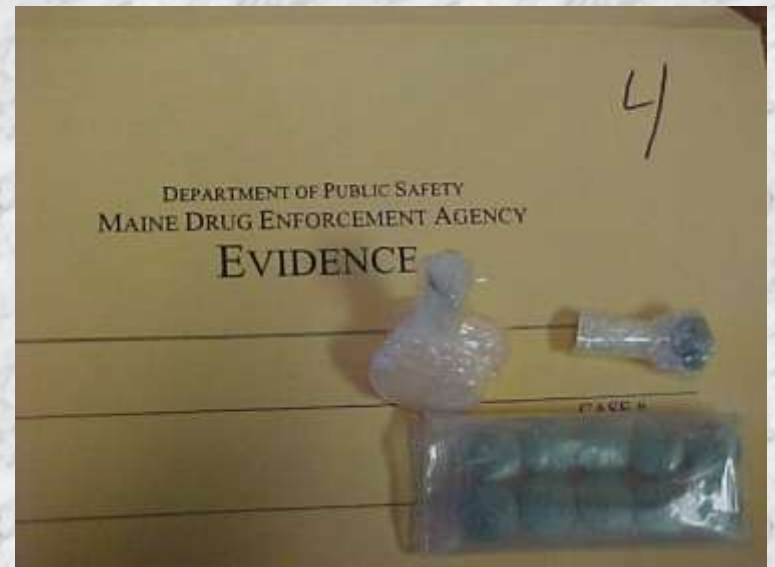
Packaged for Street Distribution

No labels – No warnings – No Prescriptions required



Bottle for \$100.00

- Singles for \$80.00
- Twins for \$160.00
- 10-packs for \$800.00



Drugs & Babies in Maine

In 2006, EMMC reported a **100% increase** since 2003, in the number of **babies** born to opiate-addicted **mothers** who were almost always addicted too.

Drug Demand 1999-2009



- 12.4% Maine high school senior have sold illegal drugs.
- Compared to other states, Maine has one of the highest percentages among persons ages 18 to 25 reporting use of any illicit drug in the past month. (30% v. 20%)
 - Nationwide drug use among high school seniors is down 43% since it's peak -1979
 - Marijuana use by teens has dropped 18%
 - Cocaine use by high school seniors has dropped 47%
 - Ecstasy use by high school seniors has dropped 25%
- 62% of high schoolers and 28% of middle schoolers attend schools where drugs are available
- Approx. 23% College students are so drug dependent they need treatment
- Economic cost to U.S. (trafficking & abuse) annually estimated over \$200 billion.

2004 Opiate Dependency Report by the Waismann Institute



Heroin in Rx bottle

- **17% of Americans age 55** or older have either alcohol or drug problems, or both. (Baby-boomers started turning 60 during 2005)
- **86%** of female patients seeking addiction treatment were battling a dependency to prescription opiates.
- **63%** did not seek help from the prescribing doctor after they realized they had developed a physical dependency to the drug – they just sought more drugs.
- **88%** said their doctors were not aware of their dependency
 - Dependence occurs in almost all people who take opioids long term; over time they develop a tolerance and suffer withdrawal if the drug is abruptly stopped, but they **ARE ABLE TO STOP** taking it eventually.

Annals of Internal Medicine

Group Health Study 2009

- **Nationally**, the number of prescription pill **deaths** more than **tripled** from **1999-2006**.
- For **every fatal overdose** in the study of 10,000 patients who were prescribed opiates, there were **seven (7) non-fatal poisonings**, most of which were medically serious.

National Survey on Drug Use and Health

- **10.6%** of persons aged 12 or older reported using marijuana
- **6.3%** of persons aged 12 or older reported non-medical use of any prescription-type pain relievers, tranquilizers, stimulants or sedatives
- **2.5%** cocaine
- **0.1%** heroin



**Compulsive use in spite of negative
Consequences – can't quit w/o help.**

Drugged Driving in Maine

■ Increase in impairment 2007 to 2008

- Cocaine 300%
- Heroin/Morphine 400%
- Oxycodone 450%
- Methadone 130%
- Hydrocodone 750%

Drugs detected by Drug Recognition Experts and confirmed
Through blood samples submitted to State HETL.

10% decrease in OUI arrests statewide 2007 to 2008



New England trends: Most significant drug threats

■ Heroin

- **Primary drug threat to New England**
- **Only region in U.S. where heroin is leading problem.**

■ **Pharmaceutical opiate abuse** (Oxycodone & Hydrocodone)

- **Often switch to heroin**
 - **Lower costs and higher purity**



2 bags heroin
Equivalent of
1 80mg Oxy

- **Methadone treatment**

- **For heroin abuse and chronic pain**
- **Many abusers seek Cocaine to offset cravings**



- **Opiates and stimulants affect different parts of the brain**

- **Western ME deaths:**

- **Opiates the cause**
 - **66% OD deaths 2006**
 - **82% OD deaths 2007**
 - **86% statewide 2007**

Heroin & Opiates in N.E.



60 cents to \$1 Mg



Heroin Tablets



Less than 20 cents Mg

**14-20 year old age group switching
From Rx opiates to heroin in NE**

Violent Crimes in New England

- 25% of violent crimes are committed by heroin/opioid abusers

Street Value of
Diverted Rx
Narcotics almost
10X's retail.



Armed robbery for Rx pills at drive-up window

Drug Overdose Deaths in Maine

1447 deaths in 12 years

| | | | | |
|--------|-----|---|------|-----|
| ■ 1997 | 34 | - | 2003 | 153 |
| ■ 1998 | 54 | - | 2004 | 162 |
| ■ 1999 | 66 | - | 2005 | 176 |
| ■ 2000 | 60 | - | 2006 | 167 |
| ■ 2001 | 90 | - | 2007 | 154 |
| ■ 2002 | 166 | - | 2008 | 165 |

Illegal drugs



Rx drugs

66% to 86%

NDIC – 2010 NDTA

- Threat posed by the diversion and abuse of controlled prescription drugs, primarily pain relievers, is increasing.
 - **4.6% in 2007 to 9.9% in 2009.**
- Increased abuse has led to elevated numbers of deaths related to prescription opioids.
 - **Up 98% from 2002 to 2006.**

Why Rx Drugs for Illicit Use?



■ **Public perceptions**

- Medication is safe – for recreation – self-medication
- Not perceived the same threat as users or dealers of cocaine, crack, heroin, meth, ecstasy...

- “Drug addicts” use “hard” drugs not medicine!

– **Often qualify for little or no prison time**

- Drug Court/Rehab/Treatment
- Probation
- Fines & Deferred sentences



■ **Easily obtainable from practitioners**

- Doctor Shopping
- Acquired by Deception
- Altered or forged prescriptions



Top 10 Rx Drugs Diverted in U.S.

Center for Drug & Alcohol Studies, Univ. Delaware



\$10-\$80 ea.

- 1 Hydrocodone - Vicodin®
- 2 Alprozolam - Xanax®
- 3 OxyContin® - Teva®, Endo®, Ivax®
- 4 Oxycodones - Percocet®, Roxicodone®
- 5 Diazepam - Valium®
- 6 Carisprodol - Soma®
- 7 Methadone - Methadose®
- 8 Morphine Sulf - MS Contin®, Kadian®
- 9 Hydromorphone - Dilaudid®, Palladone®
- 10 Fentanyl - Duragesic patches

Nationwide vs Western Maine

Top Five Rx Drugs of Abuse

■ Nationwide

- Vicodin
- Xanax
- OxyContin
- Other oxycodones
- Valium

■ Tri-County Region

- Vicodin
- OxyContin
- Other oxycodones
- Methadone
- Valium



30-day Rx for 80Mg OxyContin worth \$4800 w/diverted

Street Prices for Diverted Rx Drugs

30-day Rx 80mg Oxys
Worth \$4800.00 on street

- Morphine Sulfate
 - OxyContin
 - Endocet, Percocet, Roxicet, Tylox
 - Methadone, Suboxone
 - Hydrocodone - Vicodin, Lortab
 - Methylphenidate - Ritalin
 - Propoxyphene- Darvon, Darvocet-N
 - Benzodiazepines
 - Klonopin, Valium and Xanax
- \$1 per mg.
 - \$1 per mg. (up to \$80 ea.)
 - \$3 to \$10 per tablet
 - \$5 to \$10 per tablet
 - \$3 to \$10 per tablet
 - \$2 to \$5 per tablet
 - \$1 to \$3 per tablet
 - \$1 to \$5 per tablet

Doctor Shopping Pays

- Multiple prescriptions for **high demand** drugs clearly in **excess** of any reasonable use
- To overcome tolerance
- To sell for profit
- **Doctors** become an addict's source of supply, and the **pharmacy** the place to score the drugs.



Seized from marijuana dealer in
Livermore Falls

What to do if fraud is suspected

- **Don't take their word for it when you are suspicious- I lost them - They were stolen - I need more now**
- **Don't dispense drugs just to get rid of drug seekers**
Once they have your Rx, they can copy, alter, forge a lot more, use **security prescription blanks** for all Schedule II drugs – check w/Prescription Monitoring Program
- **Don't prescribe** until you've established a practitioner-patient relationship. Drug seekers won't come back for follow up visits, if drugs are NOT prescribed the 1st time.
- **Don't be afraid of law enforcement**, call if you suspect fraud. (17-A MRSA sec.1108)

17-A M.R.S.A. 1108

- Acquiring Drugs by Deception is a crime
 - Felony for W, X and Y drugs
 - Misdemeanor for Z drugs

- For purposes of this section, information communicated to a physician in an effort to violate this section, including a violation by procuring the administration of a scheduled drug by deception, **shall not be deemed a privileged communication.**

How to Prevent Fraud

21 C.F.R. Sec 1306.04 Purpose of Issue of prescription

- Physical exam
- History of substance abuse
- Frequent visits to the office to assess progress
- Risk assessment with patient to prevent addiction
- Randomly test for presence or lack of opiates
- Random pill counts
- Photo ID for file
- Written treatment plan to commit patient to treatment
- One prescriber
- One patient
- One pharmacy
- No excuses
- No early refills
- No doctor shopping

Recommendations for Prescribers

- Use tamper-resistant Rx forms
- Use numbers and words for quantities
- Specify name of pharmacy on Rx
- Fax a copy of Rx to pharmacy for authentication
- Consult Maine's Prescription Monitoring Program for patterns of doctor shopping
- Report patients attempting to acquire drugs by deception to the police

Prescription Monitoring Program

- Make an inquiry to - **Maine Prescription Monitoring Program** - (*only 28% of licensed medical professionals in Maine have used PMP since 2004*)
 - **Office of Substance Abuse - 287-3363**
 - www.maine.gov/dhhs/osa
 - **Over 500 individuals in the system are acquiring prescription narcotics from five or more providers at the same time.**
(information is available to physicians before deciding to write a prescription)

- If you suspect an attempt to divert, call your local police department or MDEA Regional Office

Safe Medicine Disposal for ME Program

- Safe disposal for unused and unwanted medicine
- Free medicine mailback envelopes
- www.safemeddisposal.com
- Unwanted Household Pharmaceutical Collection Events – Local/County LEA
- Packaged & Sealed – incinerated by MDEA

Deceptive Drug Testing

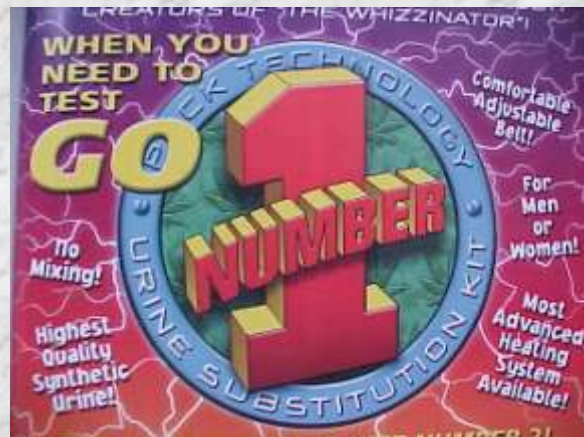


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Risk of Prosecution for Doctors

What experts will say doctors should have known

- There was no legitimate medical reason to prescribe narcotics month after month to certain patients
- Lab tests, X-Rays, MRI scans did not support patients' complaints of chronic or severe pain
- Patients refused to see specialists or undertake physical therapy
- Patients demanded brand-name drugs
- Patients obtained drugs from multiple doctors
- **It should have been clear to physician that the patients were faking to obtain drugs to sell or abuse**
- Will the accused be presented to a jury as a good-hearted doctor who tried to ease his patients' pain or portrayed as a doctor who is just pushing drugs?

How to reach MDEA

MDEA Regional Task Force Office Supervisors

So. Central Augusta 624-8983

No. Central Bangor 941-4738

Downeast Machias 434-2103

Aroostook Houlton 532-5171

Western Lewiston 783-5334

Cumberland Portland 822-0373

York Alfred 459-1338

Drug Tip Line 800-452-6457