This presentation and materials are for general compliance education only, and the information provided does not constitute medical or legal advice to any person.
WARREN COUNTY DRUG TASK FORCE

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Pharmaceutical Diversion

- Commander, Warren County, Ohio, Drug Task Force
- Commander- Southwestern Ohio HIDTA Major Case & Interdiction Initiatives
- President-National Association of Drug Diversion Investigators (NADDI)

- 32 years Cincinnati Police Division
- Commander Pharmaceutical Diversion Squad
- Six investigators, one secretary
Pharmaceutical Diversion

• DEFINITION?

“Any criminal act involving a prescription drug”

Definition provided by the Executive Board of National Association of the Drug Diversion Investigators (NADDI)
Pharmaceutical Diversion

- Best drugs for pain are the best drugs to obtain a “high”
- Successful pain drugs = increased prescribing = more drugs available = more abuse
- Increases demand and street values
- Extended Release (ER) products contain concentrated amounts of medication
- Successful compromise of ER Rx = euphoria!
RX Unintentional Overdose Deaths

• 100 people per day in U.S.
• Overdose deaths have tripled in past 20yrs.
• More than heroin & cocaine combined
• Ohio’s Rx overdose deaths now exceed those contributed by motor vehicle crashes
• Rx abuse and diversion is nothing new
• Prominent in all communities in the United States

Source: CDC Atlanta, June 2013
Source of Diverted Drugs

• Forged and altered Prescriptions
• “Doctor Shoppers”
• Prescribers/dispensers of Rx Drugs
• Theft (health facility and other)
• Package theft/diversion (UPS, DHL, Fed X)
• Internet
• Pharmacy robbery and burglary
• International Smuggling
Top Rx Drugs of Abuse

- **HYDROCODONE** (Vicodin, Lortab, Lorcet) $6-$8 (Approved to be C II)****

- **OXYCODONE** (Percocet, Percodan, Tylox) $6-$8 (OxyContin-?) (Oxycodone IR- $1 mg.)

- **ALPRAZOLAM** (Xanax) $3

- **METHADONE** ($10-$40 per dose)

Source: National Association of the Drug Diversion Investigators (NADDI)
Top Rx Drugs of Abuse

- OXYMORPHONE (Opana/Opana ER) $10-$40
- METHYLPHENIDATE (Ritalin) $10-$12
- HYDROMORPHONE (Dilaudid) 4mg - $60

Source: National Association of the Drug Diversion Investigators (NADDI)
Other Significant Problems

- Buprenorphine (Subutex) ($1 mg.)
- Tramadol (Ultram) ($1-$2) (C IV Request)**
- Diazepam (Valium) $1-$2
- Fentanyl (Duragesic/Actiq) ($8-$40)

Source: National Association of the Drug Diversion Investigators (NADDI)
Zohydro ER®

- FDA Approval October 2013
- Zogenix Inc. (California)
- Extended Release hydrocodone (CII)
- No acetaminophen or ibuprofen
- 10, 20, 30, 40, & 50mg. Strengths
- No initial abuse resistant properties
- Zogenix proactive in preventing abuse

Source: Pharmaceutical Diversion Education Inc. (PDE Inc.)
Prescription Reformulations

- OxyContin® - Manufactured by Purdue Pharma
- In retail market August 2010
- “OC” indicia replaced by “OP”
- 80mg Tablets slightly larger
- Street indications- OxyContin much less desirable- heroin use exploding
- Oxycodone IR has become new Rx abused

Source: Pharmaceutical Diversion Education Inc. (PDE Inc.)
Manual Crushing Followed by Dissolution

Crushed New Formulation

Crushed Original Formulation

<table>
<thead>
<tr>
<th>Product</th>
<th>% released</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Formulation 10-80mg</td>
<td>20 - 49%</td>
</tr>
<tr>
<td>Original 10-80mg</td>
<td>≥ 91%</td>
</tr>
</tbody>
</table>

Source: Purdue Pharma
Tampering for IV Abuse

- New formulation results in gelatinous material which cannot be drawn into a syringe for injection (the syringe is empty)

<table>
<thead>
<tr>
<th>Product</th>
<th>% recovered from insulin syringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>New formulation 10-80mg</td>
<td>≤ 4%</td>
</tr>
<tr>
<td>Original formulation 10-80mg</td>
<td>49 - 58%</td>
</tr>
</tbody>
</table>
Why Rx Drugs?

- Less risk of overdose
- Easier to obtain through “legal” script
- Cheaper than cocaine and heroin
- Less risk of detection - lack of enforcement

Source: Pharmaceutical Diversion Education Inc. (PDE Inc.) Slides 16-48
CII Multiple RXs

- Prescribers can provide RXs for up to a 90 day supply of CII’s
- All RXs must be dated the day written
- RX’s indicate “do not fill until”
- Gives prescriber 90 day option for some PT
- Only allows 30 days of CII in PT residence
- Reduces opportunity for home diversion and can enhance PT safety
**Patient Education**

- Patients receiving CS need education
- Instructions on how to take the drugs
- Instructions on potential abuse/misuse by friends, family members, visitors
- Educational written instructions to PT
- Consider educational video in office with short quiz for new CS patients
Patient Education

• Understand that the drugs prescribed to you, are for you only!
• Distribution (sale or gift) of your Rx drugs maybe a felony!
• Understand that providing your drugs to others may cause catastrophic results in other persons of which you may become liable
Dealing With the Suspected Diverter

- URINE SCREENS
- (Include hydrocodone/oxycodone)
- PILL COUNTS
- Consider Caregivers, friends, family as potential suspects
- Medication agreement with patient
- Gross or repeated violations are grounds for termination of Dr-PT relationship
Typical Rx Drug Seeker

• Every bit as addicted as the heroin and cocaine addict

• Spends most of their waking hours planning on how to get their drugs

• Consumes much of their time deciding how to scam YOU!
New Patient Form Questions

• When is the last time you saw physician / practitioner?

• When is the last time you were prescribed a prescription drug?

• List names of practitioners and Rx drugs prescribed

• Staff should be sure questions are answered
New Patient Procedure

• Request photo ID-copy & put in medical records

• Obtain complete medical history from former physicians - do not rely on photocopies from PT

• Perform physical exam appropriate to complaint
Drug Diversion Prevention

• Check electronic data bases (your state and bordering state)

• Make yourself available to ER physicians and their concerns

• Make a copy of all CS scripts & put in medical file

• Contact and consult with prior physicians
Look For Physical Signs of Addiction

- Inflamed nasal passages
- Track marks (arms, wrist, neck, between toes and fingers)
- “Skin popping” (irregular or round scars like smallpox vaccinations)
- Impaired in the office
Safeguarding Your Practice

• Document your history, physical & treatment plan thoroughly
• Document all diversion issues (pill counts, urine screens, early refills, etc.)
• Schedule tests appropriate to the complaint
• Consider referral or consultation with pain specialist
• Not mandatory to give CS script on first visit
Protecting Yourself From Diversion

• Write out script (alpha & numeric) quantity and strength

• Don’t leave refill spot blank

• Consider serialized prescriptions

• Consider tamper resistant prescriptions
Protecting Yourself From Diversion

• Use scripts for prescribing ONLY

• Avoid ball point pens (acetone diversion)

• Don’t sign scripts in advance

• Treat prescription pads like your personal checkbook!
Protecting Yourself From Diversion

• *Listen to your office staff*

• Often first to identify drug seeker

• May see a totally different side of the patient

• Consider no early refill notice in waiting room
Be Suspicious Of

- Unusual interest in controlled substances
- Requests for specific controlled substances
- Patient always in a hurry
- Patient who refuses or constantly delays testing
- Patient unwilling to see pain specialist
Be Suspicious Of

- Over friendly and complimentary patient
- Patient disinterested in non-drug alternatives
- Patient claims allergy to non-narcotics
- Patient only interested in obtaining medication
- Patient insisting on brand name controlled substance
Be Suspicious Of

- Consistent early refill requests
- Rx drugs stolen (require police report)
- Rx drugs missing (“Dog ate them”, “Dropped in toilet”, etc.)
Be Suspicious Of

- Patient unable to recall past office or clinic where treated
- Unwilling or unable to identify past physicians
- Patient unwilling to give permission for past medical records
- Claims to be from out of town-needs Rx refills only
Be Suspicious Of

• Patient who fills CS scripts only (Notation on Rx to fill all scripts/call pharmacy to see what is being filled)

• Patient who always wants appointment at end of the day

• Patient who shows up at end of day w/o appointment
Medication Agreements

• Educates patient to potential abuse of Drug

• May prevent/reduce family member diversion

• One physician-One pharmacy

• No refills after hours
Medication Agreements

• Prescription not to be shared with anyone

• May conduct WITNESSED urine screens (make sure opiate prescribed is being screened and address illegal substances abuse)

• May conduct pill counts
Medication Agreements

• Right to contact law enforcement

• **May** report illegal activity to LE

• **May** dismiss patient due to non-compliance
Don’t

• Be known as an easy mark for drug diverters

• Tolerate repeated violations of pain agreements

• Refuse to prescribe appropriate medication to legitimate patients
Do

• Report drug diversion to local law enforcement
• Encourage police administrators to address the issue
• Encourage local prosecutors to address issue
• Attempt to become a mentor to law enforcement – law enforcement is not always clear about illegal activity as it relates to Rx diversion
• Treat legitimate pain patients appropriately
Why Get Involved?

• Drug seekers keep you from legitimate patients

• Lack of addressing the issue will increase the problem

• Perpetuates patient’s addiction or trafficking by ignoring the problem
Remember

• Aggressively pursue drug diverters

• Not illegal to be deceived - only to continue prescribing after you are aware of illegal activity

• Vast majority of your patients are legitimate

• Usually less than 10% of patients are showing signs of possible diversion
Pharmacist Collaboration

- Communicate regularly with local pharmacists
- Understand and discuss their concerns
- Understand they have a corresponding responsibility
- Encourage them to be a part of your pain management team
Illegal Prescriber Investigations

- Rx drugs for sex
- Rx drugs for money
- Rx drugs for illicit drugs
- Health care fraud
- Personal or family member impairment
- Senile practitioner
Past Cases

• Records bra and panty colors of female patients in medical record
• Threatens removal from the Bureau of Workers Compensation (BWC) program or sex
• Finances undercover morphine drug operation
• No office staff, phone, appointments, beer and smoking permitted in waiting room
Past Cases

- Exchanges prescription drugs for automatic weapons
- Office staff (Manager-Bouncer) and physician involved in trafficking scheme
- Huge amounts of healthcare fraud masking trafficking operation/money laundering
What’s the Point?

• Significantly out of the scope of legitimate medical practice

• Per the Federation of State Medical Boards (FSMB) - less than 1% of physicians in the U.S. are sanctioned for anything

• Not a crime to be duped!

• Physicians should prescribe based on their training and experience - not fear of regulators or LE
Thank You

Questions?