The United States Department of Justice

Drug Enforcement Administration

# Controlled Substance and Legend Drug Diversion; A Law Enforcement and Regulatory Perspective

Oklahoma Pharmacy Diversion Awareness Conference
National Association of Boards of Pharmacy (NABP)
Oklahoma Board of Pharmacy
Drug Enforcement Administration
Department of Health and Human Services – Office of Inspector General

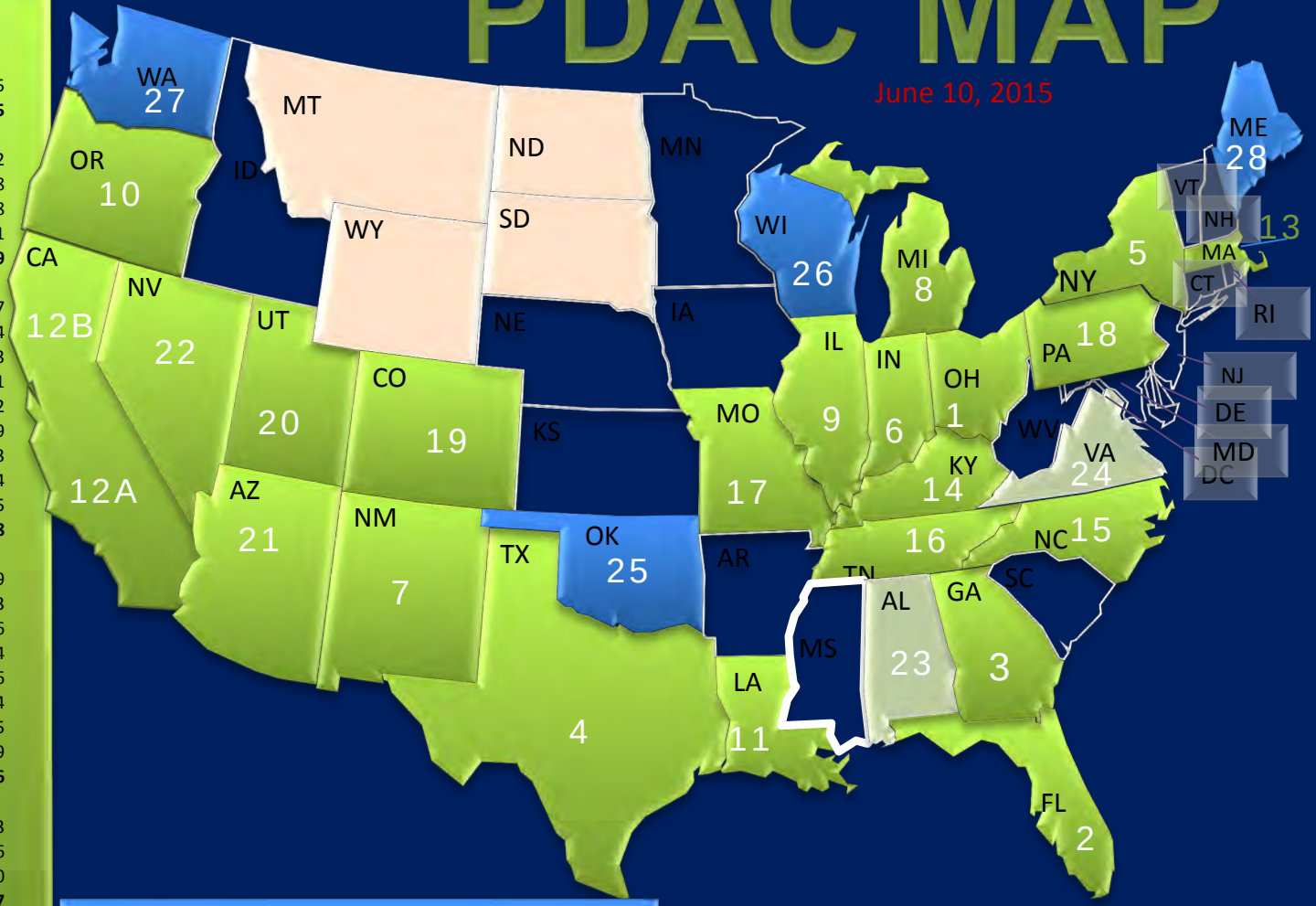
Renaissance Hotel and Convention Center
Oklahoma City, Oklahoma
June 27/28, 2015

Joseph Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control

# PDAC MAP

June 10, 2015

| Completed PDACs | Attendance |
|---|---|
| **FY-2011** | |
| 1-Cincinnati, OH 9/17-18/11 | 75 |
| **FY-2011 Total Attendance** | **75** |
| **FY-2012** | |
| 2-WPB, FL 3/17-18/12 | 1,192 |
| 3-Atlanta, GA 6/2-3/12 | 328 |
| 4-Houston, TX 9/8-9/12 | 518 |
| 5-Long Island, NY 9/15-16/12 | 391 |
| **FY-2012 Total Attendance** | **2,429** |
| **FY-2013** | |
| 6-Indianapolis, IN 12/8-9/12 | 137 |
| 7-Albuquerque, NM 3/2-3/13 | 284 |
| 8-Detroit, MI 5/4-5/13 | 643 |
| 9-Chicago, IL 6/22-23/13 | 321 |
| 10-Portland, OR 7/13-14/13 | 242 |
| 11-Baton Rouge, LA 8/3-4/13 | 259 |
| 12A-San Diego, CA 8/16-17/13 | 353 |
| 12B-San Jose, CA 8/18-19/13 | 434 |
| 13-Boston, MA 9/21-22/13 | 275 |
| **FY-2013 Total Attendance** | **2,948** |
| **FY-2014** | |
| 14-Louisville, KY 11/16-17/13 | 149 |
| 15-Charlotte, NC 2/8-9/14 | 513 |
| 16-Knoxville,TN 3/22-23/14 | 246 |
| 17-St. Louis, MO 4/5-6/14 | 224 |
| 18-Philadelphia,PA 7/12-13/14 | 276 |
| 19-Denver, CO 8/2-3/14 | 174 |
| 20-SLC, UT 8/23-24/14 | 355 |
| 21-Phoenix, AZ 9/13-14/14 | 259 |
| **FY-2014 Total Attendance** | **2,196** |
| **FY-2015** | |
| 22-Las Vegas, NV 2/7-8/15 | 193 |
| 23-Birmingham, AL 3/28-29/15 | 296 |
| 24-Norfolk, VA 5/30-31/15 | 410 |
| **Total Attendance To Date** | **8,547** |




**Proposed FY-2015 PDACs**

25-Oklahoma City, OK June 27-28, 2015
26-Milwaukee, WI July 25-26, 2015
27-Seattle, WA August 8-9, 2015
28-Portland, ME September 12-13, 2015

**Postponed FY-2015 PDAC**

Rapid City, SD

- Completed PDACs
- Proposed PDACs
- Postponed PDACs

# Disclosure Statement

I have no financial relationships to disclose

and

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

# Goals and Objectives

- Background of prescription drug and opioid use and abuse – scope of the problem and potential solutions
- Identify and discuss the pharmacology of commonly diverted and abused pharmaceuticals
- Identify methods of pharmaceutical diversion and discuss how the pharmacist can prevent diversion in the retail setting
- Discuss the pharmacist and corresponding responsibility
- Discuss disposal regulations

# Questions to Discuss

- According to the National Survey on Drug Use and Health (NSDUH), in 2013 there were 6.5 million persons aged 12 and older who used prescription-type psychotherapeutic drugs non-medically in the last month. Which class of pharmaceutical had the highest level of non-medical use?

A) Stimulants
B) Sedatives
C) Pain relievers
D) Tranquilizers

# Questions to Discuss

- According to the National Survey on Drug Use and Health (NSDUH), in 2013, participants identified the most frequent method of obtaining a prescription-type psychotherapeutic drug that they most recently non-medically used as:

A) Internet
B) From a friend or relative for free
C) Purchased from a friend or relative
D) Purchased from stranger/drug dealer

# Questions to Discuss

- In determining whether a prescription is valid, a pharmacist is only required to 1) call the prescribing practitioner to verify that he/she authorized the prescription and 2) check to see if he/she has a valid and current DEA registration prior to dispensing the controlled substance;

- A) True
- B) False

# Questions to Discuss

True or False…

For a controlled substance prescription to be effective, it must be, “issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.”

- A) True
- B) False

# Questions to Discuss

- Which of the following statements is false concerning regulations promulgated under the Secure and Responsible Drug Disposal Act of 2010:

A) Regulations do not limit the ways ultimate users may dispose of pharmaceutical controlled substances – **they expand them.**

B) Any method of pharmaceutical disposal that was valid prior to these regulations continues to be valid.

C) Any DEA registrant may participate as an authorized collector of pharmaceutical controlled substances.

D) DEA may not require any person to establish or operate a disposal program.

# Questions to Discuss

- What combination of drugs is referred to as the “trinity”?

A) Hydrocodone, alprazolam, and carisoprodol

B) Promethazine with codeine, methylphenidate and carisoprodol

C) Hydromorphone, carisoprodol and buprenorphine

D) Methadone, diazepam and tramadol

# Responding to America's Prescription Drug Abuse Crisis

*"When Two Addictions Collide"*

**Pharmaceuticals**

**Money - Greed**

U.S. Drug Enforcement Administration
Office of Diversion Control

*Primum non nocere*

# Prescription Drug Abuse is driven by

# Indiscriminate Prescribing Criminal Activity

# What is the Societal Damage of Prescription Controlled Substance and Legend Drug Abuse?

# Consequences

In 2011, approximately 41,340 unintentional drug overdose deaths occurred in the United States, one death every 12.45 minutes. (increased for 12th consecutive year)1

Of this number, 22,810 deaths were attributed to Prescription Drugs (16,917 attributed to opioid overdoses/ (74.165%).

Prescription drug abuse is the fastest growing drug problem in the United States.

[1]SOURCE: CDC National Center for Health Statistics/National Vital Statistics Report; June 2014
CDC Vital Signs: Opioid Painkiller Prescribing; July 2014

# 2012 Current Users (Past Month) 2013

| 2012 | 2013 |
| --- | --- |
| ANY ILLICIT DRUG: 23.9 million | ANY ILLICIT DRUG: 24.6 million |
| MARIJUANA: 18.9 million | MARIJUANA: 19.8 million |
| PSYCHOTHERAPEUTIC DRUGS: 6.8 million | PSYCHOTHERAPEUTIC DRUGS: 6.5 million |
| COCAINE: 1.6 million | COCAINE: 1.5 million |
| Methamphetamine 440,000 | Methamphetamine 595,000 |
| Heroin: 335,000 | Heroin: 289,000 |

Source: 2012 & 2013 NSDUH

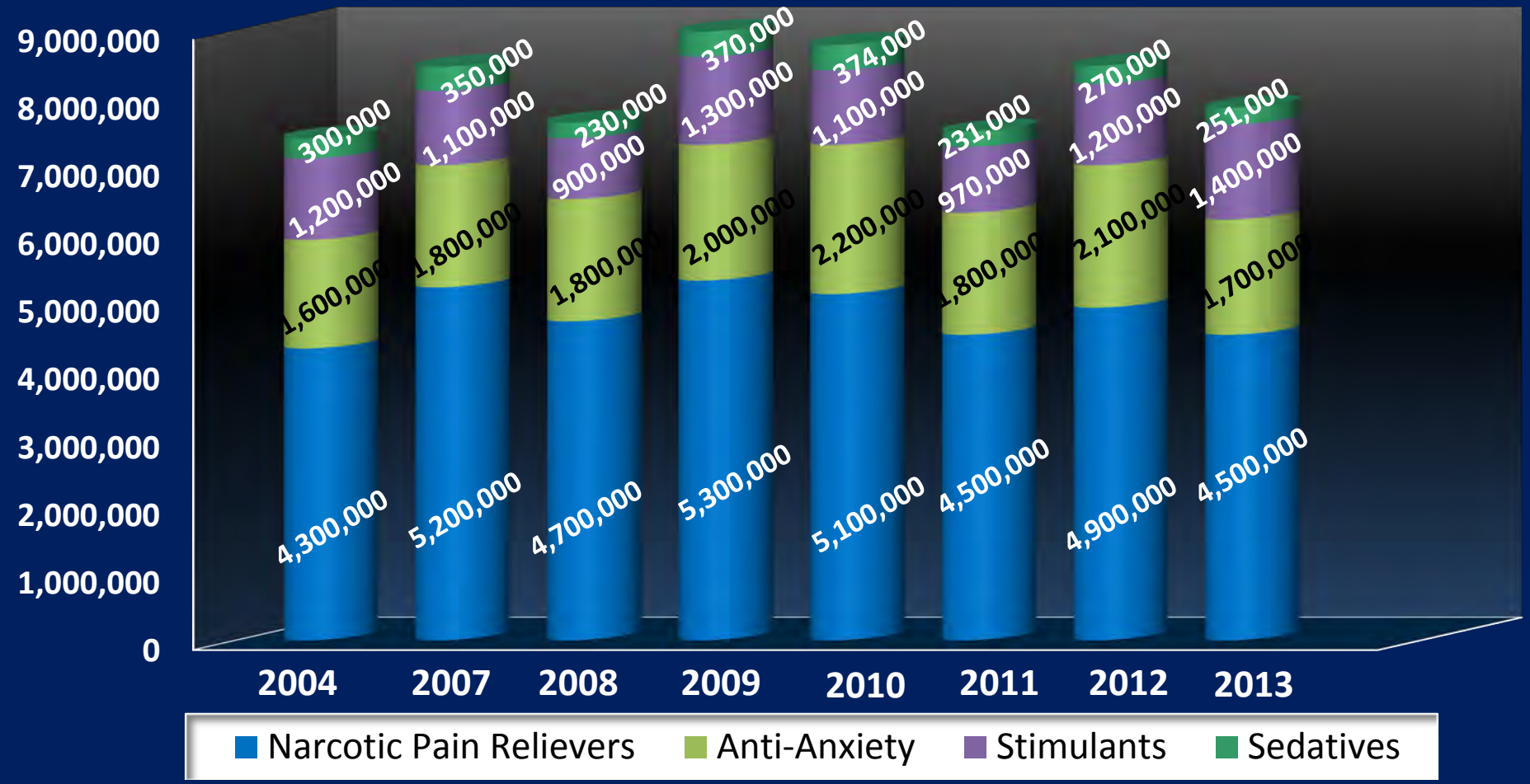
# Prescription Drug Abuse

More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Heroin, and Inhalant abusers

**COMBINED!!!**

# Scope and Extent of Problem:
# Past Month Illicit Drug Use among Persons Aged 12 or Older




Source: 2004, 2007, 2008, 2009, 2010, 2011, 2012 National Survey on Drug Use and Health

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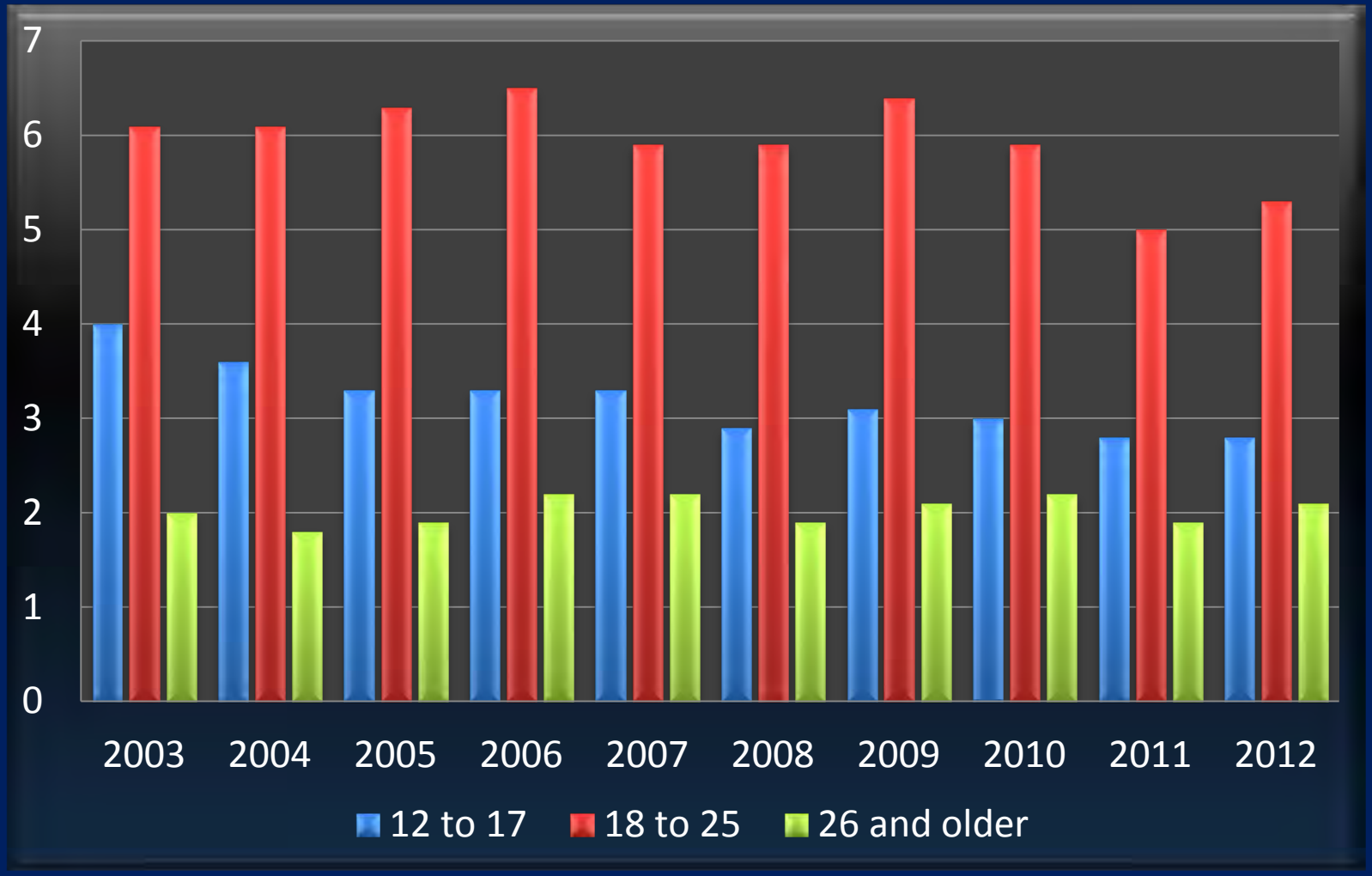
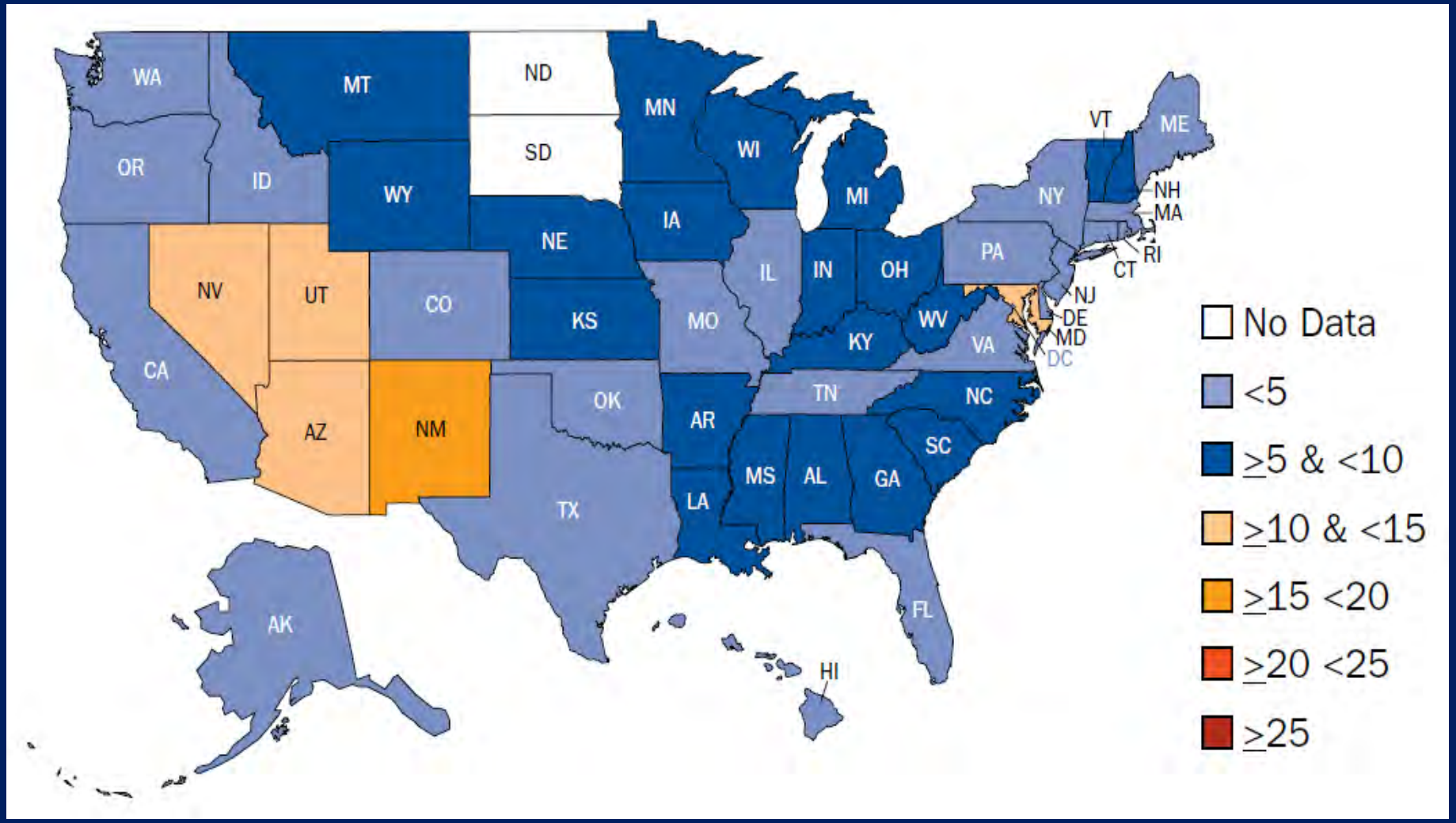
# Percentage of Past Month Nonmedical Use of Psychotherapeutics by Age, 2003-2012




Source: 2011 National Survey on Drug Use and Health

# Drug Overdose Mortality Rates per 100,000 People 1999




Source: Trust for America's Health, www.healthyamericans.org. "Prescription Drug Abuse: Strategies to Stop the Epidemic (2013)"

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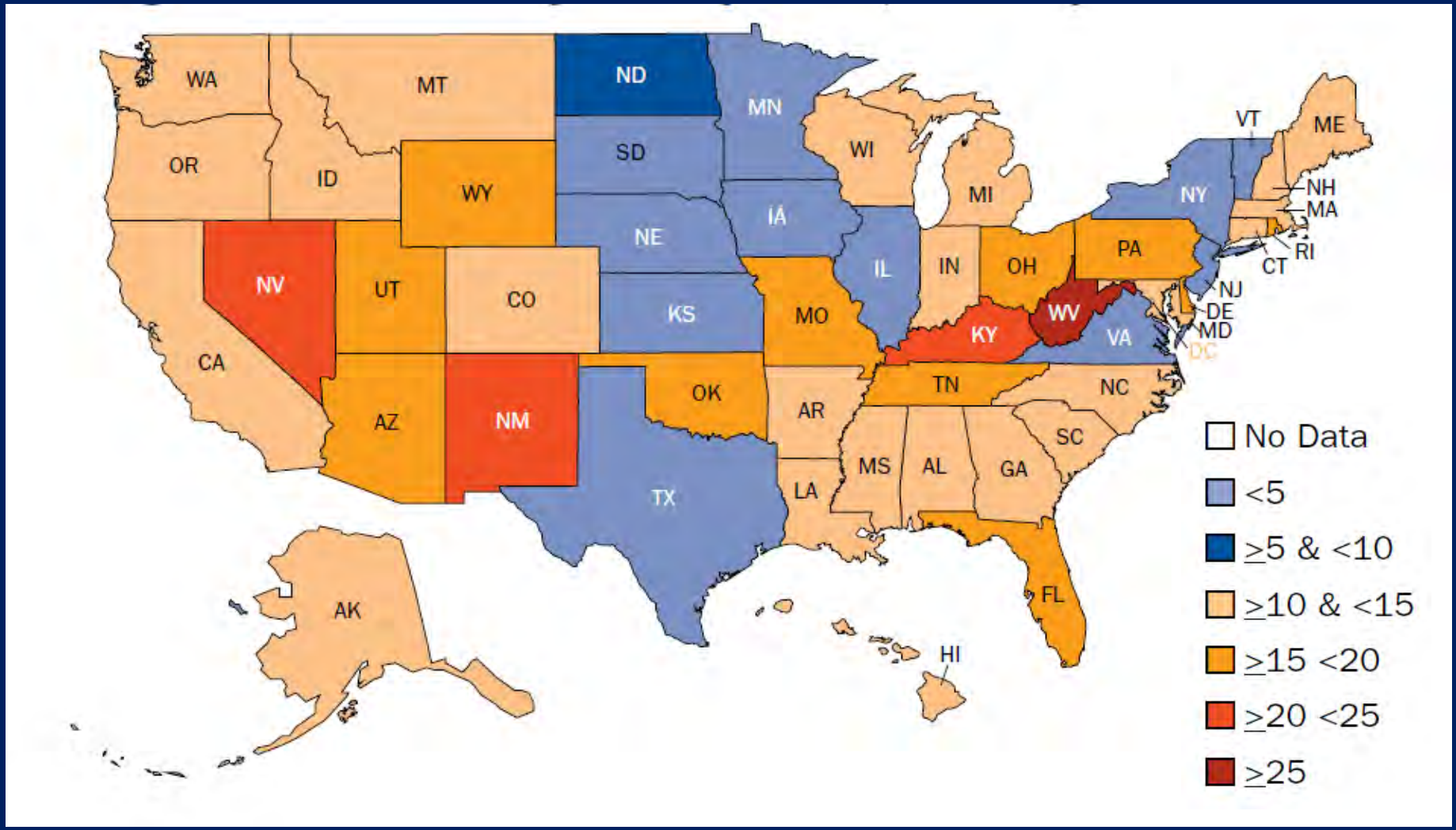
# Drug Overdose Mortality Rates per 100,000 People 2010




Source: Trust for America's Health, www.healthyamericans.org. "Prescription Drug Abuse: Strategies to Stop the Epidemic (2013)"

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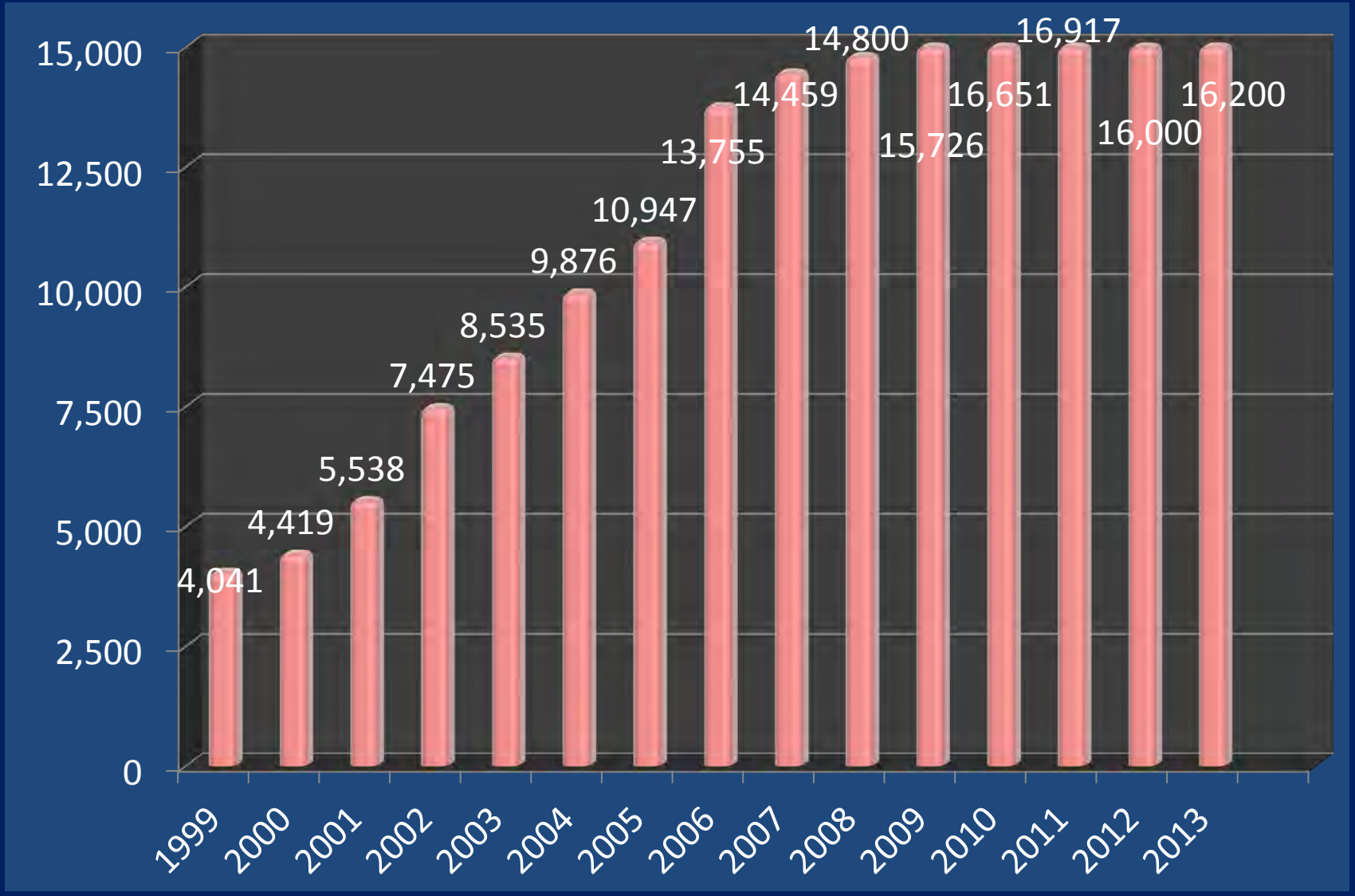
# Poisoning Deaths: Opioid Analgesics




Source: **CDC/NCHS**, National Vital Statistics System

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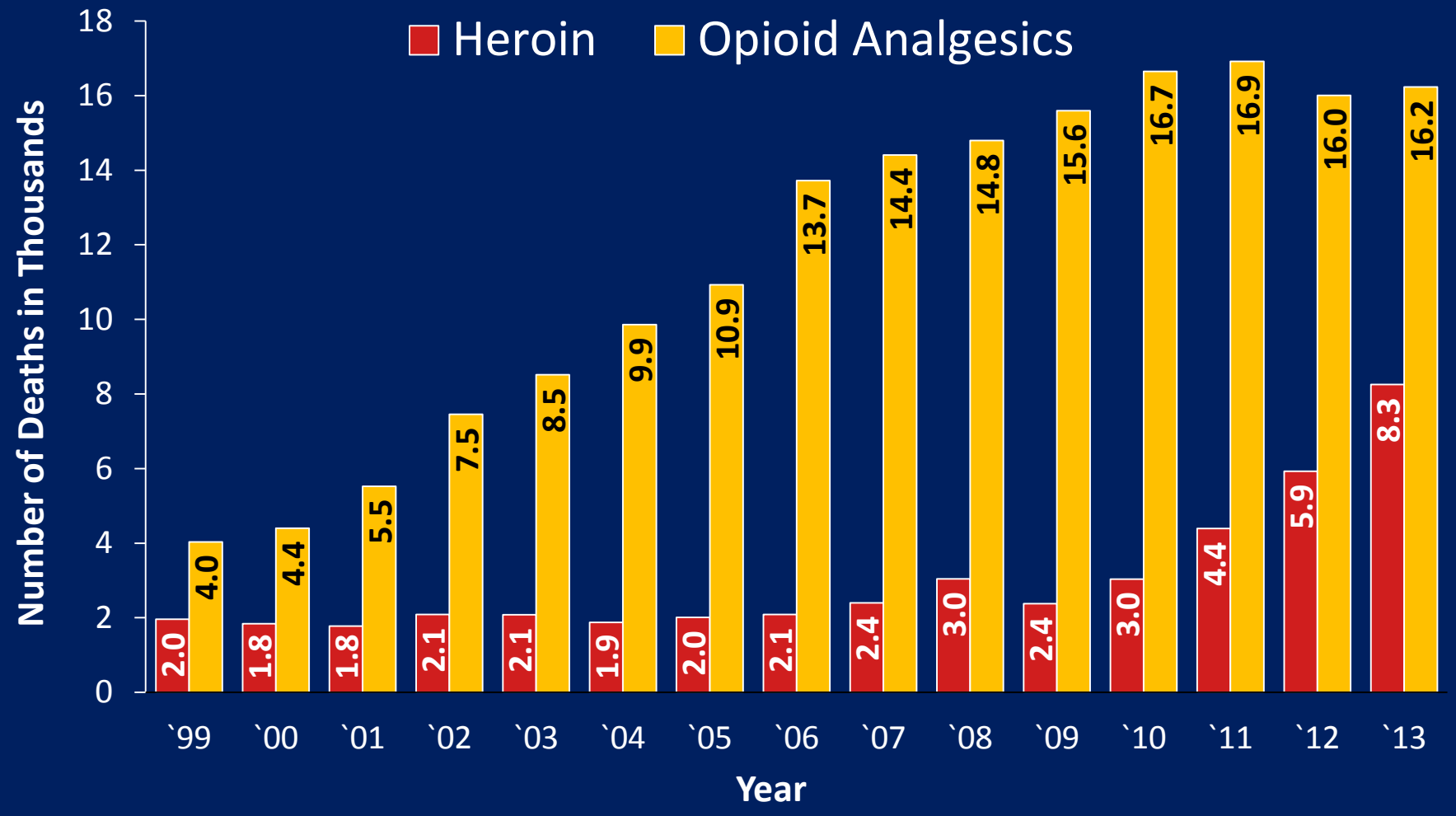
# Drug-Poisoning Deaths Involving Opioid Analgesics or Heroin in the US, 1999-2013




Date Prepared/ Source: 01/28/15, CDC/NCHS, National Vital Statistics System, Mortality File

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# Naloxone

# Naloxone Hydrochloride - Narcan

NARCAN (naloxone) is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids, including propoxyphene, methadone and certain mixed agonist-antagonist analgesics: nalbuphine, pentazocine, butorphanol, and cyclazocine. NARCAN (naloxone) is also indicated for diagnosis of suspected or known acute opioid overdosage.

# Naloxone Hydrochloride - Narcan

NJ.com

## Woodbridge police officer saves 2 overdose victims in 5 days using Narcan

An officer in Ocean County demonstrates a naloxone nasal-atomizer. (Ocean County Prosecutor's Office)

By Anthony G. Attrino | NJ Advance Media for NJ.com
on January 28, 2015 at 9:22 AM, updated January 28, 2015 at 11:08 AM

WOODBRIDGE – A township police officer who had just undergone training in the use of Narcan saved the lives of two overdose victims over five days, according to police. "The timing could not have been better," said Woodbridge police Capt. Roy Hoppock.

Narcan, also known as nasal naloxone, is an opioid-reversal drug recently approved for use by law enforcement to help save heroin and opioid users from death by overdose.

The first incident in Woodbridge occurred about 8:45 p.m. on Jan. 21 when police received a 911 call about a 25-year-old woman who had overdosed on narcotics in a home in the Colonia section.

"One officer immediately administered Nasal Naloxone (Narcan) to the victim," Hoppock said in a statement. "Almost immediately the victim showed signs of regaining consciousness."

Hoppock identified the officer as Patrolman Christopher McClay. Hoppock said McClay had received training in the use of Narcan just two hours before the 911 call.

At 2:43 a.m. on Jan. 25, police received a 911 call about an unconscious person in a business parking lot in the Iselin section. "As officers arrived, they observed the victim, a male age unknown breathing, but unconscious," Hoppock said.

The same officer who participated in the Jan. 21 call, McClay, administered Narcan to the victim, Hoppock said. "The victim appeared to regain consciousness," Hoppock said. "At that point EMS arrived and the victim was transported to JFK Hospital. Hoppock said the Woodbridge Police Department is now in the process of training all patrol officers in the use of Narcan.

The drug has been used by paramedics and emergency room doctors for years. Only recently has it been given to police officers, who are often the first on the scene of drug overdoses.

According to the state Attorney General's Office, there were 741 heroin-related deaths in New Jersey in 2013, a 160 percent increase since 2010.

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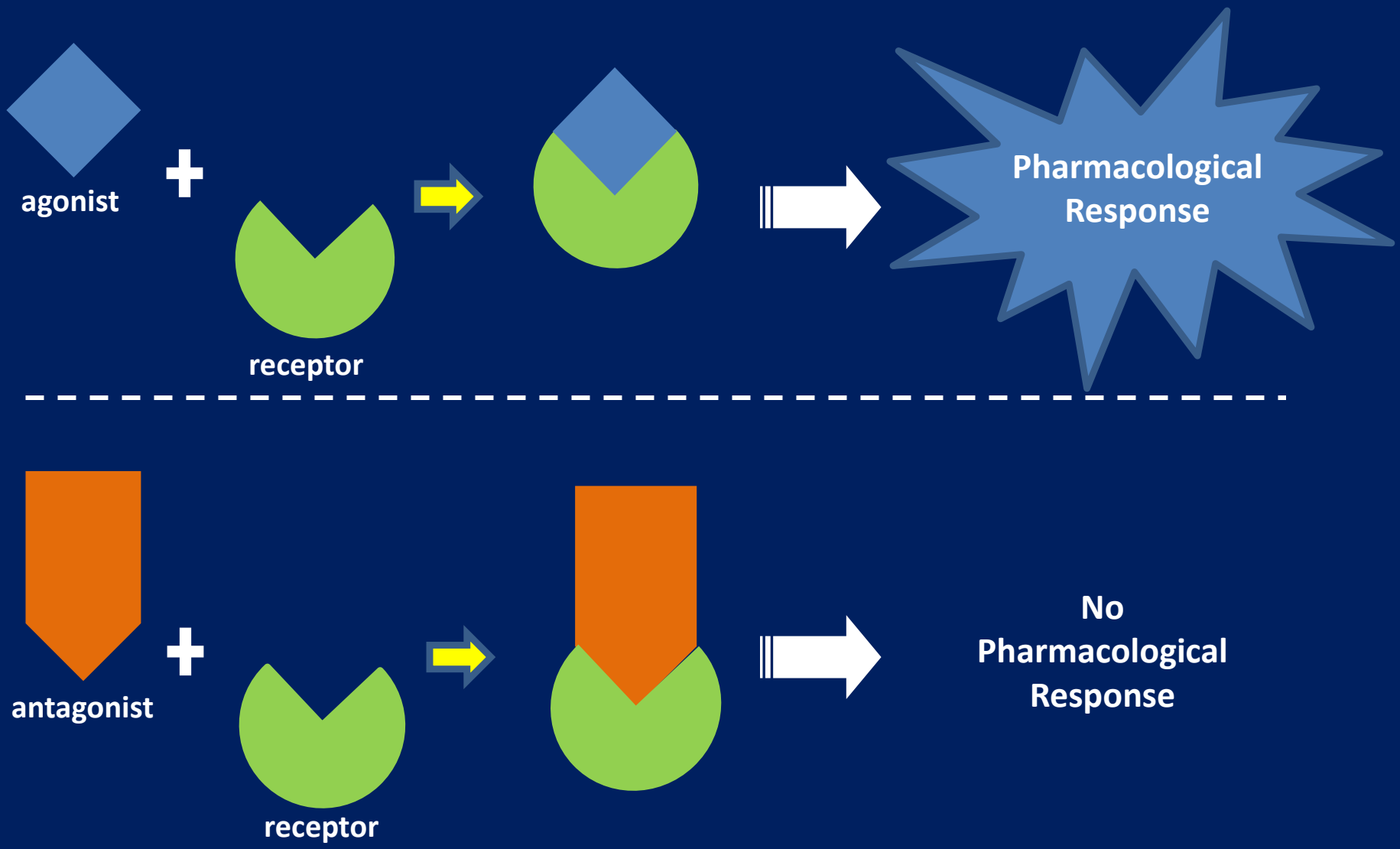
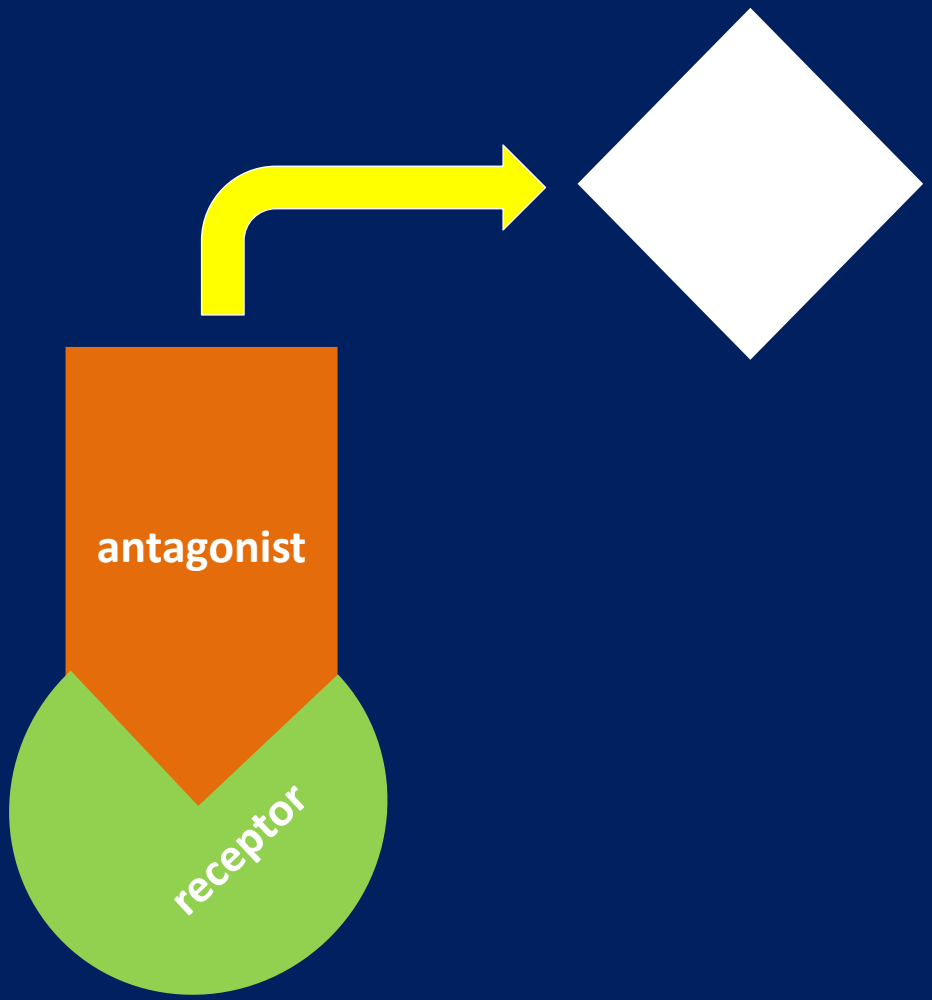
# Agonist vs. Antagonist



# Opioid Displacement




- Naloxone displaces the opioid from the receptor
- Dependent on mode of administration onset can be apparent within a few minutes

# Statistical Perspective

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

Source: U.S. Census Bureau

# Why are these statistics outpacing population growth?

We all want to feel good and prescription drug use/abuse is an accepted method of curing whatever ails you. There is a pill for everything and medication use is encouraged in society. Our children are following our lead.

# Pharmaceutical Abuse

# Wrestler Benoit's doctor gets 10 years in prison

Updated 5/12/2009 2:34 PM | Comment | Recommend

Enlarge WWE via AP

NEWNAN, Ga. (AP) — The personal doctor to a professional wrestler who killed himself, his wife and their 7-year-old son was sentenced to 10 years in prison Tuesday for illegally distributing prescription drugs to patients.

Dr. Phil Astin, 54, had pleaded guilty Jan. 29 to a 175-count federal indictment.

Prosecutors said Astin prescribed painkillers and other drugs to known addicts for years. They said at least two of Astin's patients died because of his lax oversight of what medicines they were taking. However, the indictment was unclear about whether Chris Benoit, a wrestler for Stamford, Conn.–based World Wrestling Entertainment, was one of the two.

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"I take full responsibility," Astin told the judge Tuesday. "I am sorry I hurt so many lives. I was thinking that I was looking after my patients."

U.S. District Judge Jack Camp said there was no doubt Astin tried to help hundreds of patients at his western Georgia clinic. But the judge said he could not overlook Astin's misconduct.

"The fact that two people did die outweighs other conditions

U.S. District Judge Jack Camp said he could not overlook the misconduct

## Rush Limbaugh Arrested On Drug Charges

Rush Limbaugh and prosecutors in the long-running prescription fraud case against him have reached a dea
conservative commentator to be dropped without a guilty plea if he continues treatment, his attorney said Fri

Limbaugh turned himself in to authorities on a warrant filed Friday charging him with fraud to conceal inform
Barbera, a spokeswoman for the Palm Beach County Jail. He and his attorney Roy Black left about an hour l
and fingerprinted and he posted $3,000 bail, Barbera said.

Prosecutors' three-year investigation of Limbaugh began after he publicly acknowledged being addicted to p
rehabilitation program. They accused Limbaugh of "doctor shopping," or illegally deceiving multiple doctors t
learning that he received about 2,000 painkillers, prescribed by four doctors in six months, at a pharmacy ne

Limbaugh, who pleaded not guilty Friday, has steadfastly denied doctor shopping. Black said the charge will
complies with court guidelines.

## Coheed and Cambria Bassist Arrested Before Gig

Originally posted Jul 10th 2011 5:18 PM PDT by TMZ Staff

**Michael Todd**, the bassist for the band **Coheed and Cambria**, was arrested for armed robbery after he allegedly held up a Walgreens by claiming he had a bomb ... and this all went down right before they played a show!

## Rangers' Boogaard died of alcohol, oxycodone mix

Updated 5/20/2011 11:09 PM |

MINNEAPOLIS (AP) — The death of New York Rangers enforcer Derek Boogaard was an accident, due to a toxic mix of alcohol and the powerful painkiller oxycodone.

The Hennepin County Medical Examiner announced Boogaard's cause of death Friday, saying it was unclear exactly when the 28-year-old died. Boogaard was found

his passion for the game, his teammates, and his community work was unstoppable."

Experts say mixing alcohol and medicines can cause dangerous reactions. Drinking alcohol while taking strong painkillers like oxycodone can result in breathing problems and increase the risk of an overdose, according to the National Institute on Alcohol Abuse and Alcoholism.

The family thanked the Rangers, Minnesota Wild, the NHL and the NHLPA for "supporting Derek's continued efforts in his battle."

"Regardless of the cause, Derek's passing is a tragedy," NHL spokesman Frank Brown said in an email. The Rangers and Wild had no comment.

# Jack Camp, Senior Federal Judge, Arrested On Drug, Gun Charges

ATLANTA — A veteran federal judge faces drug and firearms charges after an exotic dancer at an Atlanta strip club told authorities he used cocaine, marijuana and other illegal drugs with her.

Senior U.S. District Judge Jack T. Camp was arrested Friday minutes after he handed an undercover law enforcement agent $160 for cocaine and Roxycodone, a narcotic pain medication, that he intended to use with the exotic dancer, authorities said in a court document released Monday. They said they also found two firearms in the front seat of his vehicle.

Camp, 67, who has presided over some high-profile cases, was released Monday on a $50,000 bond. His attorney, William Morrison, said after a brief hearing that the judge intends to plead not guilty. Morrison said Camp would probably take a leave of absence and would not preside over any more cases until the charges are resolved.

William Morrison, said after a brief hearing that the judge intends to plead not guilty. Morrison said Camp would probably take a leave of absence and would not preside over any more cases until the charges are resolved.

# Violence

# Armed Robbery

- Keep calm – Do as directed
- Do not challenge the bad actor – give him what he wants
- Let him leave the store without any intervention.
- As soon as he clears the store lock the door, call 911 and check on your customers/patients
- Write down any observations (clothing, height, weight, distinguishing features) while it is fresh in your mind
- Armed Robbery is an act of desperation. No amount of drug loss is worth your life or the life of your patients

# Violence Related to Controlled Substance Pharmaceuticals

U.S. Drug Enforcement Administration
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33 comments

# Slain Lansing Rite Aid pharmacist, father of toddler may not have known attacker

Michael Nana Baffour Addo was a well-liked pharmacist at Rite Aid in the Frandor Shopping Center in Lansing. *(Courtesy photo)*

By Melissa Anders | manders@mlive.com
Follow on Twitter
on May 13, 2014 at 4:14 PM, updated May 14, 2014 at 5:38 PM

Print

Tweet
2.7k
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LANSING — Michael Addo, known as a friendly Rite Aid pharmacist with a "million dollar smile," had a toddler and wife in Ghana, where he hoped

## RITE AID AND EAST LANSING SHOOTING CASE

Do you know a WWII vet?

Michigan has 39,000 living WWII veterans -- help us find them

... Read more about the project»

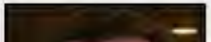
Source: http://www.mlive.com/lansing-news/index.ssf/2014/05/michael_addo_rite_aid_frandor.html

# Pharmacist slain in Beach robbery was much beloved

Share 829 | 777 | 34 | 18 | 0 | g+1 2

1 OF 10 PHOTOS: Shannon Rogers lays flowers near the store on Monday, April 14, 2014. Rogers said she just met the store's owner, David Kilgore, this weekend. Rogers, who called Kilgore "awesome," said he let her park her car at the store so she could spend a day at the beach. Police said Kilgore died after an attempted robbery in his drugstore Monday morning. (Brian J. Clark | The Virginian-Pilot)

View all 10 photos | Buy Pilot photos



David Kilgore

By Stacy Parker
The Virginian-Pilot
© April 15, 2014

VIRGINIA BEACH

When pharmacist David Kilgore left Rite Aid three-plus years ago, customers transferred their prescriptions to his new, small independent business.

They admired the way he connected with them on a personal level.

Monday, they placed flowers at his pharmacy's doorstep after learning the 46-year-old was shot during a morning robbery and later died.

"It was always, 'Hey Pete, how you doing?' " said Peter Carlson, who dropped off a colorful bouquet at Beach Pharmacy on Monday evening.

—

**Related:** Suspect identified, charged with murder

—

The pharmacist was working at Rite Aid on Laskin Road near the Oceanfront when development

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Daily Deal | | Promote your business

Source: http://hamptonroads.com/2014/04/pharmacist-slain-beach-robbery-was-much-beloved

# Prescription drug epidemic? How did we get to this point?

Laudanum is no more dangerous than many of the preparations sold as soothing syrups; it has the saving grace of the "poison" label. *(By courtesy of the Committee on Interstate and Foreign Commerce.)*

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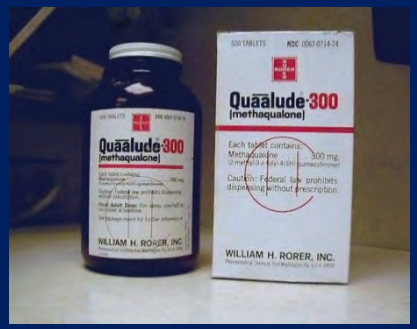
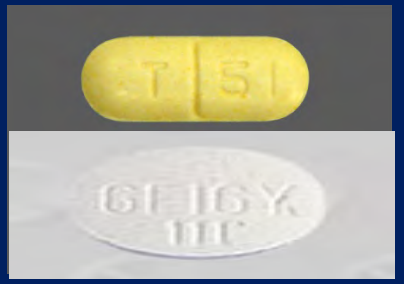
# The 1960s/70s/80s

Uppers - Amphetamines



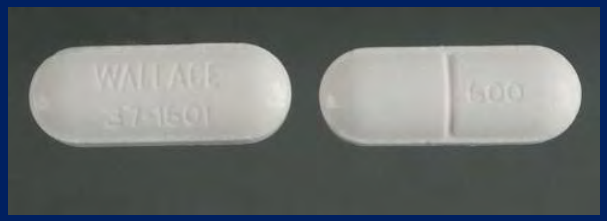

Quaalude




"Ts and Blues"

Downers - Barbiturates

Hydromorphone




Meprobamate

Oxycodone/APAP

"Fours and Doors"

10
OC
10 mg
20
OC
20 mg
40
OC
40 mg
80
OC
80 mg
160
OC
160 mg
OxyContin® Tablets
(oxycodone hydrochloride controlled-release)

# The 1990s

# Inadequate Pain Control

## ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

*To the Editor:* Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented

We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Waltham, MA 02154 Boston University Medical Center

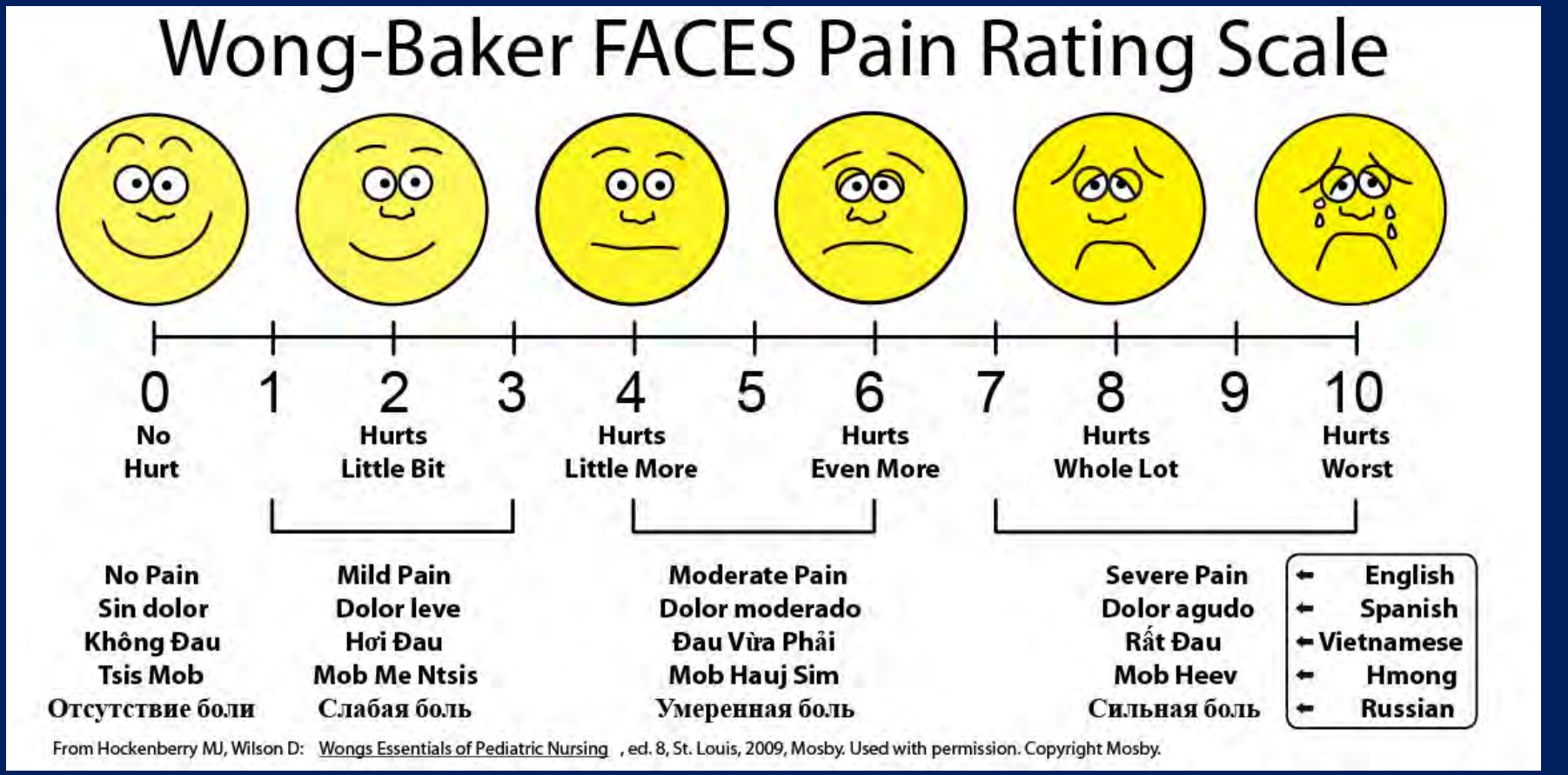
1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

# The Fifth Vital Sign?

1. Temperature
2. Heart Rate
3. Blood Pressure
4. Respiration

5. Pain?

# Pain Scale


Wong-Baker FACES Pain Rating Scale
0 1 2 3 4 5 6 7 8 9 10
No Hurt
Hurts Little Bit
Hurts Little More
Hurts Even More
Hurts Whole Lot
Hurts Worst
No Pain
Sin dolor
Không Đau
Tsis Mob
Отсутствие боли
Mild Pain
Dolor leve
Hơi Đau
Mob Me Ntsis
Слабая боль
Moderate Pain
Dolor moderado
Đau Vừa Phải
Mob Hauj Sim
Умеренная боль
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Contact: Amy Jenkins
amy@jenkinspublicrelations.com
312-836-0613
American Academy of Pain Medicine

# Experts call for balance in addressing under treated pain and drug abuse

***Healthcare decisions must remain in the hands of healthcare professionals for the sake of patients***

A balance must be struck between physicians' responsibility to treat chronic pain and the Drug Enforcement Administration's (DEA) duty to combat drug abuse, according to a series of seven commentaries by national thoughtleaders published today in th February issue of Pain Medicine.

The commentaries explore the current state of the use of pain medicine from a variety of perspectives, with an emphasis on the tension between physicians treating legitimate pain and the DEA. Pain Medicine is the journal of the American Academy of Pa Medicine (AAPM).

According to the American Pain Foundation, chronic pain affects more than 50 million Americans. People suffering from chronic pain may need pain medicine to lead normal lives, such as being able to work and to participate in family life. Many patients w chronic pain have lost access to appropriate medical care due to tension between regulatory/legislative bodies and the medical community.

The lead commentary describing current DEA policy on pain care with controlled substances was written by Howard A. Heit, MD, a pain and addiction medicine specialist who has collaborated with the DEA. AAPM President Scott M. Fishman, MD, presents collision of the war on drugs with efforts to improve pain care. Jennifer Bolen, JD, Former Assistant US Attorney with the United States Department of Justice, makes a compelling case that current DEA policies are founded on erroneous and inappropriate positions. Edward Covington, MD, Steven Passik, PhD, and Ben A. Rich, JD, PhD, add additional dimensions to the current perceived state of imbalance, while Will Rowe, Executive Director of the American Pain Foundation, a patient advocacy organization provides perspective on patient's rights.

**Victories and Defeats in Pain Care**
Dr. Heit and others worked with the DEA to develop the August 2004 Frequently Asked Questions and Answers for Health Care Professionals and Law Enforcement Personnel, which the DEA subsequently disavowed causing "confusion and consternation" among physicians who treat pain.

"It is now apparent to me that the spirit of cooperation that existed between the DEA and the pain community to achieve the goal of balance has broken down. The DEA seems to have ignored the input and needs of the healthcare professionals and pain patients who actually prescribe, dispense and use controlled substances," Dr. Heit states in his commentary.

"It is essential that we resume dialogue between the DEA and healthcare professions for the benefit of our patients and society," continues Dr. Heit. "The DEA and the healthcare professionals treating pain both have an important job to do in ensuring tho who need [controlled substances] for pain receive them while preventing misuse and diversion. Only through dialogue based on and mutual trust and respect can this balance be restored."

Other government initiatives have challenged the line between health policy and law enforcement. This includes Congress's empowerment of the DEA allowing the agency authority in reviewing new drugs, a role previously held only by the Food and Drug Administration, according to Dr. Fishman. On Nov. 4, 2005, Congress reversed itself and rescinded the DEA's new authority.

As healthcare's regulatory authority shifts from health agencies to law enforcement agencies, the DEA and Federal prosecutors have used the courts to bypass state medical boards when scrutinizing physician practices. Dr. Fishman says that the recently passed national law, National All Schedules Prescription Electronic Reporting Act (NASPER), which institutes a national prescription monitoring program, may offer some steps forward, but it also carries the potential to impede optimal prescribing and coul even perpetuate aberrant prescribing that may facilitate abuse. While this new law is presented to the public as a clinical tool to improve patient care and safety, "...profound inadequacies suggest that this law may be intended less as a clinical tool than a physician mouse trap," Dr. Fishman states.

"Healthcare decisions, including those involving legitimate use of analgesics, must remain in the hands of healthcare professionals," comments Dr. Fishman. "The DEA should be required to work with health agencies and healthcare professionals in finding common ground and reaching the rational position of balance that is in the public's best interest...Healthcare oversight must remain within agencies whose primary responsibility is to improve public health [illegible] continue to insist that drug abuse can be curbed without undermining patients in pain and striving for such policies is in the best interest of society. The least we can do is to make sure that the casualties legitimately deserve relief."

**Freedom to Care for Pain Patients Critical**
Reluctance to prescribe powerful pain medicine among the medical community for fear of retribution has led to the needless suffering of countless people in pain.

The Department of Justice must "stop the abuse and diversion of prescription medicines without harming access to these medicines for people affected by pain," states Will Rowe, Executive Director, Ame commentary points to a failure on the part of the DEA in not abiding by its commitment to the pain community to pursue a balance between the war on drugs and the rights of pain patients, and also cite assert the more comprehensive command."

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Founded in 1997, the American Pain Foundation is an independent nonprofit 501(c)3 organization serving people with pain through information, advocacy, and support. Our mission is to improve the qual awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management. For more information, visit www.painfoundation.org

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**Victo...s and D...ats in ...in C...**
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**Dollars for Doctors**
How Industry Money Reaches Physicians

# American Pain Foundation Shuts Down as Senators Launch Investigation of Prescription Narcotics

This article is part of an ongoing investigation:

**Dollars for Doctors: How Industry Money Reaches Physicians**
ProPublica is tracking the financial ties between doctors and medical companies.

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## The Story So Far

ProPublica is investigating the financial ties

For Immediate Release
May 08, 2012

Contact: Communications Office (Baucus), 202-224-4515
Jill Gerber (Grassley), 202-224-6522

# Baucus, Grassley Seek Answers about Opioid Manufacturers' Ties to Medical Groups

*Finance Leaders Investigate Whether Pharmaceutical Companies Encouraged Non-Profit Beneficiaries to Promote Misleading Information about Narcotic Painkillers*

***Washington, DC*** – Senate Finance Committee Chairman Max Baucus (D-Mont.) and senior Committee member Chuck Grassley (R-Iowa) initiated an investigation today into the connections of drug manufacturers Purdue Pharma, Endo Pharmaceuticals, and Johnson & Johnson with medical groups and physicians who have advocated the increased use of narcotic painkillers, or opioids. The Senators also asked seven other medical groups to produce information about their financial ties and collaborations with opioid manufacturers. In letters sent to each yesterday, Baucus and Grassley requested documents and financial information from the companies and noted that deaths resulting from opioid overdoses have recently skyrocketed, growing nearly 400 percent between 1999 and 2008, the most recent year data was available. They also highlighted news reports suggesting the increase may be driven by misinformation and dubious marketing practices used by the pharmaceutical companies and the medical organizations they fund.

**"Overdoses on narcotic painkillers have become an epidemic, and it's becoming clear that patients aren't getting a full and clear picture of the risks posed by their medications,"** Baucus said. **"When it comes to these highly-addictive painkillers, improper relationships between pharmaceutical**

## Related Files

- Baucus Grassley Opioid Investigation Letter to Purdue Pharma [288.2 KB]
- Baucus Grassley Opioid Investigation Letter to Federation of State Medical Boards [276.9 KB]
- Baucus Grassley Opioid Investigation Letter to the Joint Commission [278.4 KB]
- Baucus Grassley Opioid Investigation Letter to Wisconsin Pain And Policy Studies Group [277.5 KB]
- Baucus Grassley Opioid Investigation Letter to American Academy of Pain Medicine [277.6 KB]
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## Watchdog Reports



# U.S. Senate panel launches investigation of painkillers, drug companies

By *John Fauber* of the Journal Sentinel — May 9, 2012

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Meet the Watchdog team

"Recent investigative reporting from the Milwaukee Journal Sentinel/Medpage Today and ProPublica revealed extensive ties between companies that manufacture opioids and non-profit organizations such as the American Pain Foundation….and the Joint Commission."

- State Medical Boards
- Letter to Johnson and Johnson
- Letter to Center for Practical Bioethics
- Letter to Endo Pharmaceuticals
- Letter to American Pain Foundation
- Letter to American Pain Society
- Letter to American Academy of Pain Medicine

"It is clear that the United States is suffering from an epidemic of accidental deaths and addiction resulting from increased use of powerful narcotic painkillers," said a joint statement from committee members U.S. Sens. Chuck Grassley (R-Iowa) and Max Baucus (D-Mont.).

The senators said there was growing evidence that drug companies have promoted misleading information about the safety and effectiveness of the drugs with help from nonprofits they have donated to.

"Recent investigative reporting from the Milwaukee Journal Sentinel/MedPage Today and ProPublica revealed extensive ties between companies that manufacture and market opioids and nonprofit organizations such as the American Pain Foundation, the American Pain Society, the American Academy of Pain Medicine, the Federation of State Medical Boards, the University of Wisconsin Pain and Policy Studies Group and the Joint Commission," Grassley and Baucus wrote.

In addition to the pain organizations, the committee also sought records from three leading drug companies: Purdue Pharma, Johnson & Johnson and Endo Pharmaceuticals. It also requested records from the Center for Practical Bioethics, a Kansas City, Mo., organization that has advocated for pain treatment.

The committee said it wants records dating back to 1997.

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# Bioethics think tank's ties to pain pill industry studied

BY ALAN BAVLEY
The Kansas City Star

A U.S. Senate committee is examining a Kansas City-based bioethics think tank's financial ties to the pain-pill industry.

The inquiry is part of a sweeping investigation by the Senate Finance Committee of connections between pain drug manufacturers and organizations and physicians who have advocated for increased use of narcotic — also known as opioid — painkillers.

Abuse of these potentially addictive pain medications has become a national epidemic and accounts for more overdose deaths than heroin and cocaine combined. About 5 million people had used the drugs recently without a prescription, a federal survey found.

**Breaking News**

Homers by Francoeur and Butler lift Royals to 4 -2 victory over Orioles

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Franchitti wins 3rd Indy 500, gives nod to Wheldon

Former KC Chief charged with attempted murder

Man, 65, shoots motorcyclist in road rage incident

The Center for Practical Bioethics is one of seven organizations that received letters this week from the Senate committee asking them for information about their financial ties and collaborations with opioid manufacturers.

The other organizations are the American Pain Foundation, the American Academy of Pain Medicine, the American Pain Society, the Wisconsin Pain and Policy Study Group, the Joint Commission of Accreditation of Healthcare Organizations and the Federation of State Medical Boards.

Recent investigations by news organizations have found that some of these groups, such as the American Pain Foundation, a patient advocacy group, are funded largely by the drug industry.

The Senate committee is seeking to determine whether any of the groups promoted misleading information about the risks and benefits of opioids while receiving financial support from manufacturers of the drugs.

A Senate aide told The Kansas City Star that the investigation may bring into question guidelines for pain management, or the legitimacy of some of the organizations under scrutiny.

One of the organizations, the American Pain Foundation, disbanded last week, citing "irreparable economic circumstances."

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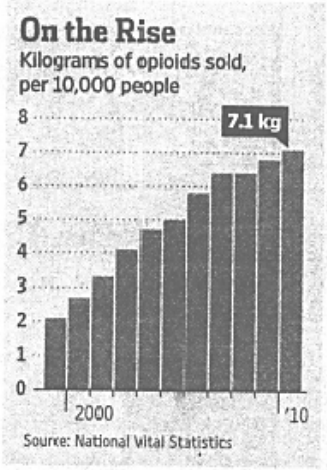
Now, Dr. Portenoy and other pain doctors who promoted the drugs say they erred by overstating the drugs' benefits and glossing over risks. "Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did," Dr. Portenoy said in an interview with The Wall Street Journal. "We didn't know then what we know now."

# A Pain-Drug Champion Has Second Thoughts




By Thomas Catan and Evan Perez

It has been his life's work. Now, Russell Portenoy appears to be having second thoughts.

Two decades ago, the prominent New York pain-care specialist drove a movement to help people with chronic pain. He campaigned to rehabilitate a group of painkillers derived from the opium poppy that were long shunned by physicians because of their addictiveness.

Dr. Portenoy's message was wildly successful. Today, drugs containing opioids like Vicodin, OxyContin and Percocet are among the most widely prescribed pharmaceuticals in America.

Opioids are also behind the country's deadliest drug epidemic. More than 16,500 people die of overdoses annually, more than all illegal drugs combined.

Now, Dr. Portenoy and other pain doctors who promoted the drugs say they erred by overstating the drugs' benefits and glossing over risks. "Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did," Dr. Portenoy said in an interview with The Wall Street Journal. "We didn't know then what we know now."

Recent research suggests a significantly higher risk of addiction than previously thought, and questions whether opioids are effective against long-term chronic pain.

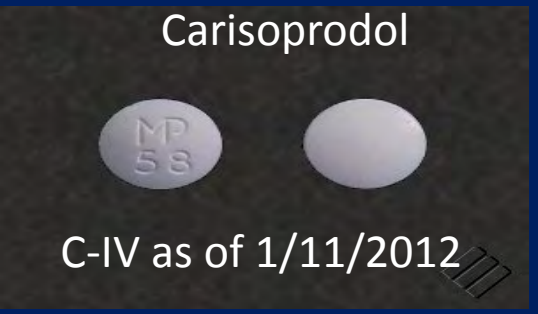
The change of heart among former champions of opioid use has happened quietly, largely beyond the notice of many doctors. New York psychiatrist Joseph Carmody said he was "shocked" after attending a recent lecture outlining the latest findings on opioid risk.

"It goes in the face of everything you've learned," he said. "You saw other doctors come around to it and saying, 'Oh my God, what are we doing?'"

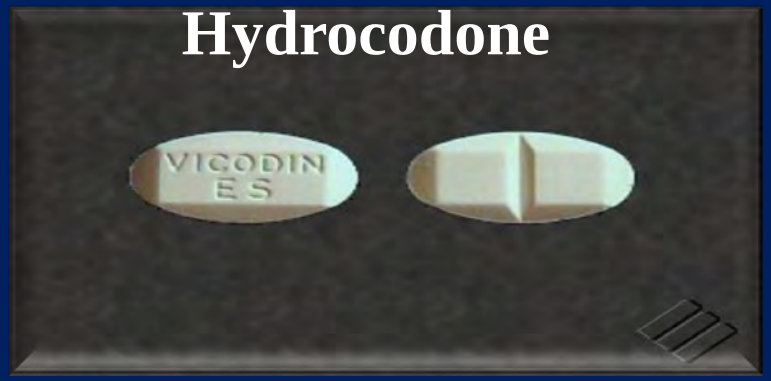
Because doctors feared they were dangerous and addictive, opioids were long reserved mainly for cancer patients. But Dr. Portenoy argued that they could be also safely be taken for months or years by people suffering from chronic pain. Among the assertions he and his followers made in the 1990s: Less than 1% of opioid users became addicted, the drugs

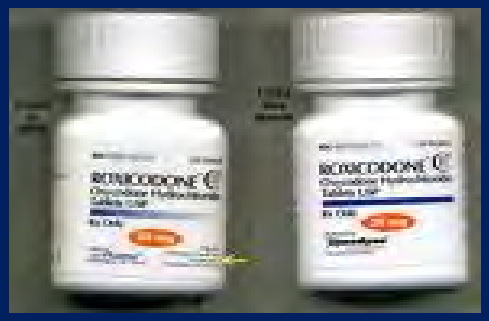
*Please turn to page A12*

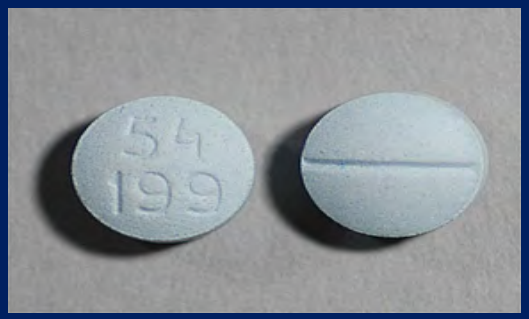
# Commonly Abused Controlled Pharmaceuticals




**CYCLOBENZAPRINE (FLEXERIL)**








**Oxycodone 30 mg**

**Alprazolam**

# The Holy Trinity

The Trinity

Opiate

Muscle Relaxant

Benzodiazepine

U.S. Drug Enforcement Administration
Office of Diversion Control

# Direct to Consumer Advertising

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Enforcement is just as important as….

Prevention/Education

Treatment

# Drug Education

**or not**

# Teen Prescription Drug Misuse & Abuse

- **23%** report having abused RX medications at least once in their lifetime..
- **31%** believe "it's okay to use prescription drugs that were not prescribed to them to deal with an injury or pain, as long as they are not getting high."
- **22%** say their parents don't care as much if they are caught using RX drugs without a prescription, compared to getting caught with illegal drugs.

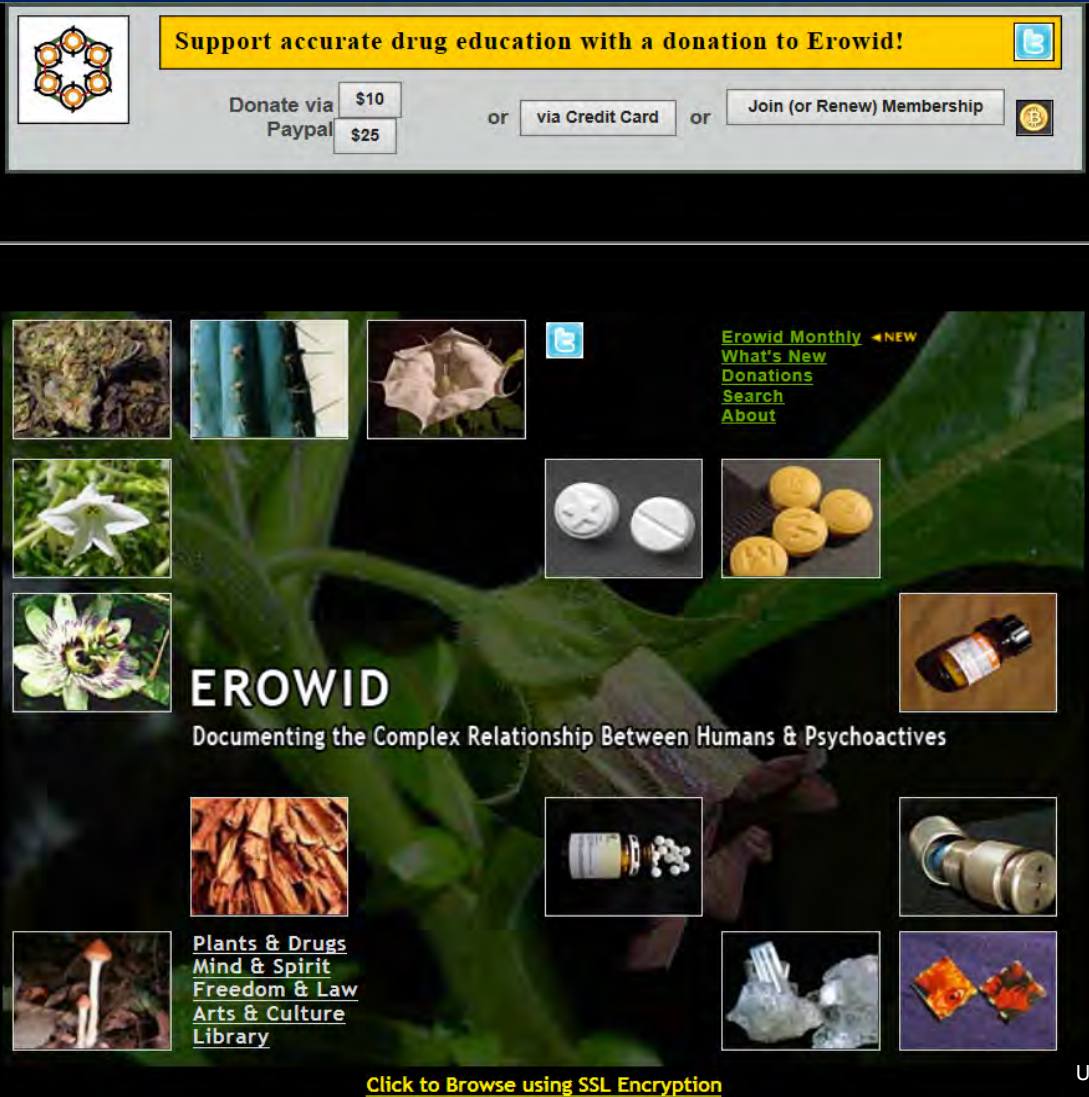
Date Prepared/ Source: 2013 Partnership Attitude Tracking Study, published 7/23/14

# Education

- Children/Teens
  - Information from the Internet or their peers
  - Following parents

# Where do kids get their information from?

www.EROWID.org



# Psychoactive Plants and Drugs

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| D M T | D X M | G H B | HEROIN | KETAMINE | L S D |
| MDMA (ECSTASY) | MDPV | METH | MUSHROOMS | NITROUS | OXYCODONE |
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Smart Drugs Go | Pharmaceuticals Go | Herbs Go

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## THE FRONT PAGE

### Bluelight Remembers Ryan Haight, Launch of the Recovery forums

by Sebastians_ghost Published on 12-02-2013 06:4

Dear Bluelighters,

As some of you may remember, February 12th i
the twelfth anniversary of the passing of c
of our own. To most it will be remembered
the first day "Bluelight went black." To tho
of us who knew Ryan Haight (a.k.a
Quicksilver) it is also the day we lost a frie

The impact of Ryan's life and untimely dea
have echoed forward in the passage of the
Ryan Haight Internet Pharmacy Consumer
Protection Act of 2008, signed into law by
President G.W. Bush in October of the san
year. In honor of Ryan, Bluelight is proud
announce the launch of a new collection o
forums designed to support sober living, a

#2

**jaystyle**

Bluelighter

| | |
|---|---|
| Join Date: | May 2010 |
| Location: | San Francisco, CA |
| Posts: | 258 |


10-09-2010 13:46

Ok--- so here is my current experiment status' so far.

1.) Milling / Grinding OP 80 - I have found the best way to crush OP80 with the use of a foot file / nail file. Hoseclamp did not work good. Using the file, I was able to get it to a powder around 20% thicker than the old OC.

2.) Experiment 1: Fail - My first experiment was to mill the OP80 and I left it overnight in a mixture of apple cider vinegar and lemon juice. 8-9 hours later, I drank it and received minimal if any effects except a horrible case of acid stomach. I suspect all the acid may have killed the alkaloids or something, or just failed to extract it completely.

3.) Experiment 2: Fail - Grinding up and parachuting - despite milling these OPs down, they still retain substantial time release. I found this to be a failure and it released the oxy slowly over the course of many hours.

4.) M.L.K - I read that if you put M.L.K drops (a popular, common solvent) in a spoon to saturate some milled OP 80, then let it evaporate, it dissolves the plastic and leaves a snortable powder that does not Gel. Many people report success with this, but I did not. Perhaps I did not use enough M.L.K or let it dissolve for long enough.

I posted this in the other thread, but I find this information useful and suggest you all read it here in case u missed it:

From the Purdue website, here is a summary of the info I found:
http://www.fda.gov/ohrms/dockets/ac/...-05-Purdue.pdf

Besides the obvious Simple, Medium, and Complex solvent thing that has everyone confused--- here is some information you guys should consider in ur investigations:

1.) At room temperature, using commonly found solvents, the best they could do was extracting 50% of the oxycodone for SHORT DURATION Shakign Extractions at room temperature.

2.) At room temperature with some less readily available solvents, extraction was as high as 70% during a "SHORT DURATION" shaking extraction at room temp.

3.) When we are dealing with EXTENDED extraction times at ROOM temperature--- some SIMPLE HOUSEHOLD solvents extracted up to 78% of the oxycodone! That might mean if we leave oxycodone soaked in acetone, M.E.K, or Ether for some time we can get almost 80% of the OC out. How long is an extended duration, I wonder? 1 hour, 2, hour, 4 hours-- shaking and stirring it. In the end, I woudl assume we would filter out the gunk, evaporate the solvent, and be left with pure oxycodone residue. The 22% or so that wasnt extracted would remain in the gunk we filter and we could eat them or something. There was one simple solvent they listed, however, that only got 2-9% out--- in otherwords destroying the alkaloid entirely. Not sure which one that is but maybe we can research solvents known to destroy oxycodone molecules. The Medium and Complex solvents all removed most of the oxycodone when leaving them at room temperature for extended periods of time.

## 5 mg alprazolam has done nothing

#1

**looneytoon7**

Greenlighter

Join Date: Jan 2014
Posts: 5

04-04-2014 14:14

Months ago, maybe even a year ago now, a friend introduced me to Xanax because we had been on a meth bender and sleeping had become impossible for me and I needed sleep bad. I took quarter of a 2 mg brick and it knocked me out and I loved it, the refreshing sleep. I've taken it around 10 times since then, every now and then when I really need to get to sleep and never more than 1-2 mg. So I definitely don't have a high tolerance to the stuff or anything.

I haven't had them for months now though. I had been smoking meth today and wanted to sleep. So well over 5 hours ago now, I took quarter of a 2 mg brick. 45 minutes later it hadn't done a thing, so I took another quarter. So I'd had 1 mg. Half an hour later, still nothing. Waited a bit then swallowed the other half of the brick, 2 mg still would do anything at all other than make me feel slightly relaxed. Swallowed another half a brick or 1 mg, waited 40 minutes, still nothing. Swallowed another whole brick, bringing the total dose up to 5 mg about half an hour ago and still I am wide awake.
They aren't fake Xanax. So wtf is up with this!? a few days before this I was taking a couple 25mg seroquels per night for about a week if that make a difference, haven't had any for a few days though.
Does anybody know wtf is up with this?

REPLY QUOTE

#2

**deerman**

Greenlighter

Join Date: Apr 2014
Location: Dragoon Mountains
Posts: 18

04-04-2014 22:39

Xanax doesn't do anything of value for me, except make me pass out if I take too much.

Ativan on the other hand does wonders. Lorazepam is a highly effective benzo for putting one to sleep, in fact I have never heard of a doctor prescribing xanax for sleep, however it is common with lorazepam. Actually Xanax is downright destructive for sleep, do some research.

Perhaps your Xanax is old? Otherwise, join the club. Xanax fucking sucks for me. Ativan is the wonder benzo, not that I have a need for benzos anymore.

Maybe one should lay off the meth if they feel a need to take meds to go to sleep? How about a big hot meal with lots of vegetables and some chelated magnesium and lots of water? Get your body back in balance, meth will wreck your CNS if you aren't being a careful user.

If you insist on using a prescription medication to help come down off meth and get to sleep, I would use lorazepam or ambien. But you're just wreaking more havoc to your body by taking all those drugs...

## Is there any way to get high off of just 5mg of hydrocodone?

#1

**Hydromethomine**
Bluelighter

| | |
|---|---|
| Join Date: | Mar 2014 |
| Location: | Ohio |
| Posts: | 78 |

07-04-2014 22:40

I have only been up to 25mg, and it has worked plenty fine for me. 10 gives me a slightly euphoric feeling. Could I use a certain potentiator, or maybe use a certain method? I only have this one 5/500 pill left. Thanks.

REPLY QUOTE

#2

**danolaa420**
Greenlighter

| | |
|---|---|
| Join Date: | Mar 2014 |
| Posts: | 12 |

Yesterday 00:38

Crush it into fine powder and grab a pitch at a time and put it in ur rear end or put the powder in a capsle and stick it up should dissolve

REPLY QUOTE

#3

**Hydromethomine**
Bluelighter

| | |
|---|---|
| Join Date: | Mar 2014 |
| Location: | Ohio |
| Posts: | 78 |

Yesterday 00:45

Would snorting help at all? I know some people have different reactions to snorting it. I know the acetaminophen isn't nice on the nose, but still.

CLOSED

Results 1 to 21 of 21

Thread Tools | Search Thread | Display

## alprazolam info

#1

**Dr. Deception**
Greenlighter

Join Date: Dec 2013
Location: New York
Posts: 24

10-02-2014 02:48

ok so me and my friend have 8 0.25 mg alprazolam tablets now. i've been doing some research about this drug, but i still need to know more before we do them. some info about us im 5'5" and weigh 130lbs hes 6'1" i think and around 140-150 i believe. neither of us have any tolerance to this drug, but we're not newbies to drugs. we've both used cannabis, hydrocodone, alcohol, and we've dabbled a little in the methylphenidate ring but not too much. so getting back to the point, i would like to know how much to take each to feel a "high" feeling or however your supposed to feel when you take it recreationally, i also want to know whats the best way to take it like snorting it, orally take it, parachuting it? plus how long does it take to feel effects, and how long they last. so if you could get back to me on this info it would be greatly appreciated. thank you.

#2

**Su77en**
Greenlighter

Join Date: Jan 2014
Posts: 1

10-02-2014 03:03

I'm trying to process everything now. Can you come across with more for me? Put a pen in it and get back 2 me. Su77en

#3

**Dr. Deception**
Greenlighter

Join Date: Dec 2013

10-02-2014 03:13

im sorry, but how do you mean? i just want an answer to my questions.if you don't know them thats ok im sure someone else on this forum does.

#10

**Pimp Lazy**
Bluelighter
Join Date: Jan 2004
Posts: 2,245

07-09-2005 23:58

Flexeril and cannabis has one of the most pleasant body buzzes I've ever had. Smoked opium comes close to that. I imagine the first items might be useful on the come down. Peace.

#11

**liquid arcadia**
Bluelighter
Join Date: Jan 2005
Posts: 379

08-09-2005 01:17

flexeril works GREAT for me, i ate one 10 mg and it knocked me the fuck out after eating a strong meth infected pill...after i woke up i was very lethargic, as it wore off i could feel the meth take over again and had some trouble sleeping that night...amazing stuff..works great!

#12

**Psilocyte**
Bluelighter
Join Date: Feb 2005
Posts: 454

08-09-2005 05:41

^ really? hmm. i wonder why it does nothing for me. Ive taken it in the same situation (meth laced pills). I ended up taking 60mg that night and nothing worked. As soon as i took 2 temazepam I was finally relaxed though



start Flexeril on the comed... Microsoft PowerPoint ... 2:59 PM

## Soma and Klonopin.

#1

**Brian242**
Bluelighter

Join Date: Jul 2011
Posts: 507

15-01-2012 00:56

Ok so we all (or most) know that Soma potentiate opiates very well, but I was wondering about taking 1-2mg Clonazepam with 1-2 350mg Soma's. Has this been done and is it safe?

REPLY QUOTE

#2

**Violenza666**
Bluelighter

Join Date: Dec 2009
Location: The pits of hell
Posts: 3,196

15-01-2012 01:05

Soma potentiates everything for me. However for the Benzo and Soma non tolerant it's likely a knockout.. lol I am prescribed both...

Try half a soma with 1mg klonopin... or try a whole soma with .5 klonopin... Valium makes me less noddy when I mix it with soma... but sometimes ill be sitting there relaxing and ill fall asleep for hours... I am a stay at home mom so my rule is I don't take my Soma when I am home alone and that way I don't nod out and fall asleep.

How often do you use Klonopin? How tolerant are you? It is safe for some people... for some they can die... all I can tell you.. Be careful!

REPLY QUOTE

#3

**Brian242**
Bluelighter

15-01-2012 01:20

> Originally Posted by **Violenza666**
> *Soma potentiates everything for me. However for the Benzo and Soma non tolerant it's likely a knockout.. lol I am prescribed both...*

start Soma and Klonopin. - ... Microsoft PowerPoint ... 3:01 PM

Drugs-forum

https://drugs-forum.com/index.php

Apps Firebird

# Drugs-Forum

Home | Wiki | Studies | Forum | Groups | Blog | Video | Images | News

Drugs-forum

User Name [User Name] Remember Me?
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PLEASE HELP

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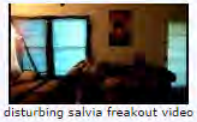
**Announcements**

- €1500 per month needed to save DF from final crash.
- In memory of Alexander 'Sasha' Shulgin (1925 - 2014)
- Members who are Titanium and above wanted for the opiates & opioids ...
- What functions do you want in the new article/journal/blog system?

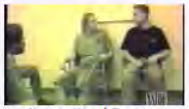
**Video Reports**

Hot Rails are Here Again

Toronto Police starts new campaign against party drug scene


disturbing salvia freakout video

The Answer To This Question Is The Most Effective Anti-Drug Message I've Seen


Jimson Weed Dangers

BBC Reporter Unknowingly Gets Stoned on Mid-East Police's Drug Burn

Trauma & Addiction: Crash Course Psychology #31

Drug Policy Abuse - A teenager's plea about drugs

**Sitelinks:**

- Homepage
- Wiki
- Documents
- Image Gallery
- Audio
- Video
- Forum
- Blog
- Groups
- Reviews
- News

**Information:**

- **3.6 Million Visitors per month**
- **200,000 Members**
- **140,000 Newsletter Subscribers**
- Site Rules
- Terms of Use
- Helpdesk
- Register to Participate
- Did you forget your password?
- All Threads
- Google™ Custom Search [ ] Search

All times are GMT +1. The time now is 19:53.

3:07 PM
3/19/2015

Drugs-Forum



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PLEASE HELP

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Blogs' Statistics

| | |
|---|---|
| Total Blogs | 293 |
| Total Entries | 1,331 |
| Entries in Last 24 Hours | 0 |

Options

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Containing Text:

Search Titles Only

Advanced Search Search

Archive

< March 2015

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |

Global Tag Cloud

addict **addiction** alexander shulgin antidepressants benzodiazipines cannabis cocaine detox drug induced psychosis drugs faith heroin heroin withdrawal hypnotics kratom legal highs marijuana medical marijuana mental illness mephedrone experience methadone methamphetamine open rx opiates phenibut psychedelics recovery relapse research chemicals sasha shulgin taper the hive tolerance

## Blogs from the Members of Drugs Forum

Featured blog entry from Alfa

### Why Drugs-Forum is so addictive...

Posted 09-12-2014 at 00:36 by Alfa

Since starting this site 11 years ago DF has evolved so much. In the beginning it was a cosy group of peeps posting crap and having fun. Hell, I remember that I used to call up members to confront them about soliciting on the site. That all has changed.
What was clear from the start was that we are onto something good. Something with meaning. Something that will grow big and influential. Back then we already knew that this site was going to make a difference. This has not changed.

The site has already made significant impact. With 35 million+ readers per year it affects the world. It's one of the main go-to places on the net. It affects what people know about drugs and how people perceive drugs. Drug Policy Organisations attribute a lot to DF.

The site has changed lives and saved lives. Lives we...

Continue reading...

Posted in Uncategorized — Views 2042 Comments 7 Trackbacks 0

Featured blog entry from JonnyBGoode

### Getting addicted to opiates full time..

Posted 17-03-2015 at 23:30 by JonnyBGoode

After I received that first packet of Oxy's everything changed pretty rapidly. They were a step up from the other pain killers I had been taking in terms of strength and the euphoria was incredible, it allowed me to be really confident again and go out to clubs even dancing for hours again like if I had been taking ecstasy still. If you crush up Oxycontin, and snort it, you get the effects instantly and it hits you harder, I had started swallowing one then carrying others crushed up into a powder in a bag with me, I just snorted in pub toilets like people take cocaine but it was opiates for me. I loved it so much I just didn't care about anything else, I budgeted all my monthly outgoings around ordering a big parcel from Mexico or Serbia or wherever I could get them sent from dodgy online pharmacies.

It was around the initial...

Continue reading...

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Getting addicted to opiates full time.. (JonnyBGoode)
JonnyBGoode 17-03-2015

Jumped (Cash.Nexus)
Cash.Nexus 02-03-2015

education system failure, college dropouts, and drug use. (Scloud90)
Scloud90 26-02-2015

There Are No Losers.....Only Those Who Quit Trying (The Frying Pan-Things Always Get Hot In Here!)
St Dismas Novitiate 23-02-2015

psychoanalysis determining truth behind the BS (Scloud90)
Scloud90 22-02-2015

(Drug Articles/Using logic and determining fallacious thinking. (Scloud90)
Scloud90 22-02-2015

Recent Comments

*I'm proud of you, I can see the heart in your...*
3 addictions at once. The pain of Poly-substance addiction

*I love the writing style of this blog it's witty...*
Jumped

# GET INVOLVED

# TEACH

# DEA Web-based Resources

## www.DEA.gov

# Community Coalitions and Advocacy Groups

# Community Anti-Drug Coalitions of America

WWW.cadca.org

# 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

U.S. Drug Enforcement Administration
Office of Diversion Control

# The Problem – Easy Access

# Medicine Cabinets: Easy Access

- More than half of teens (**73%**) indicate that it's easy to get prescription drugs from their parent's medicine cabinet
- Half of parents (**55%**) say anyone can access their medicine cabinet
- Almost four in 10 teens (**38%**) who have misused or abused a prescription drug obtained it from their parent's medicine cabinet

Date Prepared/ Source: 2013 Partnership Attitude Tracking Study, published 7/23/14

# So Many Drugs in the Household – Why?

- Unreasonable quantities being prescribed
- Insurance rules

# National Take Back Initiative
# September 27, 2014

**10:00 AM – 2:00 PM**

U.S. Drug Enforcement Administration
Office of Diversion Control

# Nationwide Take-back Initiative

## Over 3.4 million pounds (1,733 tons) collected

- On September 30, 2010, approximately 122 tons
- On April 30, 2011, approximately 188 tons
- On October 29, 2011, approximately 189 tons
- On April 28, 2012, approximately 276 tons
- On September 29, 2012, approximately 244 tons
- On April 27, 2013, approximately 376 tons
- On October 26 , 2013, approximately 324 tons
- On April 26, 2014, approximately 390 tons
- On September 27, 2014, approximately 309 tons

# Secure and Responsible Drug Disposal Act of 2010

- Legislation that provides ultimate users and long-term care facilities (LTCFs) with additional methods to dispose of unused, unwanted, or expired controlled pharmaceuticals in a secure, safe, and responsible manner.
- Authorized DEA to promulgate regulations that allow ultimate users to transfer pharmaceutical controlled substances to authorized entities for disposal.
    - Specific language in the regulation continues to allow Federal, State, tribal, and local law enforcement to maintain collection receptacles at the law enforcement's physical location; and either independently or in partnership with private entities or community groups, to voluntarily hold take-back events and administer mail-back programs.
- Created an exception for LTCFs to transfer pharmaceutical controlled substances for disposal on behalf of patients who reside or have resided at that facility.

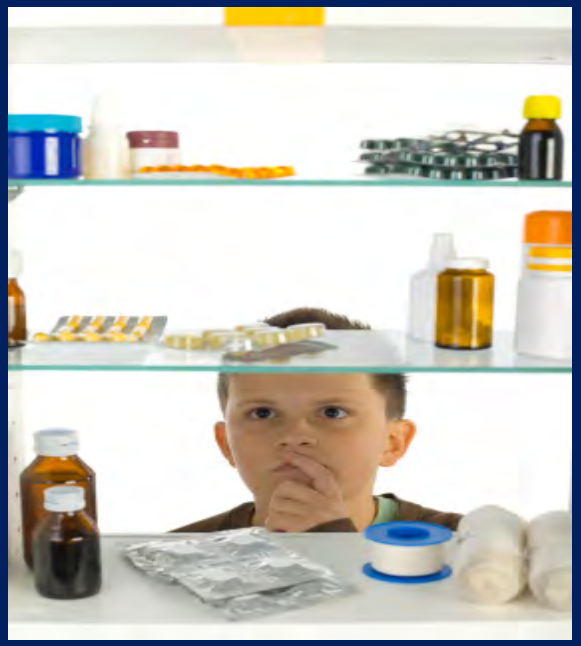
# Secure and Responsible Drug Disposal Act of 2010

- Regulations do not limit the ways ultimate users may dispose of pharmaceutical controlled substances – **they expand them.**
- Any method of pharmaceutical disposal that was valid prior to these regulations continues to be valid.
- Participation is voluntary.
- DEA may not require any person to establish or operate a disposal program.

# Disposal of Controlled Substances, Final Rule

- ✓ Ultimate users will now have more locations where they can securely, safely, responsibly, and conveniently dispose of their unwanted pharmaceutical controlled substances.

- ✓ Expected benefit to the public by:
  - o Decreasing the supply of pharmaceutical controlled substances available for misuse, abuse, diversion, and accidental ingestion; and
  - o Protecting the environment from potentially harmful contaminants by providing alternate means of disposal for ultimate users.



# Authorized to Collect

- The following persons are authorized to collect from ultimate user and other non-registrants for destruction:
  - Any DEA registrant authorized pursuant to § 1317.40
  - Federal, State, tribal, or local law enforcement when in the course of official duties and pursuant to § 1317.35

Registrants authorized to collect:

- Manufacturers
- Distributors
- Reverse Distributors
- Narcotic Treatment Programs
- Hospitals/clinics with an on-site pharmacy
- Retail Pharmacies

*Authorized collectors, as registrants, are readily familiar with the security procedures and other requirements to handle controlled substances.*

*21 CFR § 1317.40*

# How does a registrant become a collector?

- Authorized registrant must be registered to handle schedule II controlled substances
- Request a modification in writing to the DEA or on-line at www.DEAdiversion.usdoj.gov
- Request must contain:
  - Registrant's name, address, and DEA number
  - The method(s) of collection:
    - Collection receptacle and/or mail-back program
  - Authorized signature per § 1301.13(j)
- No fee is required for this modification request

*21 CFR §§ 1301.51(b) and (c)*

# New Authorized Methods of Collection

- Collection receptacles
- Mail-back programs

# Collection Receptacles

- Only ultimate users *shall* put the controlled substances directly into the collection receptacle.
- Controlled and non-controlled substances may be comingled.
- Collected substances shall not be counted, sorted, inventoried, or otherwise individually handled.
- Registrants shall not dispose of stock/inventory in collection receptacles.

*21 CFR § 1317.75(b) and (c)*

# Design of Collection Receptacle

- Securely fastened to a permanent structure.
- Securely locked, substantially constructed container with permanent outer container and removable inner liner.
- Outer container must have small opening that allows for contents to be added but does not allow for removal of contents.

*21 CFR § 1317.75(e)*

# Collection Receptacle Location

- Must be securely placed and maintained:
  - Inside collector's registered location
  - Inside law enforcement's physical location, or
  - Inside an authorized LTCF

# Collection Receptacle Location

- Registered location – immediate proximity of designated area where controlled substances are stored and at which an employee is present.
- LTCF – located in secure area regularly monitored by LTCF employees.
- Hospital/clinic – located in an area regularly monitored by employees, **not** in proximity of where emergency or urgent care is provided.
- NTP – located in a room that does not contain any other controlled substances and is securely locked with controlled access.

*21 CFR § 1317.75(d)*

# Mail-Back Program

Requirements of mail-back program

- Only lawfully possessed schedules II-V controlled substances may be collected
- Controlled and non-controlled substances may be collected together

*21 CFR § 1317.70 (b)*

# Mail-back Program: Who is Authorized to Operate?

Any authorized collector that has and utilizes at its registered location (on-site) a method of destruction consistent with § 1317.90

*21 CFR § 1317.70*

# Mail-Back Packaging Specifications

- Packages may be made available for sale or free of charge;
- Any person may partner with a collector or law enforcement to make packages available to the public;
- Nondescript and no markings that indicate it contains controlled substances;
- Water- and spill-proof, tamper-evident, tear-resistant, and sealable;
- Pre-addressed with the collector's registered address;
- Pre-paid postage;
- Unique ID number so package can be tracked; and
- Instructions for mailing.

*21 CFR § 1317.70 (c)*

# PhRMA v. County of Alameda
# Cert. denied (5/26/2015)

2012 Ordinance requiring manufacturers and distributors to be responsible for costs of disposal of unused medicines

District court found that the Ordinance serves a legitimate public health and safety interest at a relatively modest cost.

# PROZAC® (fluoxetine HCl) FISH (?)

# Medicines Recommended for Disposal by Flushing
# Listed by Medicine and Active Ingredient

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.**

| *Medicine* | *Active Ingredient* |
|---|---|
| **Abstral**, tablets (sublingual) | Fentanyl |
| **Actiq**, oral transmucosal lozenge * | Fentanyl Citrate |
| **Avinza**, capsules (extended release) | Morphine Sulfate |
| **Buprenorphine Hydrochloride**, tablets (sublingual) * | Buprenorphine Hydrochloride |
| **Buprenorphine Hydrochloride; Naloxone Hydrochloride**, tablets (sublingual) * | Buprenorphine Hydrochloride; Naloxone Hydrochloride |
| **Butrans**, transdermal patch system | Buprenorphine |
| **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 |
| **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 |
| **Suboxone**, film (sublingual) | Buprenorphine Hydrochloride; Naloxone Hydrochloride |
| **Xyrem**, oral solution | Sodium Oxybate |
| **Zubsolv**, tablets (sublingual) | Buprenorphine Hydrochloride; Naloxone Hydrochloride |

November 2013

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

November 2013

FDA continually evaluates medicines for safety risks and will update the list as needed. Please visit the **Disposal of Unused Medicines: What You Should Know** page at www.fda.gov for more information.

U.S. Drug Enforcement Administration
Office of Diversion Control

# Pharmaceuticals

# Legend Drugs v. Controlled Substances

# Legend Pharmaceuticals

# Non-Controlled Substances

- Muscle Relaxant:
  - Cyclobenzaprine (Flexeril®)

# Gabapentin

- Structurally related to γ-amino-butyric acid (GABA), an inhibitor of neurotransmission
- Precise mechanism of action producing analgesic and anti-epiletic actions is unknown
- Approved for clinical and veterinary use as a prescription only medication
- Gabapentin is not named or defined under the CSA
- Anecdotal reports of misuse and abuse

# Gabapentin Therapeutic Use

- FDA-approved treatment with multiple off-label uses
  - Approved for the treatment of seizures and various pain states
  - Believed to have many advantages over other available medications and a first-line agent in the treatment of neuropathic pain
- Therapeutic category: anticonvulsant; analgesic
- Products: GABAPENTIN, GRALISE, HORIZANT, NEUROTIN
- Effective dose for the treatment of neuropathic pain varies but is similar to the doses effective for seizure treatment ranging from 300 mg/day to over 3600 mg/day

# Gabapentin Abuse and Misuse

- Effects vary with user, dosage, past experience, psychiatric history, and expectations
- Abused alone or used as a cutting agent
- Range of experiences have been reported in relation to abuse: euphoria, sociability, marijuana-like high, zombie-like effects, sedation, and hallucinations
- Withdrawal symptoms reported:
  - Per Kruszewski et al.(2009), dependence and abuse involved toxic delirium, intense cravings, and prolonged post-withdrawal confusional state reminiscent of benzodiazepine withdrawal
- Two studies reporting concomitant abuse:
  - Used with cannabis, alcohol, SSRIs, LSD, amphetamine, and GHB (Psychother Psychosom, 2011)
  - Misuse to potentiate the 'high' obtain from methadone (Eur Addict Res, 2014)

# Controlled Pharmaceuticals

# 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.

# New Controlled Substances (Recently Scheduled)

- Analgesic:
  - Tramadol (Ultram®, Ultracet®)
  - Schedule IV in CSA as of August 18, 2014

# Opiates

# *Papaver Somniferum*

Codeine

Morphine

Thebaine

Hydrocodone

Hydromorphone

Oxycodone

Hydrocodone

U.S. Drug Enforcement Administration
Office of Diversion Control

INTERNATIONAL NARCOTICS CONTROL BOARD

# Narcotic Drugs
# Stupéfiants
# Estupefacientes
# 2013

Estimated World Requirements for 2014
Statistics for 2012

Évaluations des besoins du monde pour 2014
Statistiques pour 2012

Previsiones de las necesidades mundiales para 2014
Estadísticas de 2012

UNITED NATIONS

# International Narcotics Control Board

## Comments on the Reported Statistics on Narcotic Drugs - 2012

- **U.S. was the country with the highest consumption of Hydrocodone (approximately 45.5 tons or 99% of global consumption)**
- **U.S. was the country with the highest consumption of Oxycodone (approximately 77.8 tons or 82% of global consumption)**
- **U.S. was the country with the highest consumption of Morphine (approximately 24.9 tons or 57% of global consumption)**
- **U.S. was the country with the highest consumption of Methadone (approximately 15.2 tons or 49% of global consumption)**
- **U.S. was the country with the highest consumption of hydromorphone (approximately 1.42 tons or 42% of global consumption)**
- **U.S. was the country with the highest consumption of fentanyl (approximately .48 tons or 37% of global consumption)**

# Most commonly prescribed prescription medicine?

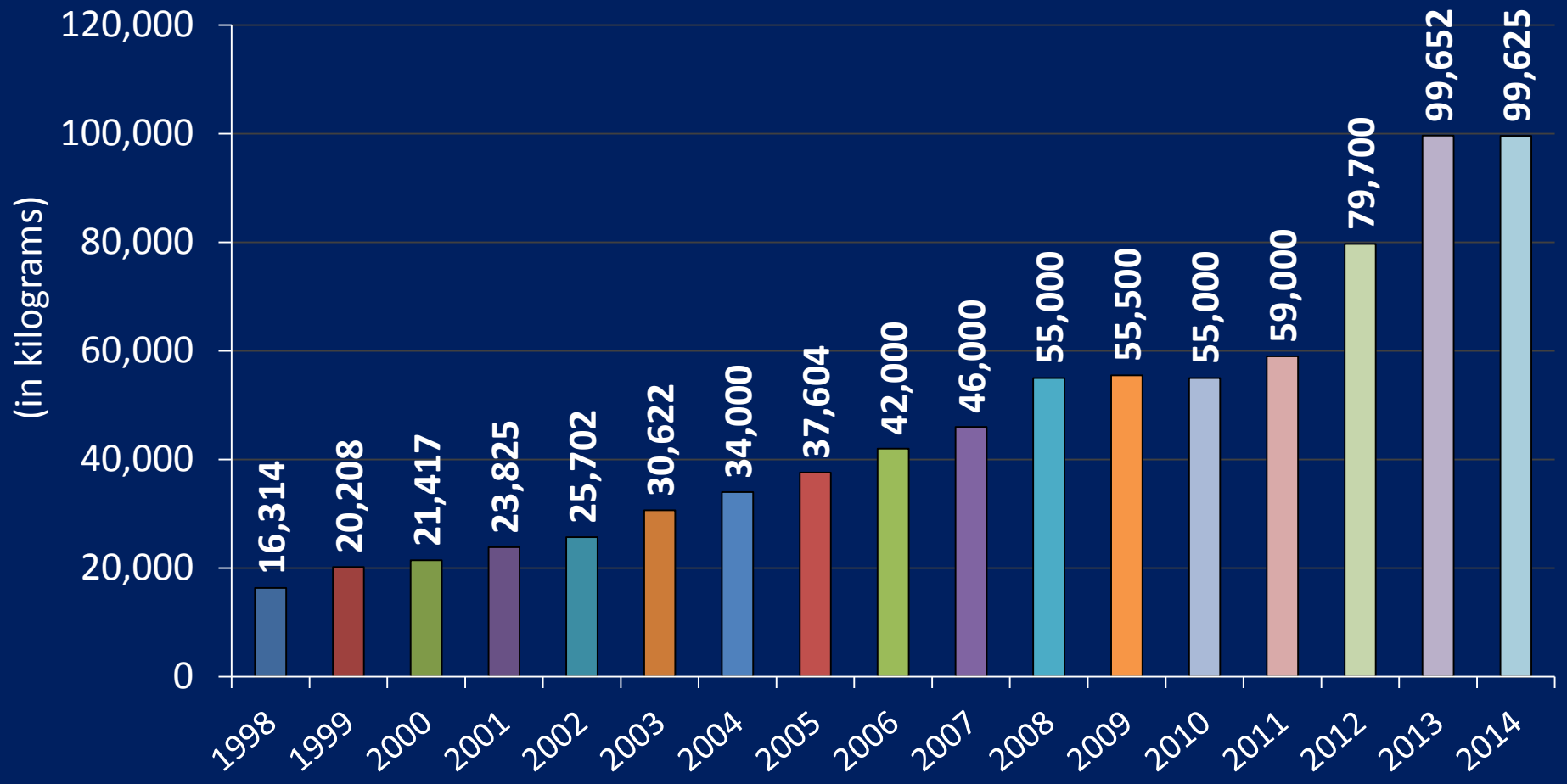
Hydrocodone/acetaminophen

# Top 10 List

| | |
|---|---|
| ➢ 10 Guatemala | 10 kilograms |
| ➢ 09 India | 10 kilograms |
| ➢ 08 Vietnam | 20 kilograms |
| ➢ 07 China | 20 kilograms |
| ➢ 06 Denmark | 25.5 kilograms |
| ➢ 05 Columbia | 30 kilograms |
| ➢ 04 Syrian Republic | 50 kilograms |
| ➢ 03 Canada | 115.5 kilograms |
| ➢ 02 United Kingdom | 200 kilograms |
| ➢ 01 United States | 79,700 kilograms 99.3% |

SOURCE: UN International Narcotics Control Board website. Estimated World Requirements of Narcotic Drugs in grams for 2014. http://www.incb.org . Accessed April 14, 2014

# Hydrocodone
# Aggregate Production Quota History




Date Prepared/ Source: 04/14/2014, ODQ
Revised APQ

U.S. Drug Enforcement Administration
Office of Diversion Control

# Hydrocodone Combinations

Currently, the CSA defines hydrocodone substance as Schedule II, while its combination products as Schedule III.

On October 6, 2014, all hydrocodone products were placed in schedule II.

(see 79FR49661 dated August 22, 2014)

# Schedule II

- The drug or other substance has a high potential for abuse
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions
- Abuse of the drug or other substance may lead to severe psychological or physical dependence

# Schedule III

- The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I or II
- The drug or other substance has a currently accepted medical use in treatment in the United States
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence

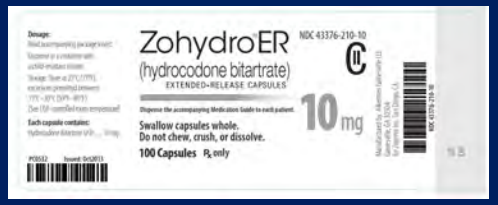
21 USC 812(b)(2),(3)

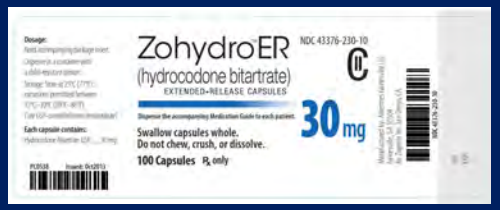
# Dosing Data for Clinically Employed Opioid Analgesics

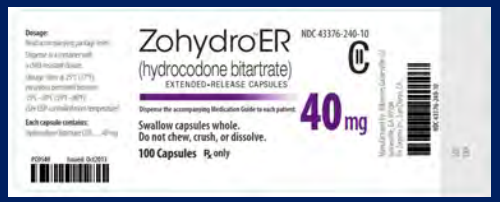
| DRUG | APPROXIMATE EQUI-ANALGESIC ORAL DOSE | APPROXIMATE EQUI-ANALGESIC PARENTERAL DOSE | RECOMMENDED STARTING DOSE (adults >50 kg) ORAL | RECOMMENDED STARTING DOSE (adults >50 kg) PARENTERAL | RECOMMENDED STARTING DOSE (children and adults <50 kg)[a] ORAL | RECOMMENDED STARTING DOSE (children and adults <50 kg)[a] PARENTERAL |
|---|---|---|---|---|---|---|
| **Opioid Agonists** | | | | | | |
| Morphine[b] | 30 mg q3–4h (around-the-clock dosing)<br>60 mg q3–4h (single dose or intermittent dosing) | 10 mg q3–4h | 15 mg q3–4h | 5 mg q3–4h | 0.3 mg/kg q3–4h | 0.1 mg/kg q3–4h |
| Codeine[c] | 130 mg q3–4h | 75 mg q3–4h | 30 mg q3–4h | 30 mg q2h (IM/SC) | 1 mg/kg q3–4h[d] | Not recommended |
| Hydromophone[b] (DILAUDID) | 7.5 mg q3–4h | 1.5 mg q3–4h | 4 mg q3–4h | 1 mg q3–4h | 0.06 mg/kg q3–4h | 0.015 mg/kg q3–4h |
| Hydrocodone (in LORCET, LORTAB, VICODIN, others, typically with acetominophen) | 30 mg q3–4h | Not available | 5 mg q3–4h | Not available | 0.2 mg/kg q3–4h[d] | Not available |
| Levorphanol | 4 mg q6–8h | 2 mg q6–8h | 2 mg q6–8h | 1 mg q6–8h | 0.04 mg/kg q6–8h | 0.02 mg/kg q6–8h |
| Meperidine (DEMEROL) | 300 mg q2–3h | 100 mg q3h | Not recommended | 50 mg q3h | Not recommended | 0.75 mg/kg q2–3h |
| Methadone (DOLOPHINE, others) | 20 mg q6–8h | 10 mg q6–8h | 2.5 mg q12h | 2.5 mg q12h | 0.2 mg/kg q12h | 0.1 mg/kg q6–8h |
| Oxycodone (REXICODONE, OXYCONTIN, also in PERCOCET, PERCODAN, TYLOX, others)[g] | 30 mg q3–4h | Not available | 5 mg q3–4h | Not available | 0.2 mg/kg q3–4h[d] | Not available |
| Oxymorphone[b] (NUMORPHAN) | Not available | 1 mg q3–4h | Not available | 1 mg q3–4h | Not recommended | Not recommended |
| Propoxyphene (DARVON) | 130 mg[e] | Not available | 65 mg q4–6h[e] | Not available | Not recommended | Not recommended |
| Tramadol[f] (ULTRAM) | 100 mg[e] | 100 mg | 50–100 mg q6h[e] | 50–100 mg q6h[e] | Not recommended | Not recommended |
| **Opioid Agonist–Antagonists or Partial Agonists** | | | | | | |
| Buprenorphine (BUPRENEX) | Not available | 0.3–0.4 mg q6–8h | Not available | 0.4 mg q6–8h | Not available | 0.004 mg/kg q6–8h |
| Butorphanol (STADOL) | Not available | 2 mg q3–4h | Not available | 2 mg q3–4h | Not available | Not recommended |
| Nalbuphine (NUBAIN) | Not available | 10 mg q3–4h | Not available | 10 mg q3–4h | Not available | 0.1 mg/kg q3–4h |

Source: Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition

# Approval of Single Entity Extended Release Hydrocodone





Zohydro™ ER

(hydrocodone bitartrate) CII

EXTENDED-RELEASE CAPSULES

10 mg • 15 mg • 20 mg • 30 mg • 40 mg • 50 mg

**Manufactured by Alkermes Gainesville LLC for Zogenix, Inc. (San Diego, CA)**

**FDA Approval October 2013**

**Anticipated Launch March 2014**

U.S. Drug Enforcement Administration
Office of Diversion Control

CURRENT RESEARCH (click one to see how you can help): Support Bluelight by taking the 2013 Inflexxion survey!

**Thread:** Zohydro's Here: Our New Problem Child? (HOLY LORD IN HEAVEN)



## Zohydro's Here: Our New Problem Child? (HOLY LORD IN HEAVEN)

#1

**bigzip44**

Greenlighter

Join Date: Aug 2009
Location: Seattle
Posts: 36

18-02-2014 01:19

Zohydro ER (hydrocodone bitartrate), created by Zogenix, which also makes needle-free sumatriptan injections, is to be released next month (March). They will be releasing this drug in 10, 15, 20, 30, 40, and 50 milligram CAPSULES, which I assume will be filled with a pure hydrocodone powder, despite the 11-2 panel of experts the FDA created to vote on the approval of the drug. This drug is now in production, obviously.

I was badly addicted to OxyContin for many years and I remain on buprenorphine to this day. This "new" drug, made from the same compound that first triggered my addiction to opioids (which I found in vicodin, of course) is to be released in EXACTLY the same way careless way that OXYCONTIN was released by Purdue Pharma except in a presumably even more abusable form, a powder within a capsule. Zogenix and Zohydro's proponents have even gone so far as to reject claims that the new Tylenol-free formulation should be required to have a similar abuse preventative formulation that Purdue Pharma was finally forced into creating so as to continue selling their pure-formulation OxyCodone which is now, of course, the new, very unsexy OP.

Ah, now down to business. This drug is making my scrotum stir with anticipation; I cannot see a future where Zohydro exists where I also do not get high on it. What the fuck do you guys think about this new thing? Could this be the gnarliest opiate "epidemic" since, well, morphine? I want thoughts, information, experience, opinion, conjecture or speculation any of you professionals have on this new drug.

In my opinion, this is going to change history.

(FYI, this thread was moved from Other Drugs)



#2

**miscbrahh**

18-02-2014 03:06

**shimazu**
Ex-Bluelighter
Join Date: Mar 2012
Posts: 18,698

22-02-2014 16:02

I like hydrocodone but it always took too long for me to really enjoy vicodin. Not really a huge fan of the capsule approach either but people also produce fake Oxycodone pills so it always comes down to where youre getting them from.

Im just interested to see how hard these are pushed onto current pain patients vs how many people just stick with their regular hydro pills. Still though, any drug in an ER version that isnt abuse proof is cool in my book

REPLY QUOTE

#32

**StealYourFace**
Bluelighter
Join Date: Oct 2011
Posts: 66

25-02-2014 00:29

The good news (for us) is that it uses Spheroidal Oral Drug Absorption System. Similar to Adderall XR, you can mash up the little beads and release the goodness

REPLY QUOTE

#33

**Felonious Monk**
**Moderator**
Drug Culture
Join Date: Nov 2013
Location: Interzone
Posts: 710

25-02-2014 00:44

> Originally Posted by **shimazu**
> *are more people using opiates now on average or are there just more people period and more ways to get in trouble for it?*
>
> *rhetorical question really, but I tend to think a lot of famous "eccentric" people back in the day were really just huge drug addicts*

I think the consensus is that more people are using opioids nowadays, especially in the last 5 years, which is why it's starting to be recognized as a problem again. Everything I've read says that all markers of opioid use are up, and anecdotally people are seeing a lot more problems than they used to as well.
-treatment centers/prisons are seeing more upper-middle-class white males using heroin and strong opiates than they ever have before (and more of that population on MMT or bupe as well)
-opiate OD has become a major COD for middle-aged women
-heroin is stronger (in than it's ever been since the passage of the CSA (and cheaper)

Location: Boston
Posts: 825

REPLY QUOTE

#9

**StealYourFace**
Bluelighter
Join Date: Oct 2011
Posts: 66

18-02-2014 16:40

Looking at the product sheet on the mfg website, it looks as if the time release system is similar to Adderall XR/ Dex Spansules with the little time release balls inside. If this is true, these would be awesome. I've never sniffed hydrocodone before for obvious reasons, but this would make it very easy.

*Crosses fingers*

REPLY QUOTE

#10

**Whosajiggawaaa**
Bluelighter

Join Date: Jul 2011
Location: Here. I grew up in a crackhouse.
Posts: 3,152

18-02-2014 18:09

I have never tried hydrocodone only oxy and almost every other opiod. Sort of amped.

REPLY QUOTE

#11

#19

**jackie jones**

Bluelight Crew

Join Date: Jul 2008

Location: A spoonful of sugar helps the medicine go down.

Posts: 5,589

20-02-2014 15:32

REPLY QUOTE

#20

**Bigfanofthemdrugs**

**Moderator**
Drug Culture
Cannabis Discussion

Join Date: Mar 2012

Location: The Limbic System

20-02-2014 20:20

Idk what you guys are tripping about, I'm stoked to get in on some of that, hydrocodone is one of my favorite opioids. It's just as euphoric as oxy IMO.

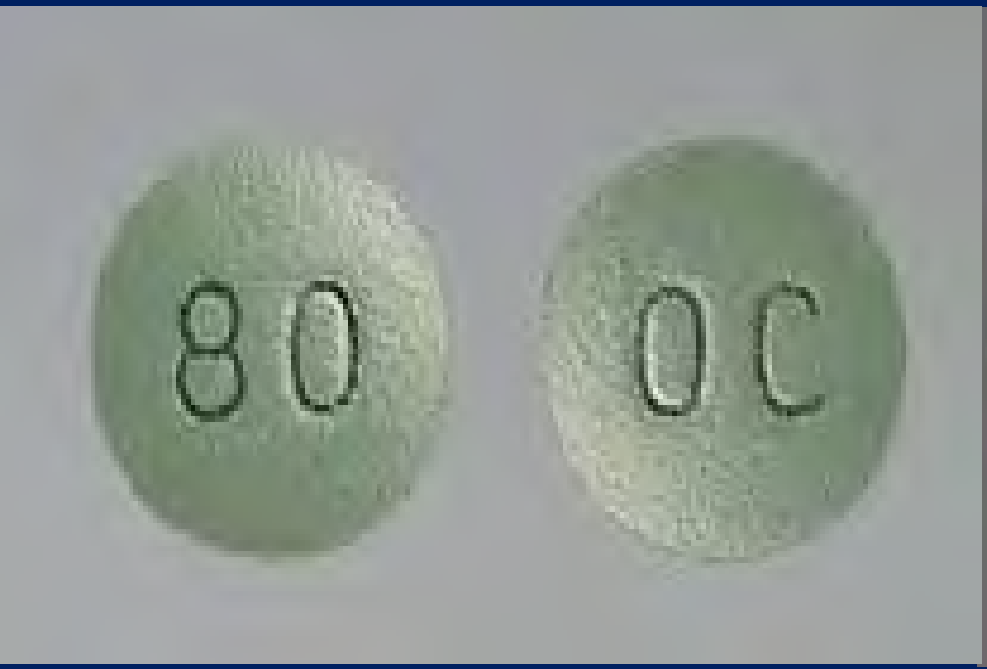
# Hysingla™ ER

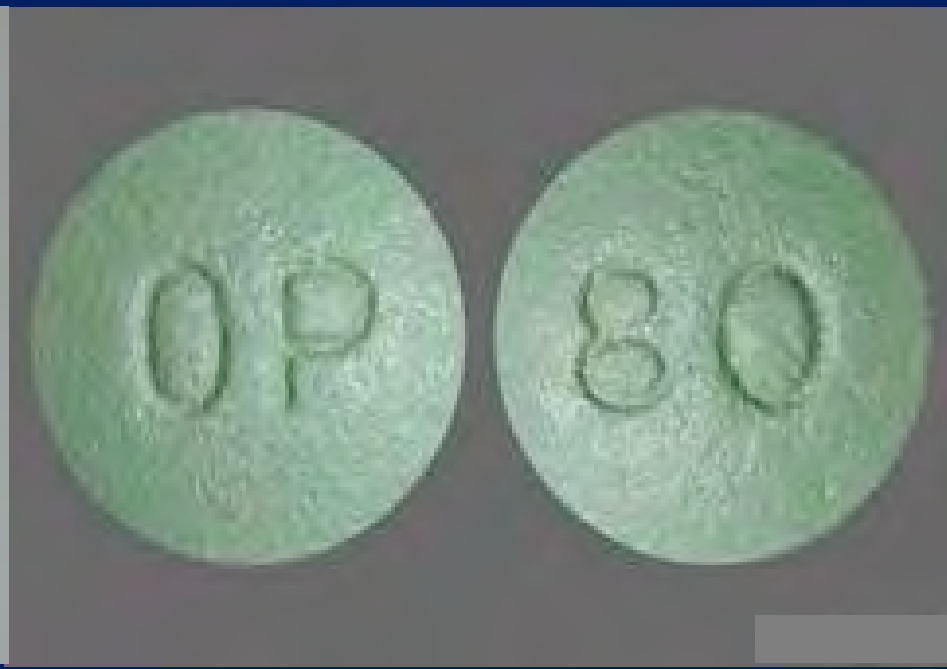
(hydrocodone bitartrate extended-release tablets)

# OXYCODONE

U.S. Drug Enforcement Administration
Office of Diversion Control

# Oxycodone HCL CR (OxyContin®) Reformulation



# New OxyContin® OP

08-27-2010, 01:11 AM #17

**mz.mary420**
Member

Join Date: May 2010
Location: down south
Posts: 6

well just got ours and they suck! when snorted the pill balls up in your nose and gets stuck, so i tried sucking on one and it did ok, but tastes nasty. No way you can shoot them as metioned in a previous post. havent tried smoking it yet, kinda in a hole money wise, it cost me over $700.00 to get my 80s filled and i probably wont even get half my money back

* if anyone has tried to smoke this new formulated shit, please post! thanks

Quote

08-27-2010, 06:09 AM #18

**mephist00**
Member

Join Date: Apr 2008
Location: NY
Age: 25
Posts: 628

ya my friend has tried to smoke the new ones... said its very harsh on the lungs and throat..

so far the only way ive been able to beat the time release, is use a hose clamp to grind it very fine, and snort it.. it doesnt gel up like you would think (doesnt gel up like the football shaped generic 40's do anyways) it just kinda turns snotty.. but if you can get it down fast it seems to work ok

_____

Quote:

> Originally Posted by **stalk**
> *I've come to the conclusion it's because these psychedelic visions are simply vibrating on a higher, or different, spectrum of frequencies that normally the monkey does not perceive.*

# Oxycodone 15mg/30mg Immediate Release

# Other Oxycodone Products

Percodan

Tylox

Percocet

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

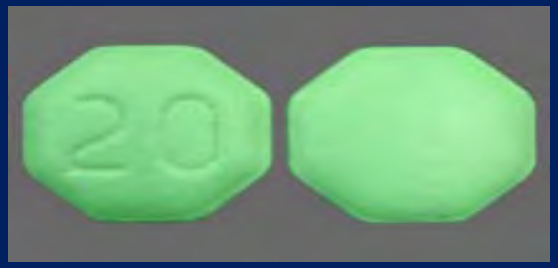
**Trade Name: Percodan**
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate 0.38 mg
Other Ingredients: aspirin, 325 mg

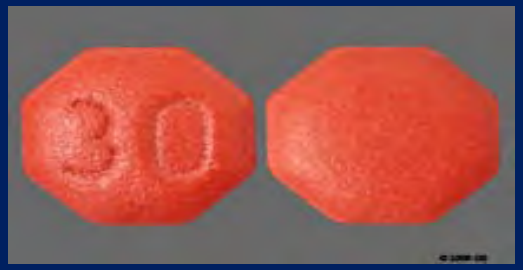
**Trade Name: Tylox**
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate .38 mg
Other Ingredients: Acetominophen, 500 mg

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

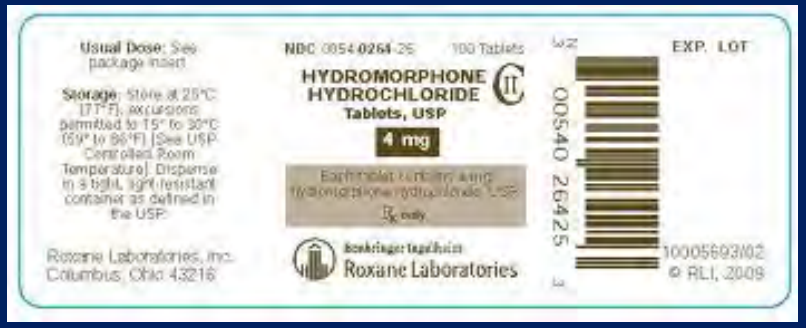
# Oxymorphone Extended Release
# Opana ER® (Schedule II)

- **Opana ER® - (Schedule II)**
  - Treats constant, around the clock, moderate to severe pain
  - Becoming popular and is abused in similar fashion to oxycodone ; August 2010 (Los Angeles FD TDS)
  - Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
  - Street:  $10.00 – $80.00



# Hydromorphone



# Other Opiates of Interest

# 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

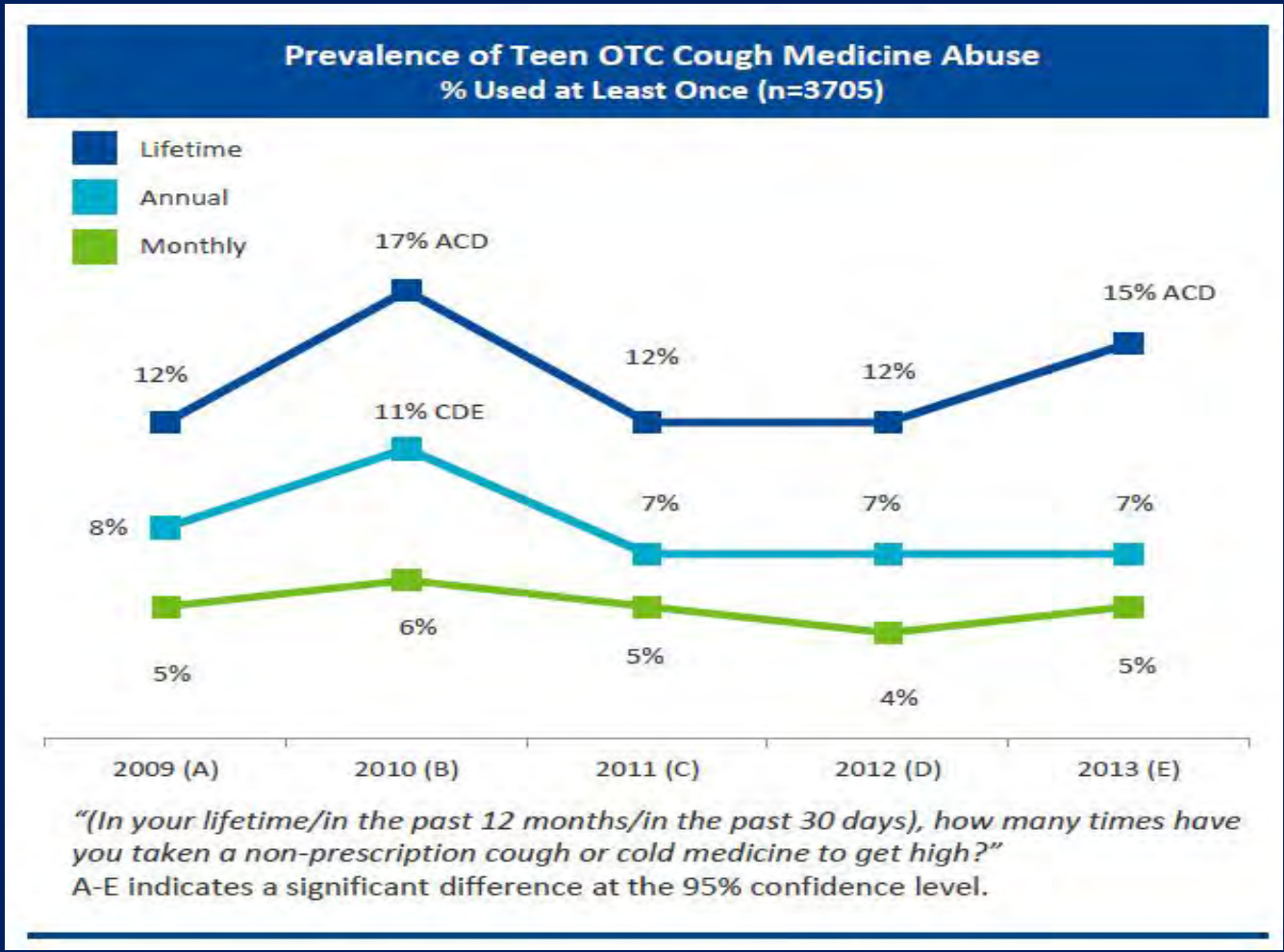
**Fentora®**

Actiq®

# 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

# Teen OTC Cough Medicine Misuse and Abuse




Date Prepared/ Source: 2013 Partnership Attitude Tracking Study, published 7/23/14

U.S. Drug Enforcement Administration
Office of Diversion Control

# Cough Syrup Cocktails

- "Syrup and Soda"
- "Seven and Syrup"
- "Purple Drank"

# Opioids v. Heroin

# *Papaver Somniferum*

Poppy

Codeine

Morphine

Thebaine

Hydrocodone

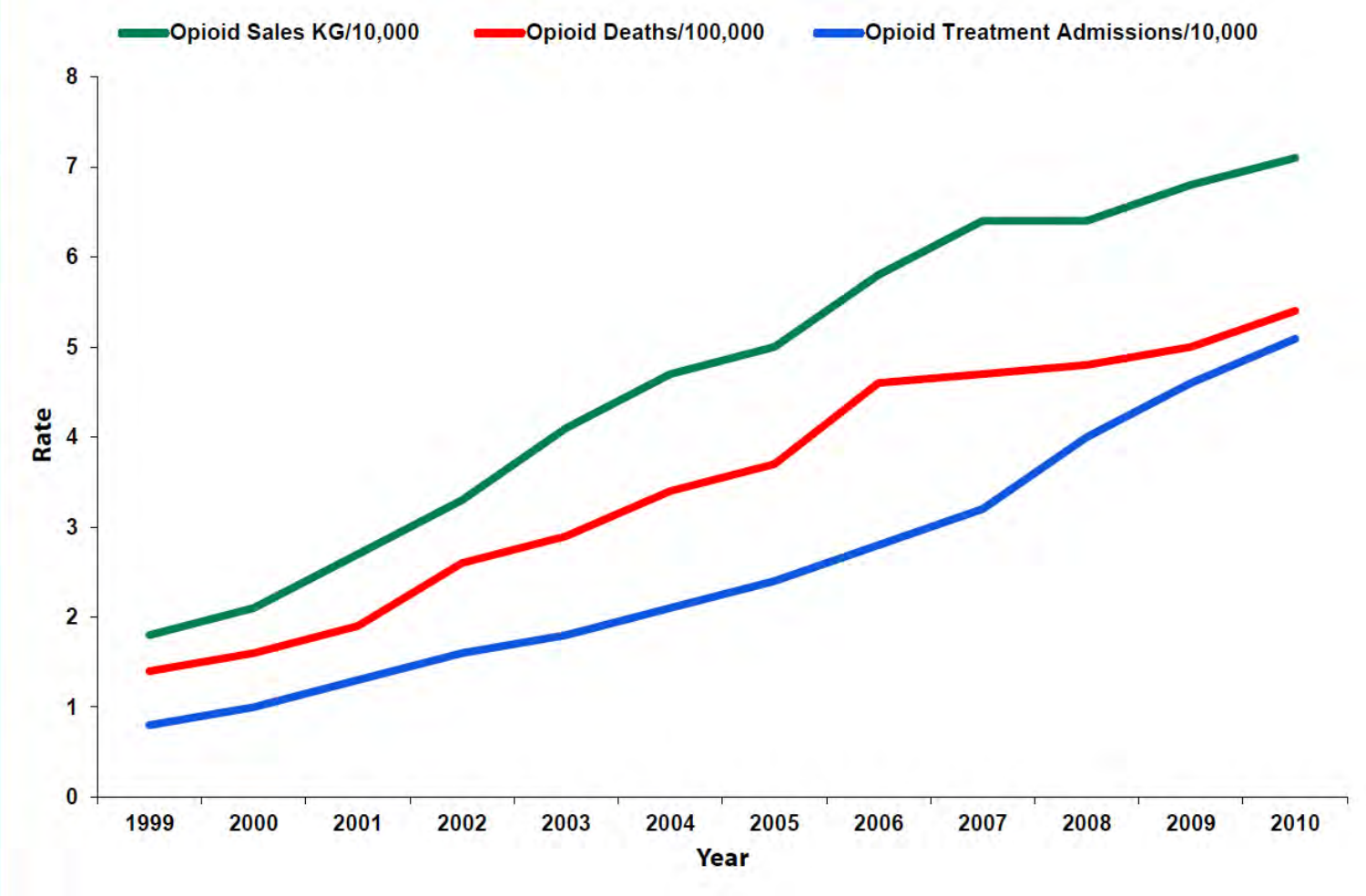
Hydromorphone

Oxycodone

Hydrocodone

U.S. Drug Enforcement Administration
Office of Diversion Control

# U.S. Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, 1999-2010




Source: National Vital Statistics System (NVSS), DEA's Automation of Reports and Consolidated Orders System, SAMHSA's Treatment Episode Data Set

# 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
$10/bag

U.S. Drug Enforcement Administration
Office of Diversion Control

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# The Examiner WASHINGTON

WEDNESDAY, DECEMBER 5, 2012

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## 'Liaisons Dangereuses'

New approach to classic P. 19

## Playoff possibilities

Schedule favors Skins P. 35

**Cooling down**

60° 34°

DETAILS P. 4

POLITICS

**Stalemate on 'cliff'**

Sides stop talking; Obama's rate hikes may be flexible. P. 13

LOCAL

**FBI analyst busted**

# Heroin use spikes in area suburbs

## Pill addicts risk deadly drug

# Community Impact?

Heroin trafficking organizations relocating to areas where prescription drug abuse is on the rise

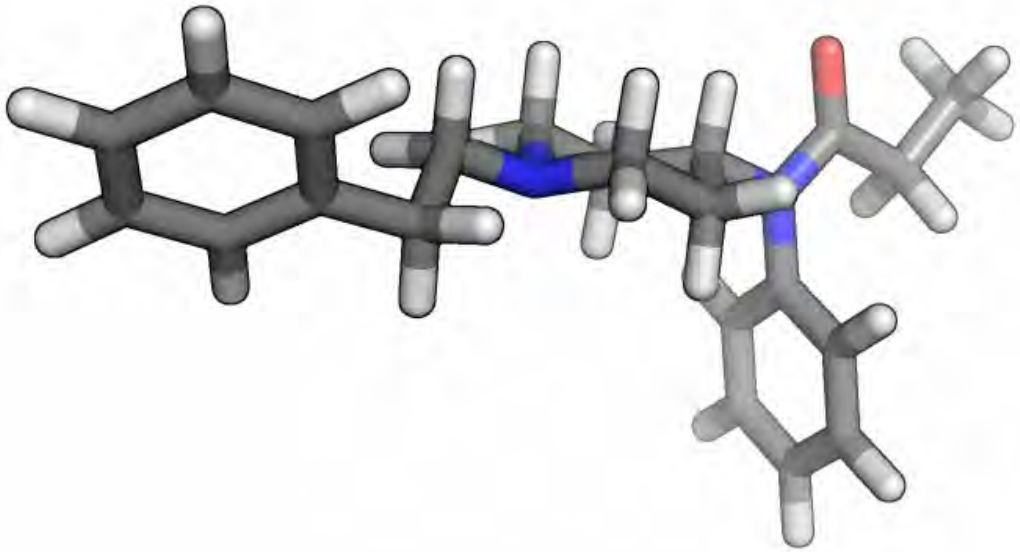
Heroin traffickers pave the way for increasing crime and violence

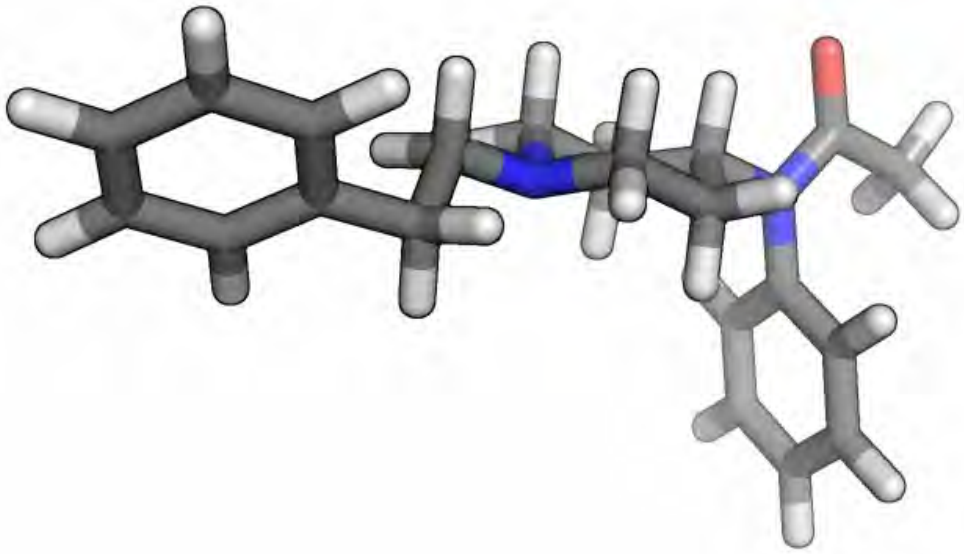
Law enforcement and prosecutors eventually fighting the problem on two fronts (prescription opiate diversion and heroin distribution) further depleting resources

Communities suffer

# Clandestinely Produced Synthetic Opioids

# What is a synthetic designer drug and why is law enforcement struggling to keep up with these compounds?



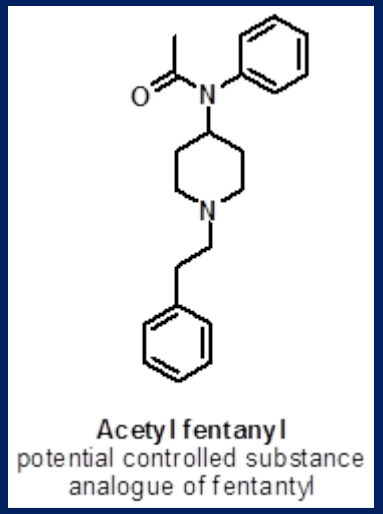


# Acetylfentanyl

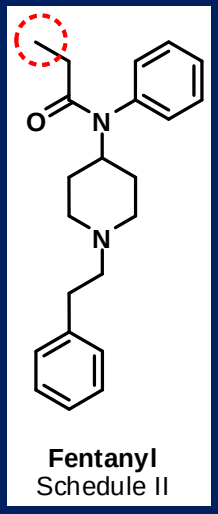
- Chemically-modified derivative of the powerful prescription painkiller Fentanyl
- is reportedly “50 times more potent than heroin and 100 times stronger than morphine
- May 2013 - 10,000 pills of “Desmethyl Fentanyl” intercepted in Montreal— hidden inside a microwave oven and a toaster destined for Colorado
  - Additional 1,500 kilograms of various raw materials; enough to make an additional 3 million pills seized

# Acetylfentanyl

- RI Medical Examiner's Office regarding twelve **(12)** overdose deaths in March/April 2013
- Preliminary Lab/Toxicology reports attribute OD deaths to Acetylfentanyl
  - 5 of 12 overdose deaths occurred in Woonsocket, RI
  - May 16, 2013 two individuals arrested in Woonsocket, RI in possession of 28 grams of suspected Acetyl fentanyl
    - Attempts will be made to confirm link to OD deaths




**Acetyl fentanyl**
potential controlled substance
analogue of fentanyl




**Fentanyl**
Schedule II

**Drug Enforcement Administration**
Office of Diversion Control
*Drug & Chemical Evaluation Section*

# Acetylfentanyl
# (*N*-(1-phenethylpiperidin-4-yl)-*N*-phenylacetamide)

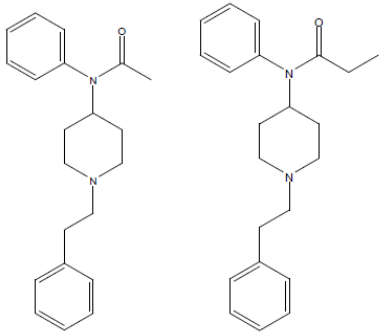
December 2013
DEA/OD/ODE

## Introduction:

Acetylfentanyl, similar to the Schedule II opioid fentanyl, is a potent opioid analgesic. Recently, it has been linked to a number of overdose deaths in the northeastern part of the U.S. Acetylfentanyl is not a part of most illicit drug screens and remained undetected in many of these cases. Upon being identified in one death, secondary analyses were performed to confirm the presence of acetylfentanyl in numerous jurisdictions.

## Chemistry:

The chemical structure of acetylfentanyl and the Schedule II substance fentanyl are shown below.



Acetylfentanyl Fentanyl

Acetylfentanyl and fentanyl are both synthetic opioids and have similar structures. With one less methyl group attached to the amide group, acetylfentanyl is the N-acetyl version of fentanyl.

## Pharmacology:

Acetylfentanyl ($EC_{50}$ = 676 nM), similar to morphine ($EC_{50}$ = 23.6 nM), has been shown to bind to μ-opioid receptors in rat cerebrum membrane preparations. Acetylfentanyl, similar to morphine, has been shown to inhibit the twitch response in electrically stimulated vas deferens preparation. A pharmacology study using acetic acid writhing test showed that acetylfentanyl produces analgesic response in mice 15.7-fold more potent than that of morphine. Potency of acetylfentanyl was about 3-fold less than that of fentanyl in this assay. The $ED_{50}$ (the dose at which 50% of test animals had met the criterion for analgesic response) dose for acetylfentanyl, fentanyl and morphine were 0.021, 0.0061, and 0.33 mg/kg, respectively. Similarly, in another study using tail flick and phenylquinone writhing tests, acetylfentanyl produced analgesic response in mice. Acetylfentanyl has been shown to completely suppress the signs of withdrawal in morphine-dependent monkeys.

Besides analgesia, fentanyl-like substances, similar to other opioid analgesics, produce a variety of pharmacological effects including alteration in mood, euphoria, drowsiness, respiratory depression, suppression of cough reflex, constriction of pupils (miosis), and impaired gastrointestinal motility. Clinical studies evaluating pharmacological effects of acetylfentanyl in humans have not been reported in the scientific literature.

In acute toxicity studies in mice, the $LD_{50}$ (the dose causing death of 50% of test animals) of acetylfentanyl and fentanyl are 9.3 mg/kg and 62 mg/kg, respectively. Significant bleeding in the small intestines of mice was observed in acetylfentanyl-administered mice.

## Licit Uses:

There are no published studies as to the safety of acetylfentanyl for human use. There are no commercial or medical uses for this substance.

## Illicit Uses:

As a μ-opioid receptor agonist, acetylfentanyl may serve as a direct substitute for heroin or other μ-opioid receptor agonist substances in opioid dependent individuals.

Recently, the Centers for Disease Control and Prevention (CDC) issued a health alert to report that between March 2013 and May 2013, 14 overdose deaths related to injected acetylfentanyl had occurred among intravenous drug users (ages between 19 and 57 years) in Rhode Island.

After confirming five overdoses in one county, including a fatality, Pennsylvania asked coroners and medical examiners across the state to screen for acetylfentanyl. This request led to 50 confirmed fatalities and five non-fatal overdoses statewide in 2013.

## Control Status

Acetylfentanyl is not currently scheduled under the Controlled Substance Act (CSA). However, if intended for human consumption, acetylfentanyl may be treated as a "controlled substance analogue" under the CSA pursuant to 21 U.S.C §§802(32)(A) and 813.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 202-353-1263, telephone 202-307-7183, or E-mail ODE@usdoj.gov.

# Acetyl Fentanyl Deaths

- Most recent: September 2014, Bend, OR, confirmed by M.E. toxicology
- **14** overdose deaths in RI; March-May 2013, reported by CDC
- Approximately **50** overdose deaths in PA; 2013, (caused by fentanyl *or* acetyl fentanyl) reported by PA Dept. of Drug and Alcohol Programs
- **3** overdose deaths in NC; February 2014, Reported by NC Dept. of Health and Human Services
- **5** overdose deaths in LA; October 2013, reported by the media
- Likely that the prevalence of acetyl fentanyl in opioid-related emergency room admissions and deaths are under-reported. Since standard radioimmunoassays (e.g. ELISA) detect presence of fentanyl and its analogues. ***Confirmatory GC/MS is necessary.***
- DEA monitoring Acetyl fentanyl deaths for possible scheduling
- Total number of fentanyl and acetyl fentanyl deaths unknown without old DAWN system.

# Other Fentanyl-Related Compounds Include:

| | TEMPORARY SCHEDULING under 21 USC 811(h) | | | EXTENSION OF TEMPORARY SCHEDULING | | | PERMANENT SCHEDULING | | | | RESCHEDULING from CI to CII | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SUBSTANCE | PUB DATE | FEDERAL REGISTER CITATION | CSA SCHEDULE | PUB DATE | FEDERAL REGISTER CITATION | CSA SCHEDULE | PROPOSAL PUB DATE | PUB DATE | FEDERAL REGISTER CITATION | CSA SCHEDULE | PROPOSAL PUB DATE | PUB DATE | FEDERAL REGISTER CITATION | CSA SCHEDULE |
| Sufentanyl | | | | | | | | 09-30-80 | 45 FR 64571 | | 03-20-84 | 05-25-84 | 49 FR 22074 | I -> II |
| Alpha-Methylfentanyl | | | | | | | 08-05-81 | 09-22-81 | 46 FR 46799 | I Narcotic | | | | |
| Alfentanyl | | | | | | | | 06-25-84 | 49 FR 25849 | I Narcotic | 04-17-86 | 01-23-87 | 52 FR 2516 | I -> II Narcotic |
| 3-Methylfentanyl | 03-25-85 | 50 FR 11690 | I | 04-24-86 | 51 FR 15474 | I | 04-24-86 | 09-22-86 | 51 FR 33592 | I Narcotic | | | | |
| Beta-Hydroxyfentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I | 11-28-86 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Benzylfentanyl | 10-29-85 | 50 FR 43698 | I Expired 11/29/1986 | | | | | | | | | | | |
| Beta-Hydroxy-3-Methylfentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I Expired 5/29/1987 | 11-28-86 | 01-08-88 | 53 FR 500 | I Narcotic | | | | |
| Acetyl-Alpha-Methylfentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I | 11-28-86 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Thiofentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I | 11-28-86 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Thenylfentanyl | 10-29-85 | 50 FR 43698 | I Expired 11/29/1986 | | | | | | | | | | | |
| 3-Methylthiofentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I | 11-28-86 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Alpha-Methylthiofentanyl | 10-29-85 | 50 FR 43698 | I | 11-26-86 | 51 FR 42834 | I | 11-28-86 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Para-Fluorofentanyl | 02-07-86 | 51 FR 4722 | I | 03-10-87 | 52 FR 7270 | I | 03-10-87 | 05-29-87 | 52 FR 20070 | I Narcotic | | | | |
| Carfentanil | | | | | | | 01-12-88 | 10-28-88 | 53 FR 43684 | II Narcotic | | | | |
| Remifentanil | | | | | | | 09-16-96 | 11-05-96 | 61 FR 56893 | II Narcotic | | | | |

# Synthetic Opioid AH-7921

- Synthetic Opioid
- Mimics heroin
- 21 overdose deaths associated in Europe
- Relatively new in US market
  Seized in Reno, NV
- Dealer attempting to get a substance that is “not an analogue”
- This is marketed as “badger repellant”

# W-15 (Synthetic Opioid)

#1
04-08-2013, 09:07 PM

xool
Peasant

Join Date: Jan 2009
Thanks: 28
Thanked 11 Times in 7 Posts

**W-15 (New RC opioid)**

Noticed a few vendors stocking W-15 recently. Seriously little info available on it, but I thought there might be a few people here interested. Apparently it's about 5x more potent than morphine. That's all I've really found out, so here's some pics!

Looks like this:

Hopefully a few knowledgeable people will have some insight.

UPDATE: Found an experience report whilst searching. It's on reddit:http://www.reddit.com/r/opiates/comm...ort_rc_opiate/

According to that, doesn't look very promising :/

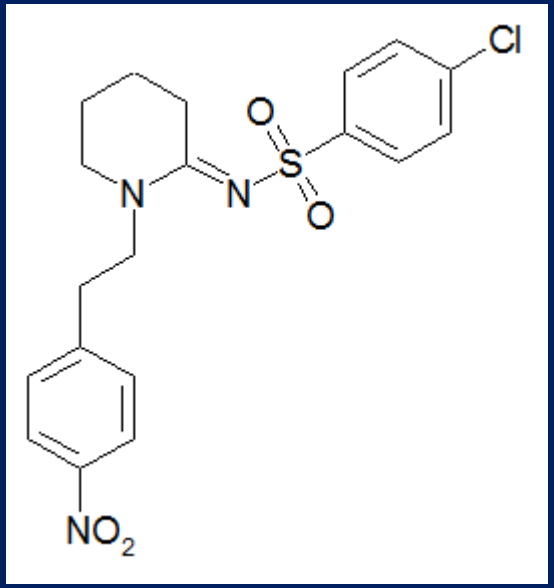
*Last edited by xool; 04-08-2013 at 09:15 PM.*

Quote

# W-18 (Synthetic Opioid)

- **-(4-Nitrophenylethyl)piperidylidene-2-(4-chlorophenyl)sulfonamide** (**W-18**) is a potent μ-opioid agonist with a distinctive chemical structure which is not closely related to other established families of opioid drugs.
- This compound was found to be around 10,000x more potent than morphine in animal studies, however due to its structural differences from other opioid drugs it would be difficult to represent as being "substantially similar in chemical structure" to any controlled drugs. This makes it likely that it would not be illegalized under drug analog laws.

- **Nitrophenylethyl)piperidylidene-2-(4-chlorophenyl)sulfonamide**



# METHADONE

# Methadone- 5mg &10mg

Mallinckrodt Pharmaceuticals 5 mg & 10mg

# Methadone 40 mg

U.S. Drug Enforcement Administration
Office of Diversion Control

# Treatment of Narcotic Addiction

# WHY IS IT ALSO USED AS AN ANALGESIC?

Cheapest narcotic pain reliever – synthetic

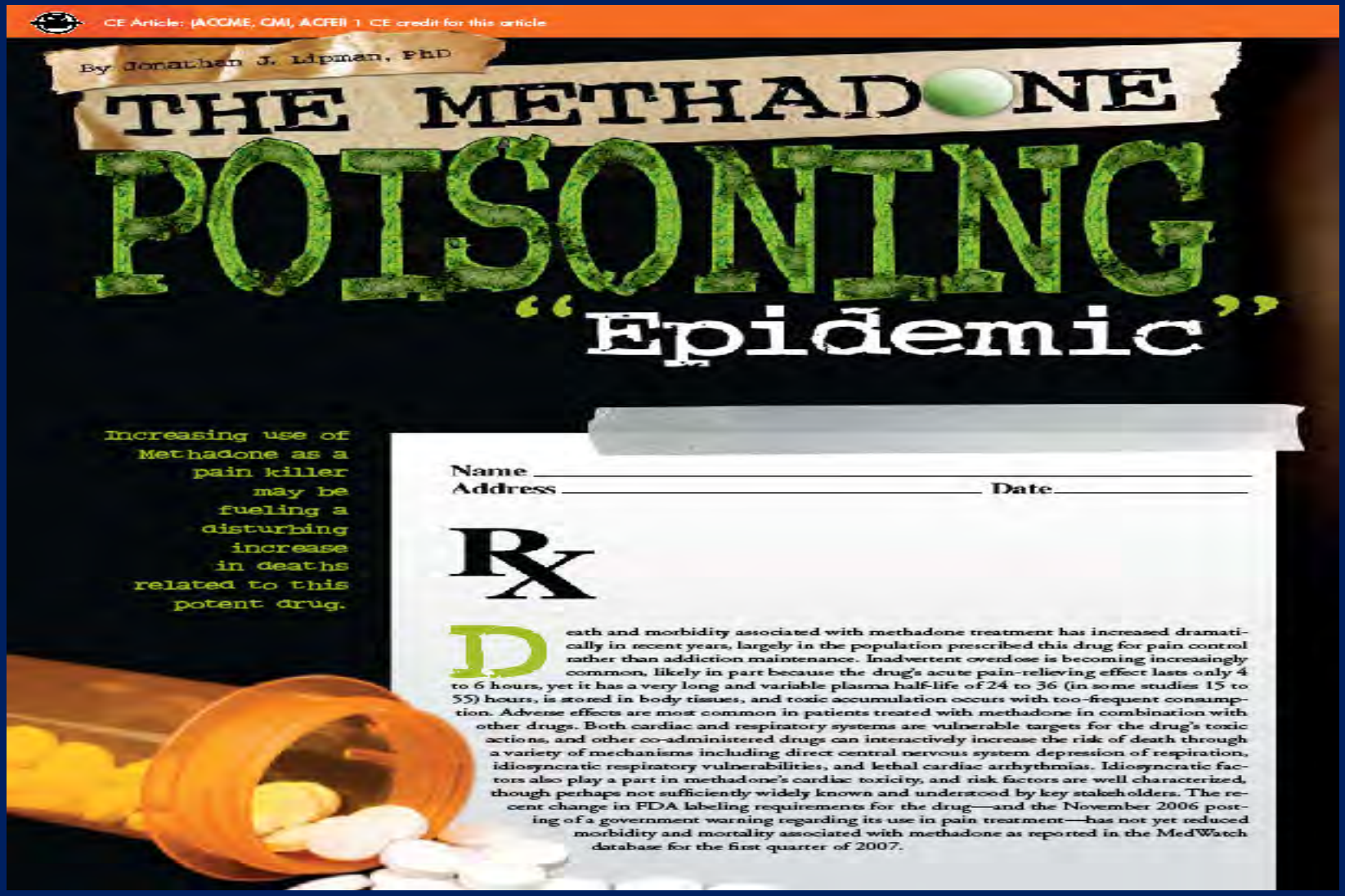
Insurance companies

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

# One Pill can Kill



CE Article: [ACCME, CMI, ACFEI] 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 _____

Address _____ Date _____

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.

The Methadone Poisoning by Jonathan J. Lipman, Ph.D.

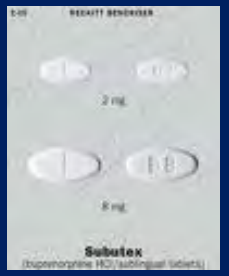
# Prescription Opioid Trafficking Trends
# DATA-2000 Physicians

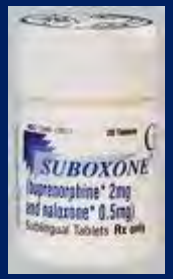
Joseph Rannazzisi
Deputy Assistant Administrator
DEA Office of Diversion Control

U.S. Drug Enforcement Administration /
Operations Division / Office of Diversion
Control

# Other FDA Approved Drugs for Narcotic Addiction Treatment

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



# Benzodiazepines

# Alprazolam (Schedule IV)

- Brand name formulation of ***Xanax®***
- Anti-anxiety agent used primarily for short-term relief of mild to moderate anxiety
- Part of the class of drugs called benzodiazepines, more commonly referred to as ‘benzos’
- Extremely addictive
  - Once dependence has occurred, Xanax makes it markedly more difficult for individuals to successfully self-detox than other benzodiazepines  $2.00-$2.50 for 2mg dosage unit.

# Alprazolam Xanax® (Z-bars)

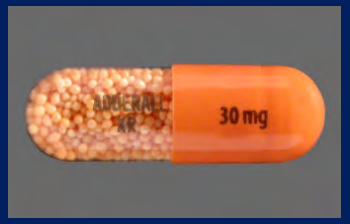
- Drug abusers often prefer alprazolam due to its rapid onset and longer duration of action
- Alprazolam was ranked third in the number of prescriptions for controlled substances in 2003, 2004, 2005 and 2006*
- For all sales of generic pharmaceuticals, alprazolam was ranked 7th**

* Source IMS Health
** Source Verispan VONA

# Stimulants

## Amphetamine Salts C-II

- Adderall ® C-II



## Methylphenidate C-II

- Ritalin®
- Concerta®

# 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

# Parents' Relaxed Attitudes and Permissiveness

- Approximately 29% of parents surveyed say they believe ADHD medication can improve a child's academic or testing performance, even if the teen does not have ADHD

Source: 2012 Partnership Attitude Tracking Study, published 4/23/13

# Teen Attitudes

- ✓ **31%** believe prescription drugs (Ritalin or Adderall) can be used as study aids.

- ✓ **29%** believe taking a larger dose than prescribed to them is okay as long as they are not getting high.

Date Prepared/ Source: 2013 Partnership Attitude Tracking Study, published 7/23/14

U.S. Drug Enforcement Administration
Office of Diversion Control

# ADHD Drugs

- **Used legitimately to treat ADHD**
- **Abuse prevalent among college students; can be snorted, injected or smoked; nicknamed "College Crack"**
- **$5.00 to $10.00 per pill on illicit market**
- **Adderall® Abusers are 5 times more likely to also abuse prescription pain relievers, 8 times more likely to abuse Benzodiazepines**

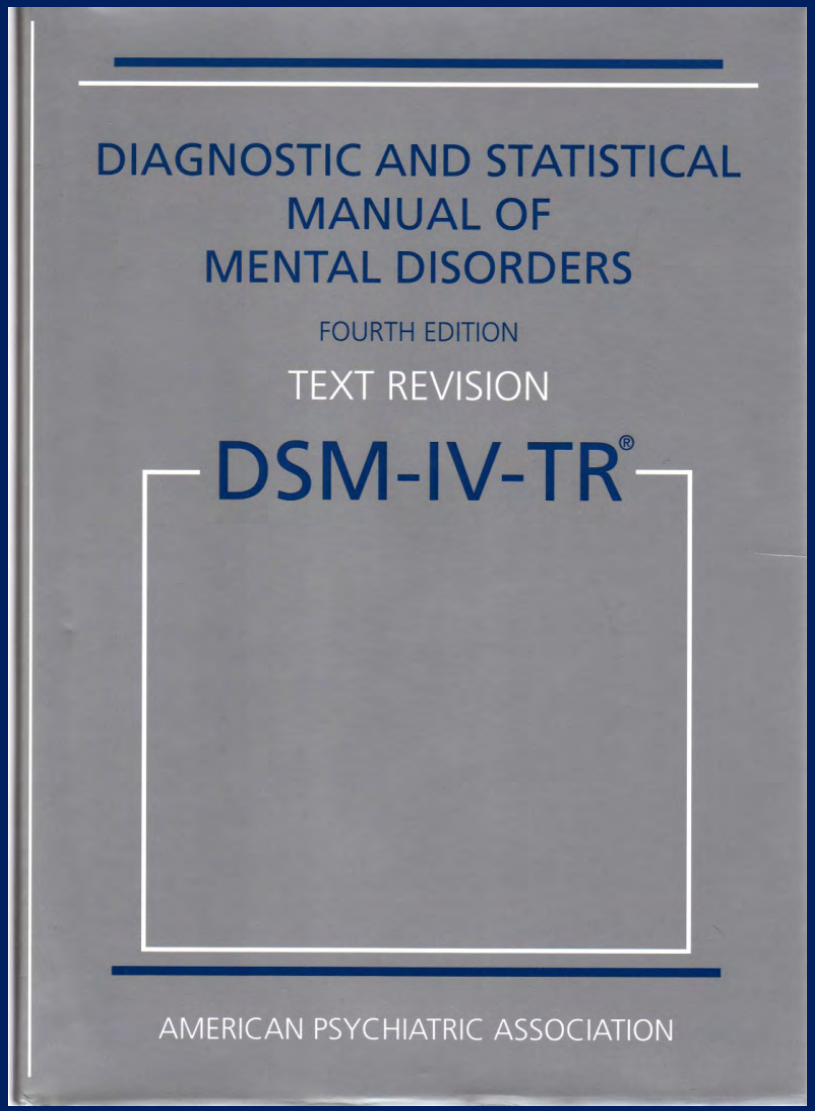
Source: NSDUH Report; Non-Medical Use of Adderall Among Full-Time College Students, published April 2009

# Trends in Abuse of Ritalin/Adderall

- One in eight teens (about 2.7 million) now reports having misused or abused these prescription stimulants at least once in their **lifetime**
- 9% of teens (about 1.9 million) report having misused or abused these prescription stimulants in the **past year** (up from 6% in 2008)
- 6% of teens (about 1.3 million) report abuse of these prescription stimulants in the past month (up from 4% in 2008)
- One in four teens (26%) believes that prescription drugs can be used as a study aid
- More than one in five teens (22%) says there is little or no risk in using Ritalin/Adderall without a prescription

Source: 2012 Partnership Attitude Tracking Study, published 4/23/13

# REQUIRED READING



# Attention-Deficit and Disruptive Behavior Disorders

## Attention-Deficit/Hyperactivity Disorder

**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)**

culty sustaining attention in tasks or play activities and often find it hard to persist with tasks until completion (Criterion A1b). They often appear as if their mind is elsewhere or as if they are not listening or did not hear what has just been said (Criterion 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 disor-



- Fails to give close attention to details…makes 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

(g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
(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:*

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

(h) often has difficulty awaiting turn
(i) often interrupts or intrudes on others (e.g., butts into conversations or games)

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).

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

that requests be met, mood lability, demoralization, dysphoria, rejection by peers, and poor self-esteem. Academic achievement is often markedly impaired and devalued, quat othe ior. peci to b pare with activ achi is se sam Hyp gifte fam imp nou bine salie activ tive by p tent

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 clin-

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

# 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?

- Friends and Family for Free
- Medicine Cabinet
- Doctor Shopping
- Internet
- Pain Clinics

# 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

# Criminal Activity

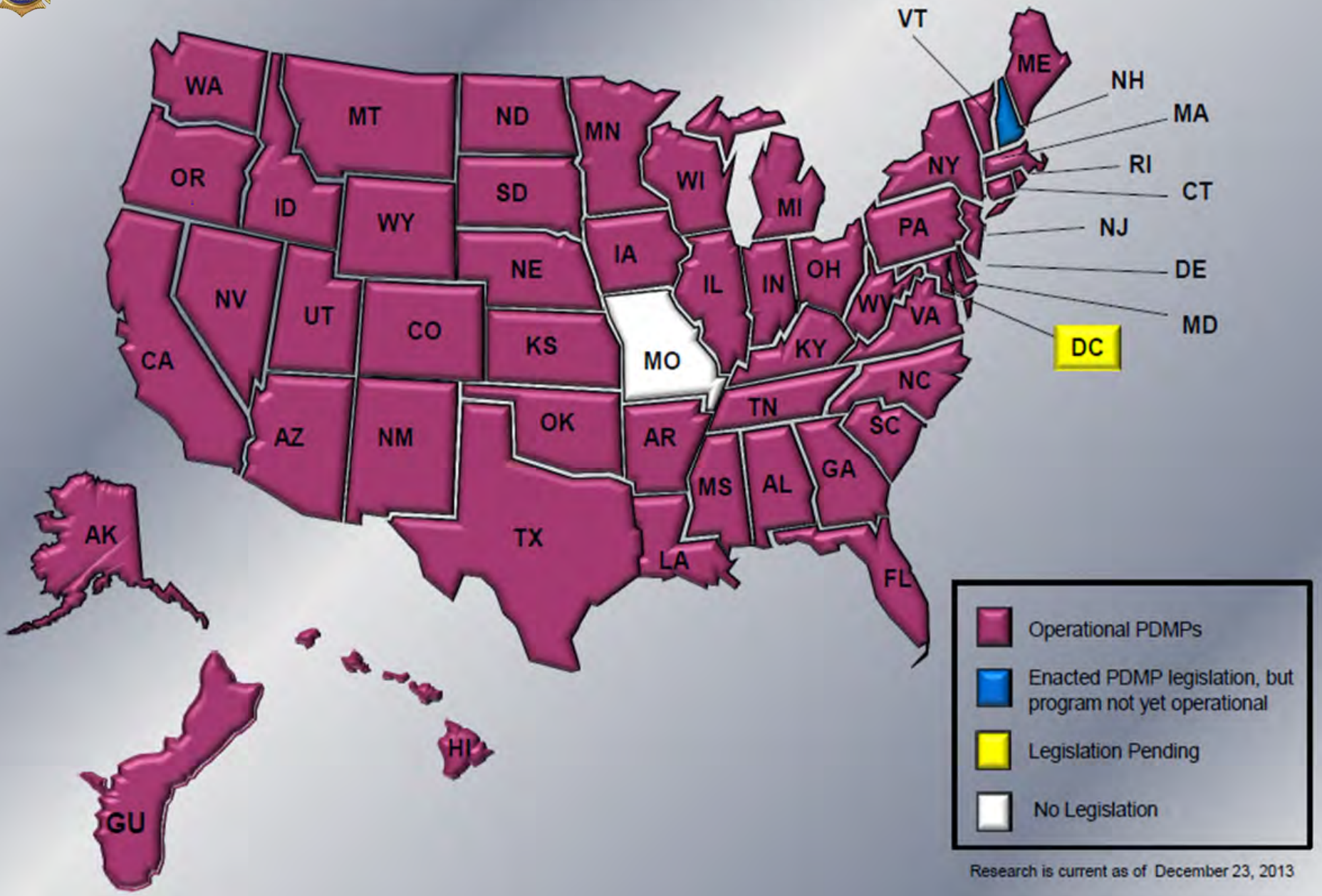
# Egregious Activity
# (Not on the fringes)

# Doctor Shopping

# Prescription Drug Monitoring Programs

# Status of Prescription Drug Monitoring Programs (PDMPs)

** To view PDMP Contact information, hover the mouse pointer over the state abbreviation*




Research is current as of December 23, 2013

# Mandatory PDMP review before prescribing CS?

# Pharmacist access to PDMP

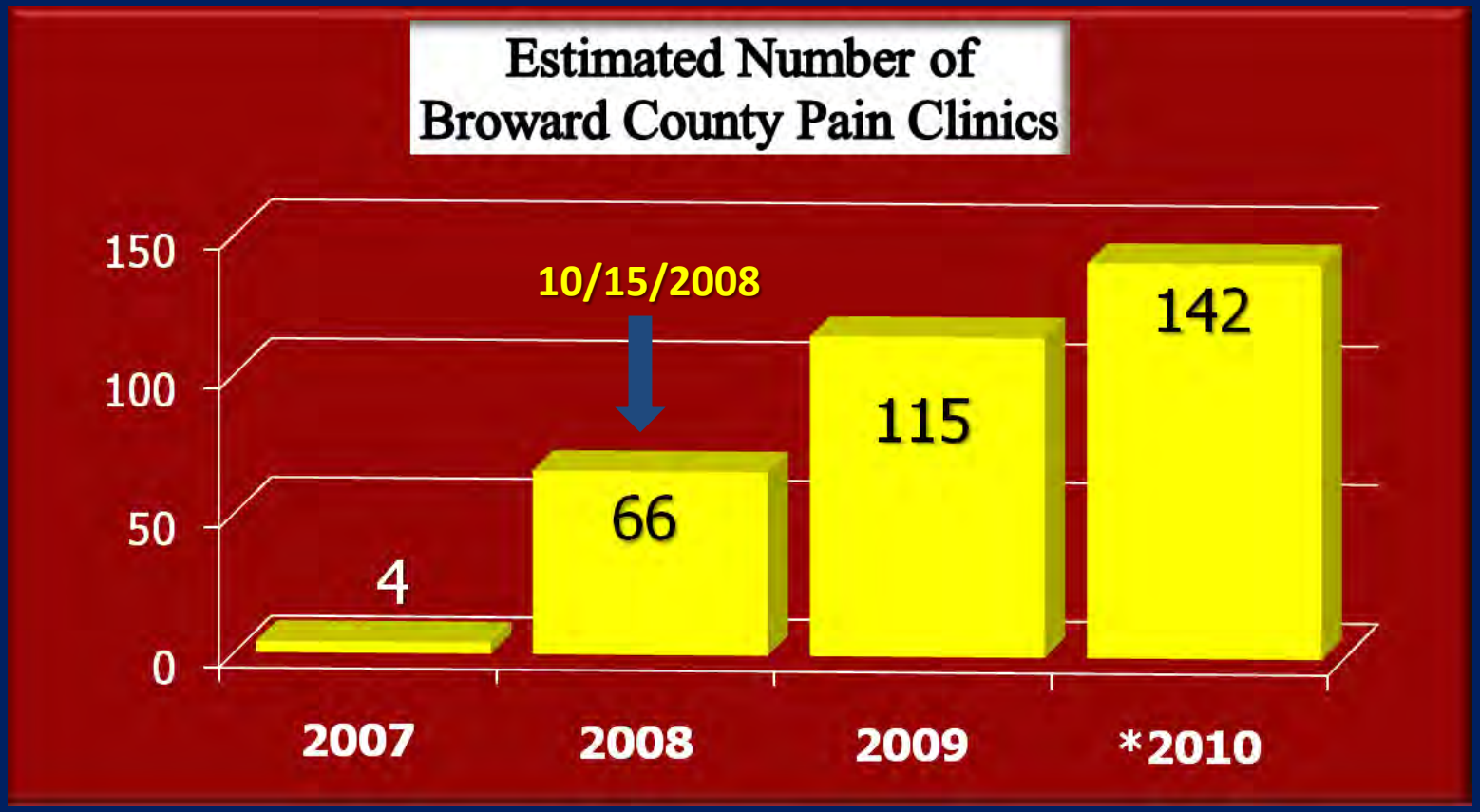
# Standard of Care

# National Association of Boards of Pharmacy

# Diversion via the Internet

# Pain Clinics

# 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

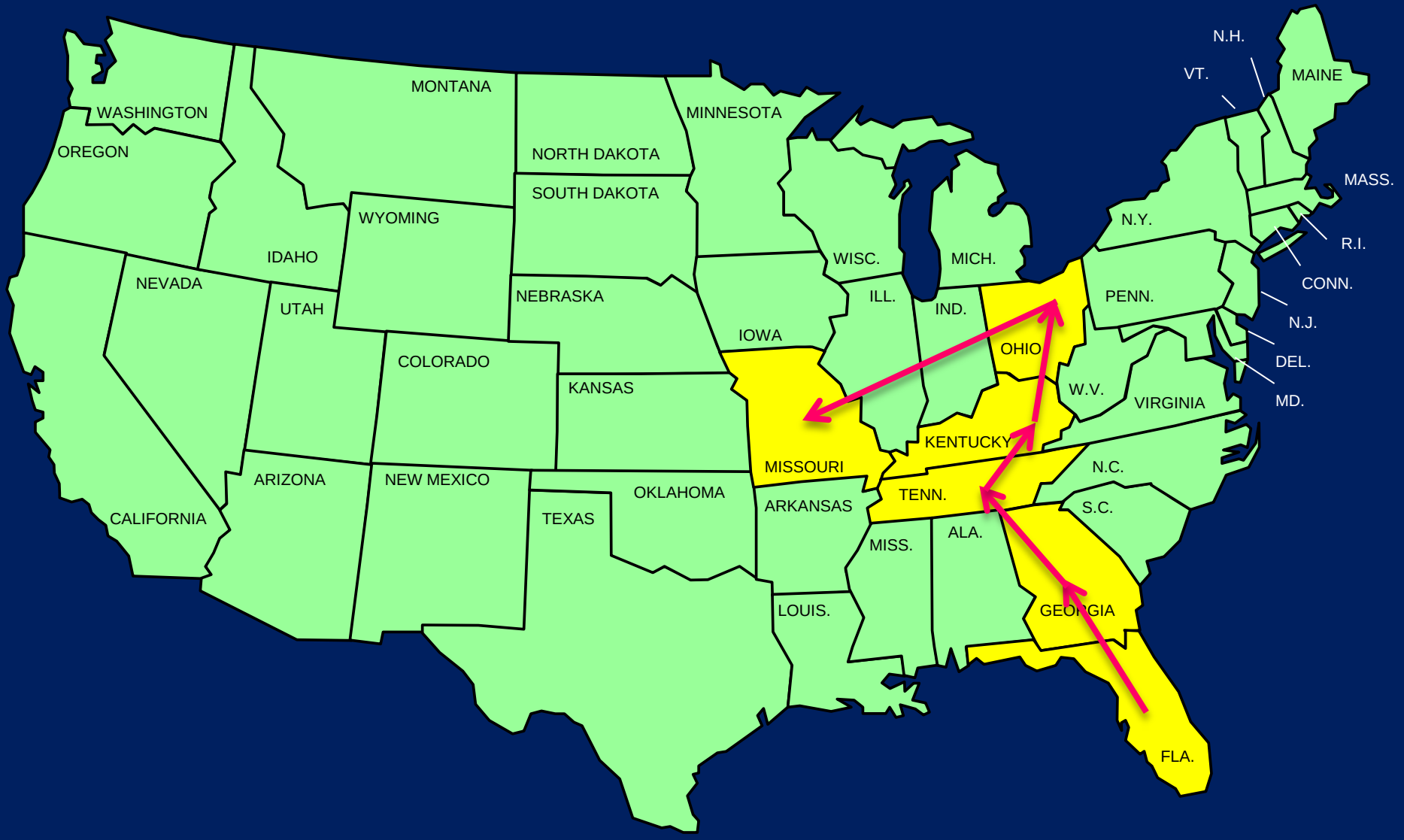
# Medical Care ?

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

# Increased Law Enforcement Pressure

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

# MIGRATION OF PAIN CLINICS

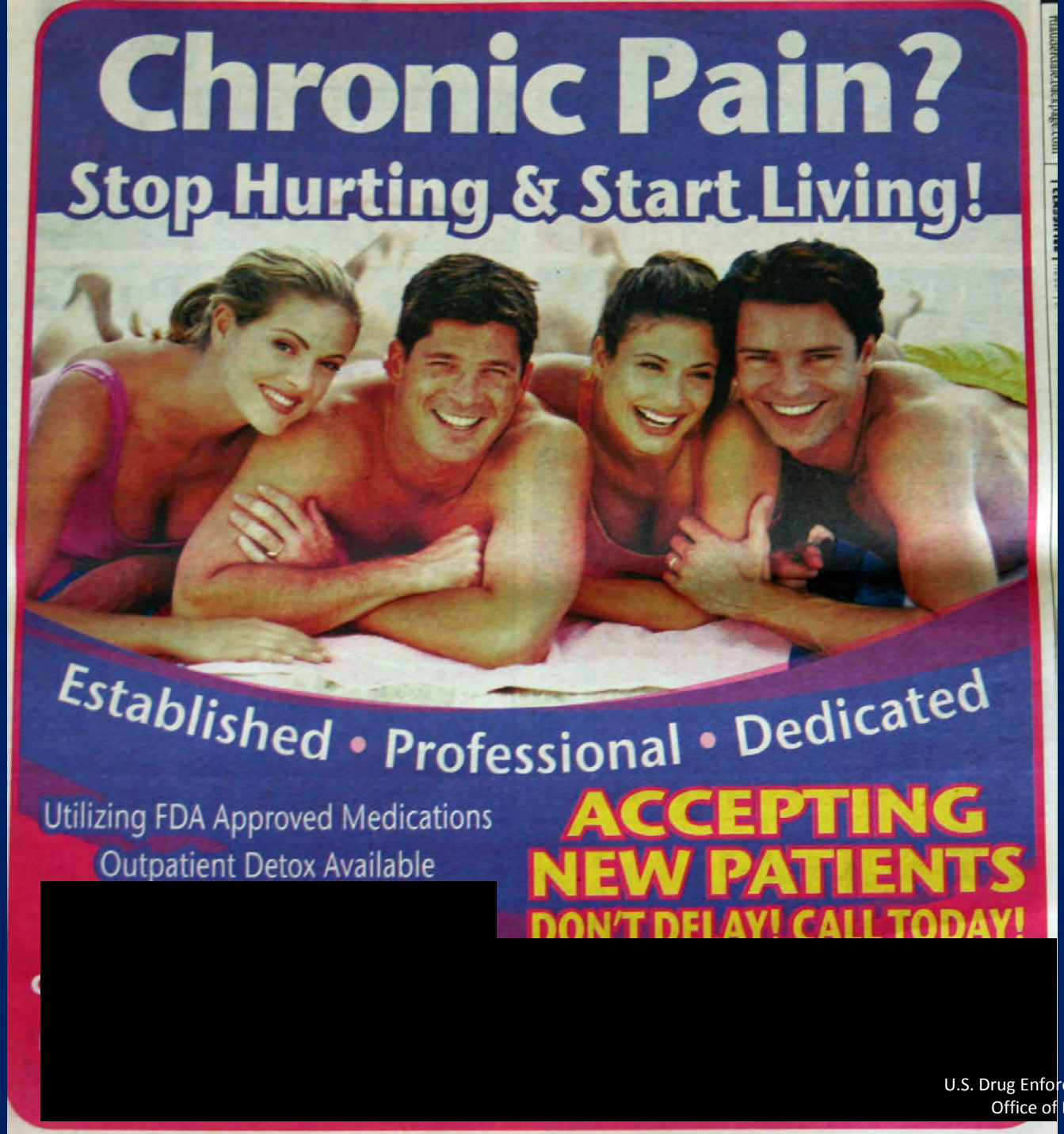


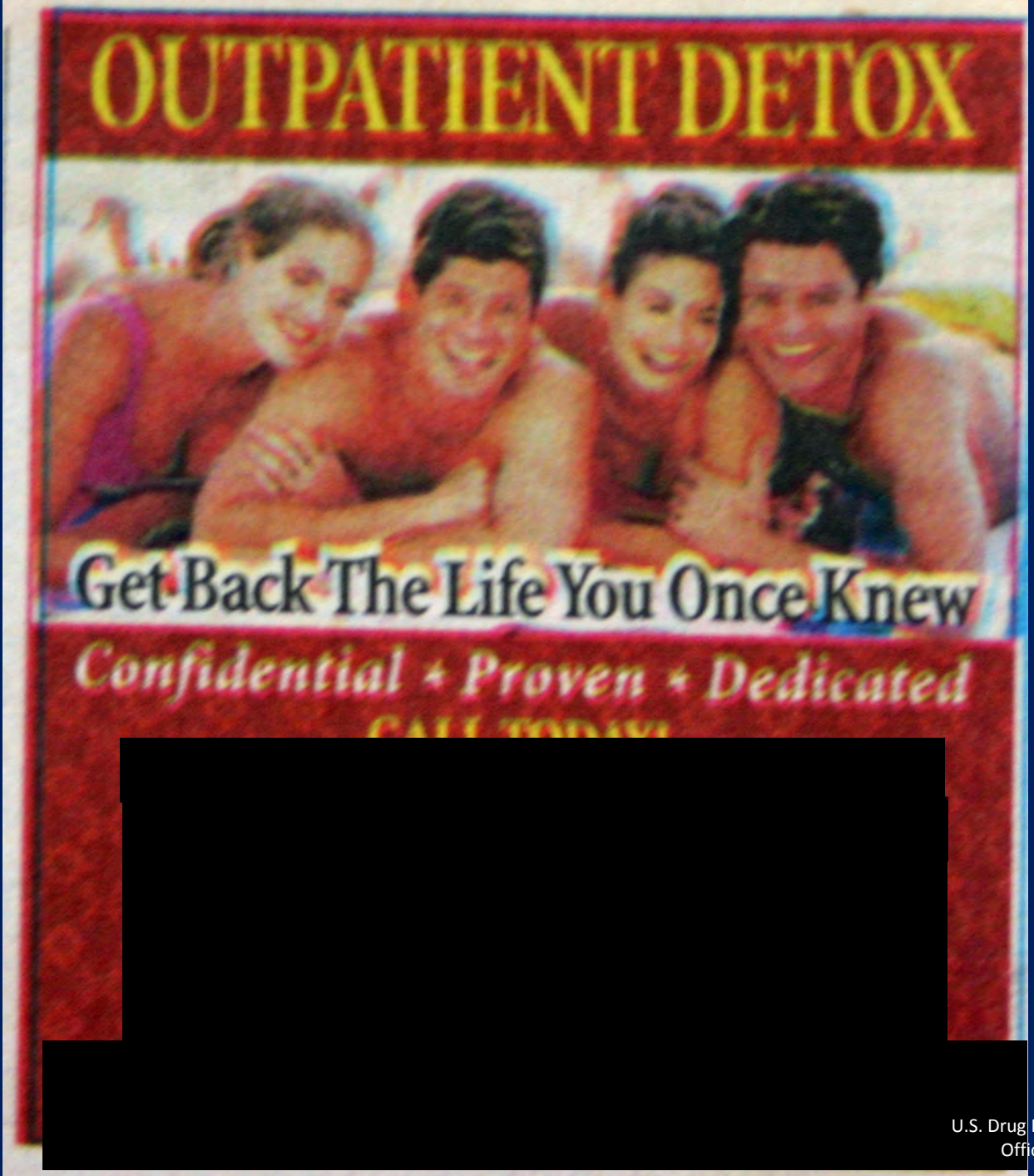

U.S. Drug Enforcement Administration
Office of Diversion Control

No Insurance Accepted

"short waits or we will pay you"

"earn $$$ for patient referals" (sic)


Chronic Pain?
Stop Hurting & Start Living!
Established • Professional • Dedicated
Utilizing FDA Approved Medications
Outpatient Detox Available
ACCEPTING
NEW PATIENTS
DON'T DELAY! CALL TODAY!


OUTPATIENT DETOX
Get Back The Life You Once Knew
Confidential • Proven • Dedicated

# 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) | |
| Methadone | | |

# The Controlled Substances Act

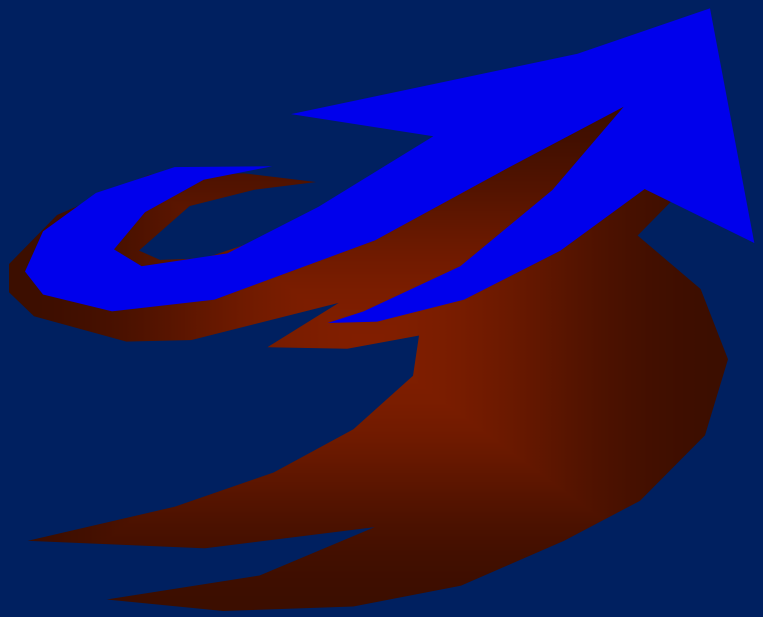
# 21 United States Code

# CSA Registrant Population

Current Number of
DEA Registrants.....

**1,582,633**

**June 12, 2015**

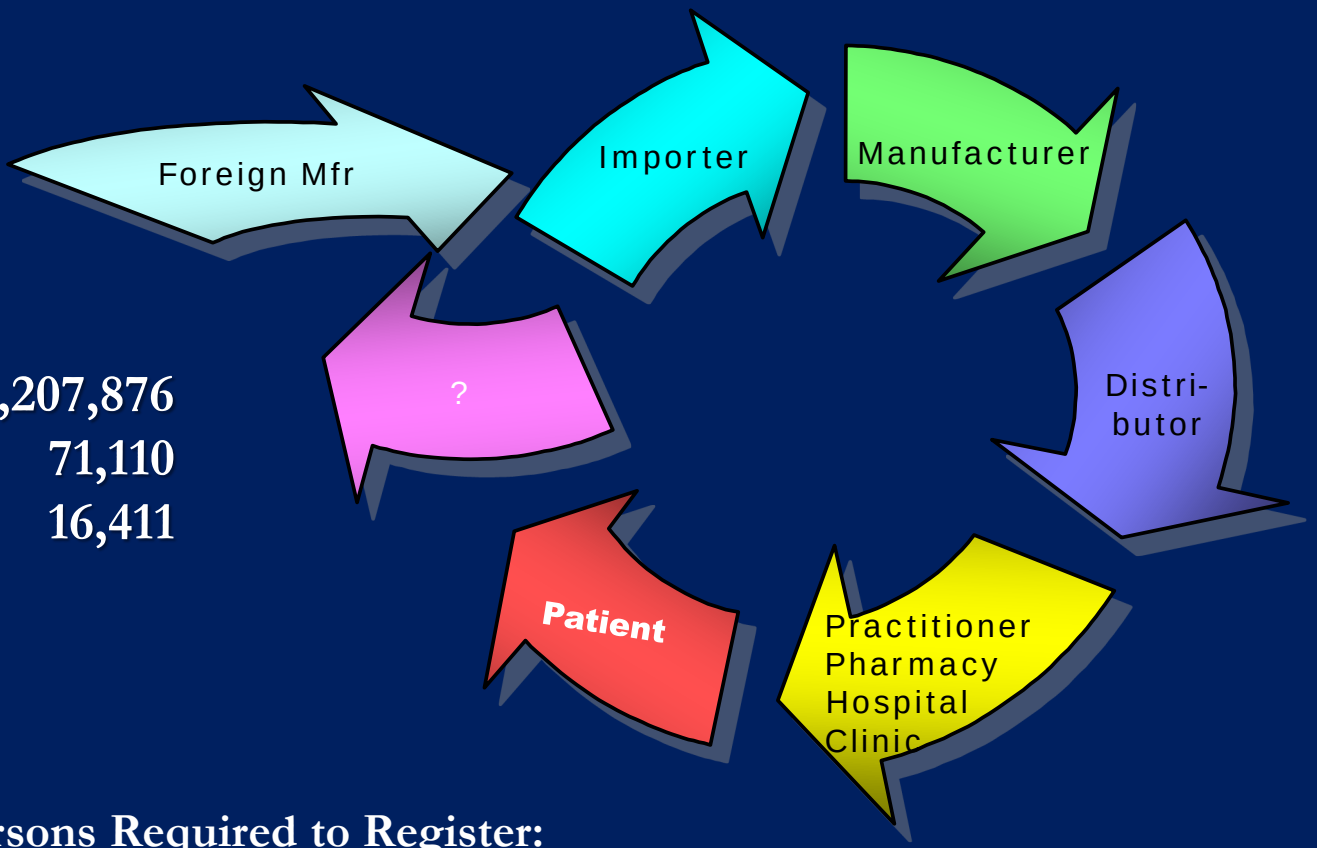


**480,000**

**1973**

**Provisional registrations in effect at the time CSA was passed (relative to the Harrison Narcotics Act of 1914)**

# Closed System of Distribution



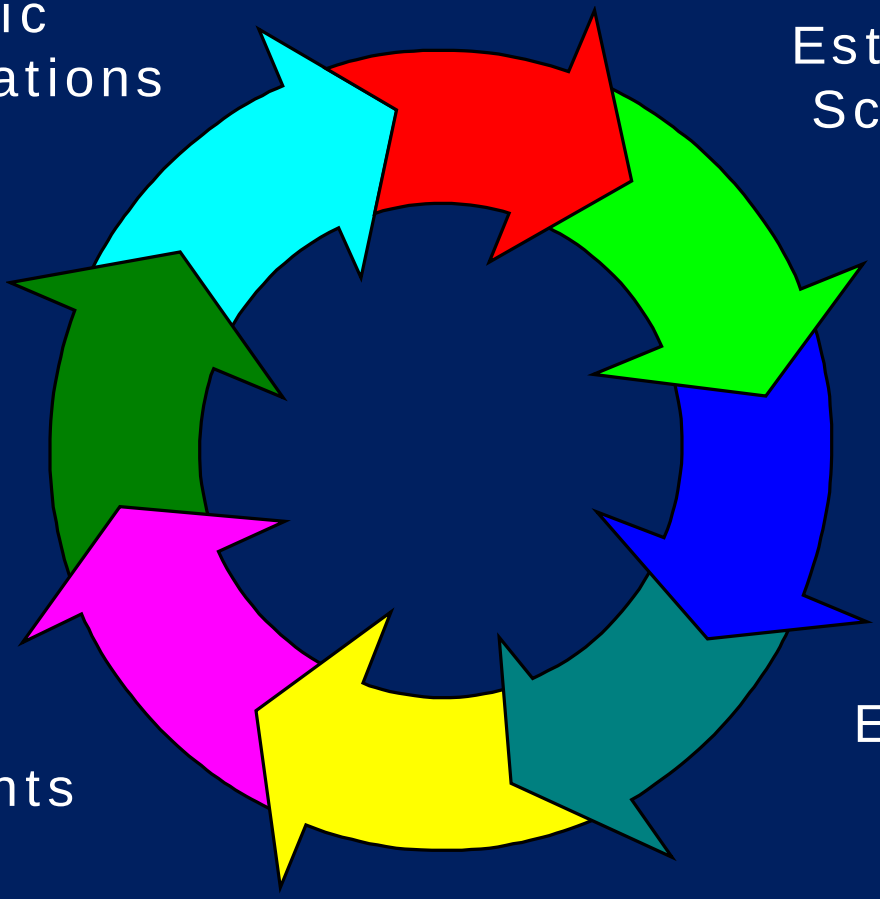

**1,582,633** (06/12/15)

| | |
|---|---|
| **Practitioners:** | **1,207,876** |
| **Retail Pharmacies:** | **71,110** |
| **Hospital/Clinics:** | **16,411** |

**Law: 21 USC 822 (a) (1) Persons Required to Register:**
"Every person who manufactures or distributes any Controlled Substance or List I Chemical or who proposes to engage in .."

**Law: 21 USC 822 (a) (2) Persons Required to Register:**
"Every person who dispenses, or who proposes to dispense any controlled substance ..."

# Closed System of Distribution

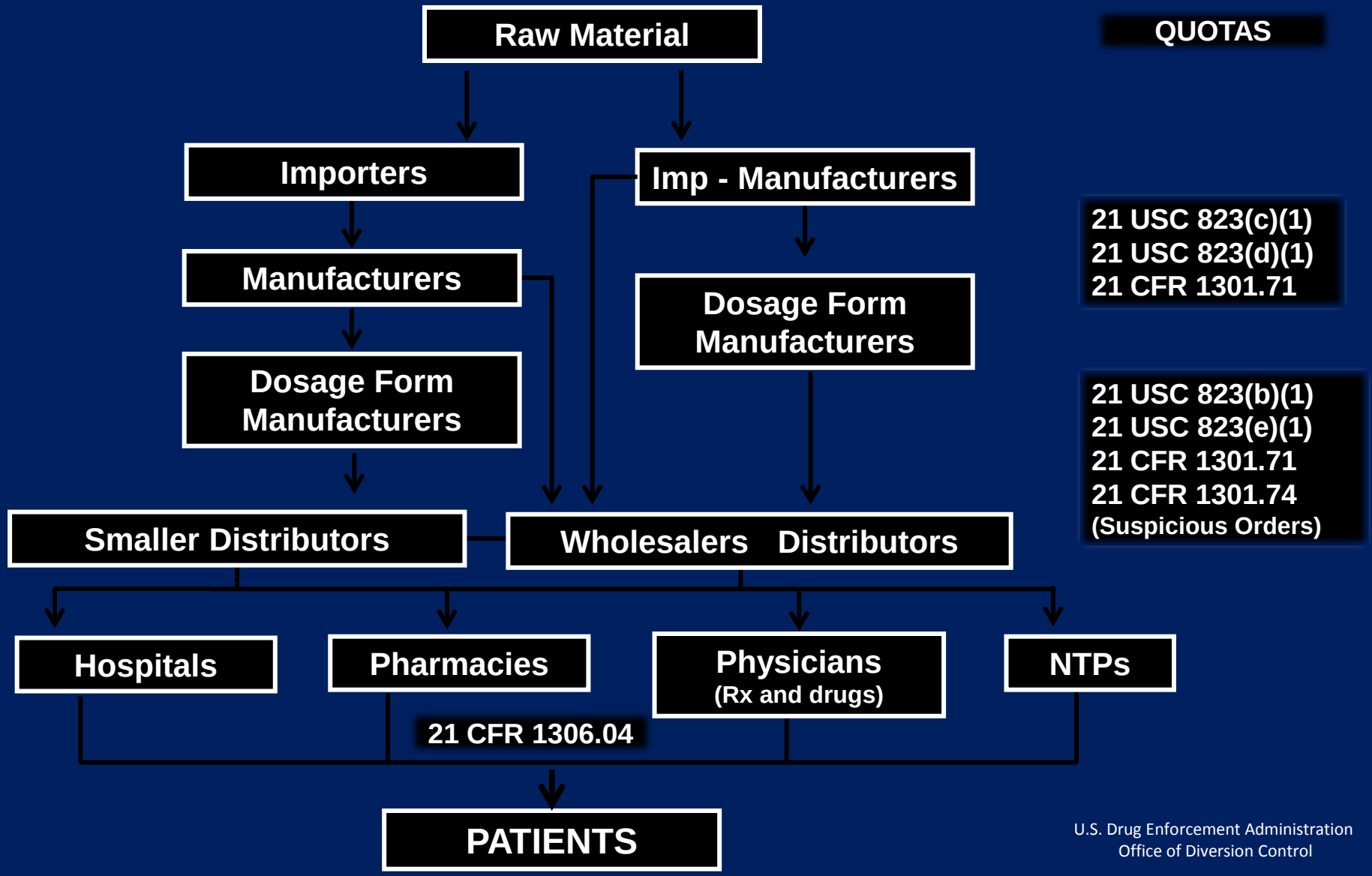


# Cutting off the Source of Supply

# The Controlled Substances Act

## Checks and Balances

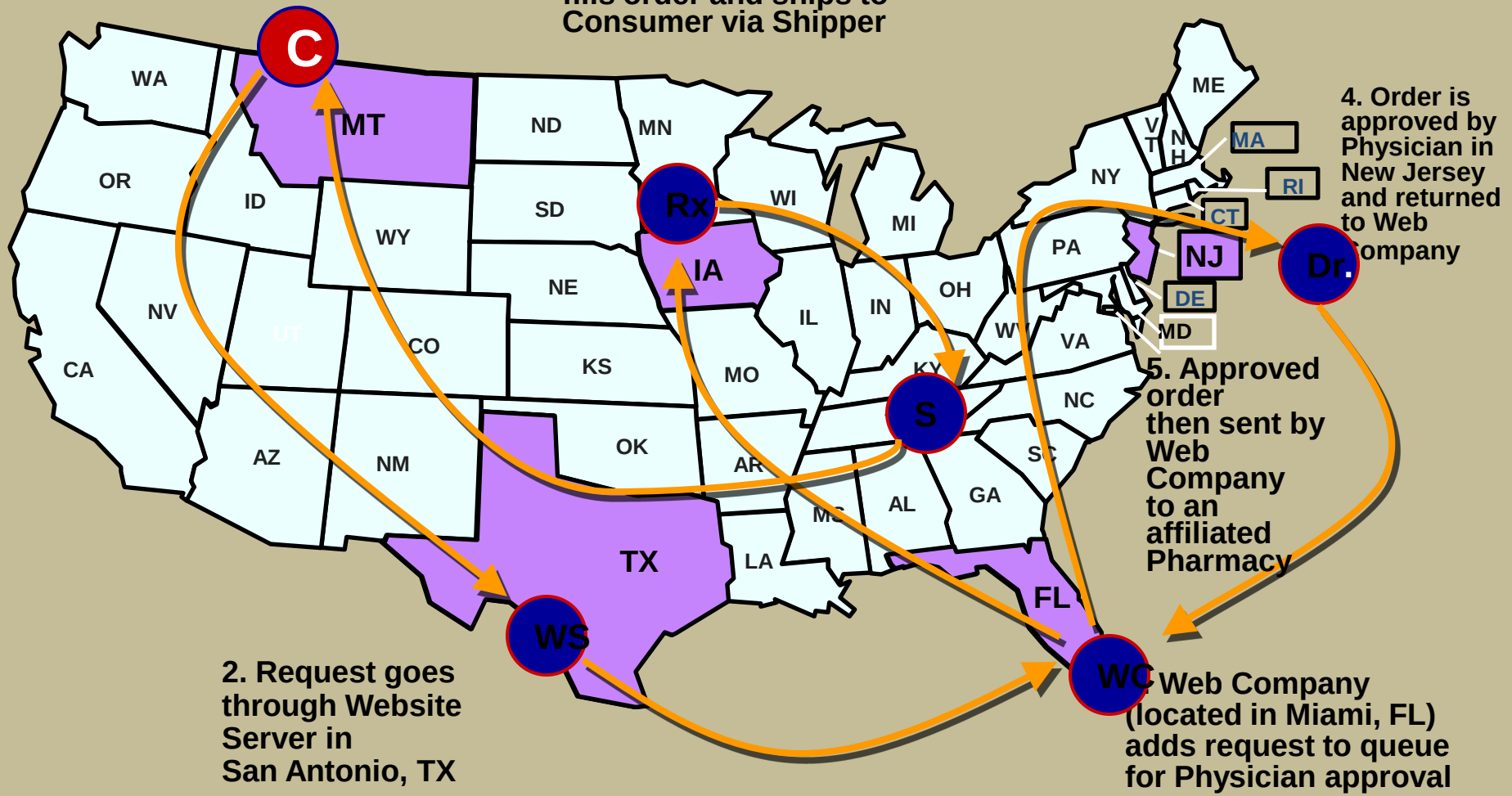
# The Flow of Pharmaceuticals




U.S. Drug Enforcement Administration
Office of Diversion Control

# Diversion via the Internet

# Domestic '$R_X$' Flow



# Purchases of hydrocodone by Known and Suspected Rogue Internet Pharmacies
# January 1, 2006 – December 31, 2006

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | | | Hillsborough | TAMPA | FLORIDA | 33614 | 15,596,380 |
| 2 | | | Pinellas | CLEARWATER | FLORIDA | 33765 | 9,077,810 |
| 3 | | | Hillsborough | TAMPA | FLORIDA | 33614 | 8,760,876 |
| 4 | | | Baltimore City | BALTIMORE | MARYLAND | 21213 | 5,876,300 |
| 5 | | | Hillsborough | TAMPA | FLORIDA | 33619 | 5,718,200 |
| 6 | | | Jefferson | RIVER RIDGE | LOUISIANA | 70123 | 4,892,900 |
| 7 | | | Hillsborough | TAMPA | FLORIDA | 33634 | 4,733,290 |
| 8 | | | Polk | LAKELAND | FLORIDA | 33813 | 4,564,480 |
| 9 | | | Hillsborough | TAMPA | FLORIDA | 33612 | 4,220,840 |
| 10 | | | Pinellas | CLEARWATER | FLORIDA | 33759 | 3,819,320 |
| 11 | | | Hillsborough | TAMPA | FLORIDA | 33610 | 3,044,160 |
| 12 | | | | | FLORIDA | 33809 | 3,039,490 |
| 13 | | | | | | 70123 | 2,750,000 |
| 14 | | | | | | 34652 | 2,664,120 |
| 15 | | | | | | 33613 | 1,902,900 |
| 16 | | | | | FLORIDA | 33801 | 1,726,020 |
| 17 | | | Hillsborough | TAMPA | FLORIDA | 33612 | 1,619,765 |
| 18 | | | Hillsborough | TAMPA | FLORIDA | 33604 | 1,570,350 |
| 19 | | | Pinellas | TARPON SPRINGS | FLORIDA | 34689 | 1,464,900 |
| 20 | | | Lincoln | DENVER | NORTH CAROLINA | 28037 | 1,402,450 |
| 21 | | | Hillsborough | TAMPA | FLORIDA | 33617 | 1,282,800 |
| 22 | | | Hillsborough | TAMPA | FLORIDA | 33619 | 1,272,860 |
| 23 | | | Polk | LAKELAND | FLORIDA | 33813 | 1,039,400 |
| 24 | | | Pasco | WESLEY CHAPEL | FLORIDA | 33543 | 1,030,050 |
| 25 | | | Iredell | MOORESVILLE | NORTH CAROLINA | 28117 | 902,500 |
| 26 | | | Polk | LAKELAND | FLORIDA | 33815 | 867,800 |
| 27 | | | Broward | HOLLYWOOD | FLORIDA | 33021 | 865,700 |
| 28 | | | Los Angeles | ENCINO | CALIFORNIA | 91436 | 798,100 |
| 29 | | | Hillsborough | TAMPA | FLORIDA | 33604 | 793,350 |
| 30 | | | Pasco | NEW PORT RICHEY | FLORIDA | 34652 | 583,400 |
| 31 | | | Ravalli | FLORENCE | MONTANA | 59833 | 362,000 |
| 32 | | | Hillsborough | TAMPA | FLORIDA | 33619 | 162,000 |
| 33 | | | Broward | DEERFIELD BEACH | FLORIDA | 33441 | 112,600 |
| 34 | | | Hillsborough | TAMPA | FLORIDA | 33614 | 49,600 |
| | | | | | | | 2,899,021 |

98,566,711

Date Prepared: 03/07/2007 Source: ARCOS

# Checks and Balances of the CSA and the Regulatory Scheme

- **<u>Distributors</u> 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)***

# US v. Moore 423 US 122 (1975)

Perfunctory initial physical exam…return visits no exam

Physical exam included needle mark checks…some were simulated

Patient received quantity of drugs requested…were charged based on quantity

Unsupervised urinalysis – results did not matter

Accurate records not kept – quantity dispensed not recorded

Practitioner not authorized to conduct methadone maintenance;

Patient directed prescribing;

# The Controlled Substances Act
# Illegal Distribution

**21 U.S.C. § 841 (a) Unlawful acts:**

**Except as authorized by this subchapter, it shall be unlawful for any person to knowingly or intentionally**

**(1) to manufacture, distribute or dispense, or possess with intent to manufacture, distribute or dispense, a controlled substance; or**

*Pharmacists have a responsibility to protect patients, as well as the public, from the abuse, misuse and diversion of prescription drugs.*

*2014 AACP Program Material*

# Checks and Balances Under the CSA

**<u>Pharmacists</u> – 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))**

*U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)*

*U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)*

*U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)*

*East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)*

# Checks and Balances Under the CSA

## Pharmacists – The Last Line of Defense

***"An order purporting to be a prescription issued not in the 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."*** **(21 CFR § 1306.04(a))**

*U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)*
*U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)*
*U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)*
*East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)*

# The Last Line of Defense

# Corresponding Responsibility

When prescriptions are clearly not issued for legitimate medical purposes, a pharmacist may not intentionally close his eyes and thereby avoid [actual] knowledge of the real purpose of the prescriptions.

(Ralph J. Bertolino, 55 FR 4729, 4730 (1990)),

# Corresponding Responsibility Cases

**East Main Street Pharmacy; Affirmance of Suspension Order**

[Federal Register (Volume 75, Number 207 ) October 27, 2010
pages 66149-66165] ; see also Paul H. Volkman 73 FR 30630, 30642 (2008)

**Holiday CVS, L.L.C, d/b/a CVS/Pharmacy Nos. 219 and 5195; Decision and order**

[Federal Register Volume 77, Number 198 (Friday October 12, 2012) pages 62315-62346]

# Potential Red Flags

Many customers receiving the same combination of prescriptions; cocktail

Many customers receiving the same strength of controlled substances; no individualized dosing: multiple prescriptions for the strongest dose

Many customers paying cash for their prescriptions

Early refills

Many customers with the same diagnosis codes written on their prescriptions;

Individuals driving long distances to visit physicians and/or to fill prescriptions;

# Potential Red Flags continued

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.).

Overwhelming proportion of prescriptions filled by pharmacy are controlled substances

Pharmacist did not reach out to other pharmacists to determine why they were not filling a particular doctor's prescription

Verification of legitimacy not satisfied by a call to the doctors office

# Red Flag?

What happens next?

You attempt to resolve…

# Resolution is comprised of many factors

- Verification of a valid practitioner DEA number ! It is not, however, the end of the pharmacist's duty. Invalid DEA number = Invalid RX
- Resolution cannot be based solely on patient ID and prescriber verification.
- You must use your professional judgment, training and experience…we all make mistakes
- Knowledge and history with the patient
- Circumstances of prescription presentation
- Experience with the prescribing practitioner
- It does not require a call to the practitioner for every CS RX
- This is not an all-inclusive list…

# Who do I call to report a practitioner?

- State Board of Pharmacy/Medicine/Nursing/Dental
- State/County/Local Police
- DEA local office and Tactical Diversion Squad
- Health department
- HHS OIG if Medicare/Medicaid fraud

# Practical Application of the Controlled Substances Act to the Current Rogue Pain Clinic Situation

U.S. Drug Enforcement Administration
Office of Diversion Control

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

# 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.

# The Last Line of Defense

# Why is this happening?

# Florida Pain Clinic Raid

U.S. Drug Enforcement Administration
Office of Diversion Control

# Deaths Associated with Rx Drugs in Florida

| Reports of Rx Drugs Detected in Deceased Persons and Cause of Death | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Drug** | **2005** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** |
| **Methadone** | 620 | 716 | 785 | 693 | 720 | 694 | 691 | 512 | 389 |
| **Oxycodone** | 340 | 496 | 705 | 941 | 1,185 | 1,516 | 1,247 | 735 | 534 |
| **Hydrocodone** | 221 | 236 | 264 | 270 | 265 | 315 | 307 | 244 | 291 |
| **Benzodiazepines** | 574 | 553 | 743 | 929 | 1,099 | 1,304 | 1,950 | 1,337* | 1091 |
| **Morphine** | 247 | 229 | 255 | 300 | 302 | 262 | 345 | 415 | 568 |
| **TOTAL** | 2,002 | 2,230 | 2,752 | 3,133 | 3,571 | 4,091 | 6,551 | 5,255 | |

* Many of the deaths were found to have several drugs contributing to the cause of death, thus, the count of specific drugs is greater than the number of cases. In report years 2010 and earlier, drug categories as a whole had included the total number of deaths per category, as well as total deaths per each specific drug. For example, in 2010, benzodiazepenes were the cause of death in 1,304 cases. However, benzodiazepenes were present 1,726 times in those 1,304 deaths (i.e., a single death could have been caused by multiple benzodiazepenes). Report year 2011 does not provide a total per category (i.e., cause vs present).

SOURCE: Florida Medical Examiner's Commission

# 19 Manatees Rescued From Storm Drain in Satellite Beach, Florida

A group of 19 manatees was freed after being trapped in a 36-inch storm drain, officials said early Tuesday.

www.nbcnews.com/news/us-news/19-manatees-rescued-storm-drain-satellite-beach-florida-n311506,

# Questions

DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
US
SPECIAL
AGENT

# Thank You!