

Drug Enforcement Administration



Methods of Diversion and Drug Trends

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Disclosure

I do not have any relevant financial relationships with any commercial interests or any other conflicts of interests to disclose



Drugs of Abuse



Schedules of Controlled Substances

Schedule I

- No accepted medical use/high potential for abuse/dependency (e.g., heroin, marijuana, ecstasy, “bath salts”)

Schedule II

- Accepted medical use/high potential for abuse/dependency (e.g., morphine, hydrocodone, oxycodone, cocaine, methamphetamine, methadone, meperidine, fentanyl, Adderall, and Ritalin)

Schedule III

- Accepted medical use/less potential for abuse/dependency (e.g., products containing <90 mL codeine per dosage unit, ketamine, anabolic steroids, testosterone)

Schedule IV

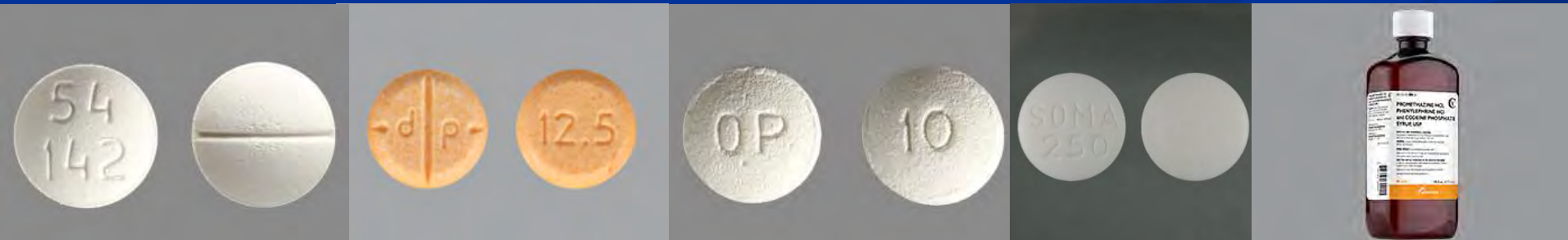
- Accepted medical use/less potential for abuse/dependency (e.g., benzodiazepines)

Schedule V

- Accepted medical use/less potential for abuse/dependency (e.g., codeine cough syrup)

Drugs of Concern

- Hydrocodone (CII)
- Oxycodone (CII)
- Oxymorphone (CII)
- Methadone (CII)
- Fentanyl (Schedule II)
- Adderall® (CII)
- Suboxone (CIII)
- Alprazolam (CIV)
- Carisoprodol/Soma® (CIV)
- Cough Syrup (CV)



**Most commonly prescribed
prescription medicine?**

Hydrocodone/acetaminophen
(Norco, Vicodin, Lorcet)

State Ranking* - Hydrocodone

January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	300,735,070	12	MO	61,715,300	23	OR	34,665,810	34	NE	12,105,440	45	WY	3,778,470
2	TX	203,625,310	13	NC	61,121,220	24	MS	33,323,910	35	NM	12,069,670	46	NH	3,374,030
3	MI	123,951,710	14	NY	59,125,900	25	WI	30,798,730	36	MD	12,003,380	47	AK	3,373,040
4	FL	122,585,450	15	PA	57,819,460	26	KS	28,277,090	37	MA	11,967,800	48	ND	3,034,000
5	IL	101,720,110	16	OK	56,558,450	27	NV	26,962,370	38	NJ	11,491,850	49	DE	2,084,460
6	TN	79,717,910	17	LA	49,520,040	28	IA	21,629,630	39	MT	8,414,000	50	VT	1,749,710
7	IN	79,619,500	18	WA	48,045,730	29	CO	21,568,020	40	CT	7,057,280	51	DC	488,540
8	GA	79,106,640	19	SC	44,737,490	30	UT	19,385,390	41	ME	6,591,520	52	VI	103,120
9	AL	77,435,200	20	AR	42,918,010	31	ID	18,767,820	42	HI	5,721,600	53	PR	84,040
10	KY	70,665,710	21	AZ	36,513,980	32	WV	18,715,100	43	SD	4,778,270	54	GU	42,200
11	OH	69,628,750	22	VA	34,866,490	33	MN	17,958,770	44	RI	3,962,020	55	AS	0

State Populations (2018)

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

* Business Activity – Retail Pharmacies

State Ranking* - Oxycodone

January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	FL	157,368,130	12	MD	50,726,140	23	CO	34,524,920	34	MS	16,206,340	45	MT	6,025,280
2	CA	117,344,970	13	VA	47,188,950	24	WI	33,774,150	35	NM	14,456,950	46	AK	4,595,300
3	PA	108,837,030	14	MO	44,189,280	25	OK	31,751,880	36	WV	12,553,630	47	WY	4,101,250
4	NY	106,999,130	15	MA	42,549,170	26	LA	28,667,580	37	DE	9,946,480	48	VT	3,520,520
5	NC	93,771,180	16	TX	41,643,220	27	MN	28,137,210	38	ID	9,808,410	49	SD	2,783,070
6	OH	89,924,210	17	MI	38,497,140	28	UT	25,119,550	39	IA	9,466,720	50	DC	2,558,370
7	TN	72,406,400	18	IN	38,085,700	29	NV	24,680,980	40	NH	9,394,600	51	ND	2,448,080
8	GA	68,209,870	19	KY	37,508,880	30	CT	24,090,920	41	ME	9,176,620	52	PR	2,340,900
9	AZ	65,575,970	20	AL	36,250,210	31	IL	22,658,560	42	NE	7,454,340	53	GU	167,000
10	NJ	65,129,650	21	SC	36,205,760	32	AR	19,989,750	43	HI	6,476,220	54	VI	113,000
11	WA	55,672,390	22	OR	35,712,570	33	KS	19,465,910	44	RI	6,064,370	55	AS	0

* Business Activity – Retail Pharmacies

State Ranking* - Oxymorphone

January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	TN	1,885,040	12	SC	478,420	23	WA	259,260	34	KS	124,560	45	MT	27,280
2	PA	1,732,820	13	LA	462,140	24	MO	243,380	35	ID	114,060	46	RI	24,680
3	FL	1,415,380	14	GA	411,400	25	CO	235,060	36	AR	94,980	47	AK	22,060
4	NC	1,370,620	15	NJ	410,200	26	NV	230,160	37	ME	88,320	48	WY	21,680
5	NY	1,225,800	16	AL	367,640	27	CT	207,540	38	NH	75,320	49	VT	16,480
6	MI	934,580	17	AZ	357,520	28	OR	181,640	39	NM	74,800	50	ND	13,220
7	VA	809,820	18	OK	347,160	29	MS	177,880	40	NE	69,420	51	DC	11,300
8	TX	797,720	19	UT	345,458	30	WV	158,040	41	IA	67,580	52	AS	0
9	MD	797,680	20	IN	325,800	31	WI	153,460	42	SD	40,800	53	GU	0
10	CA	787,840	21	IL	316,400	32	DE	140,760	43	MN	36,320	54	PR	0
11	OH	656,880	22	KY	283,040	33	MA	135,920	44	HI	31,640	55	VI	0

* Business Activity – Retail Pharmacies

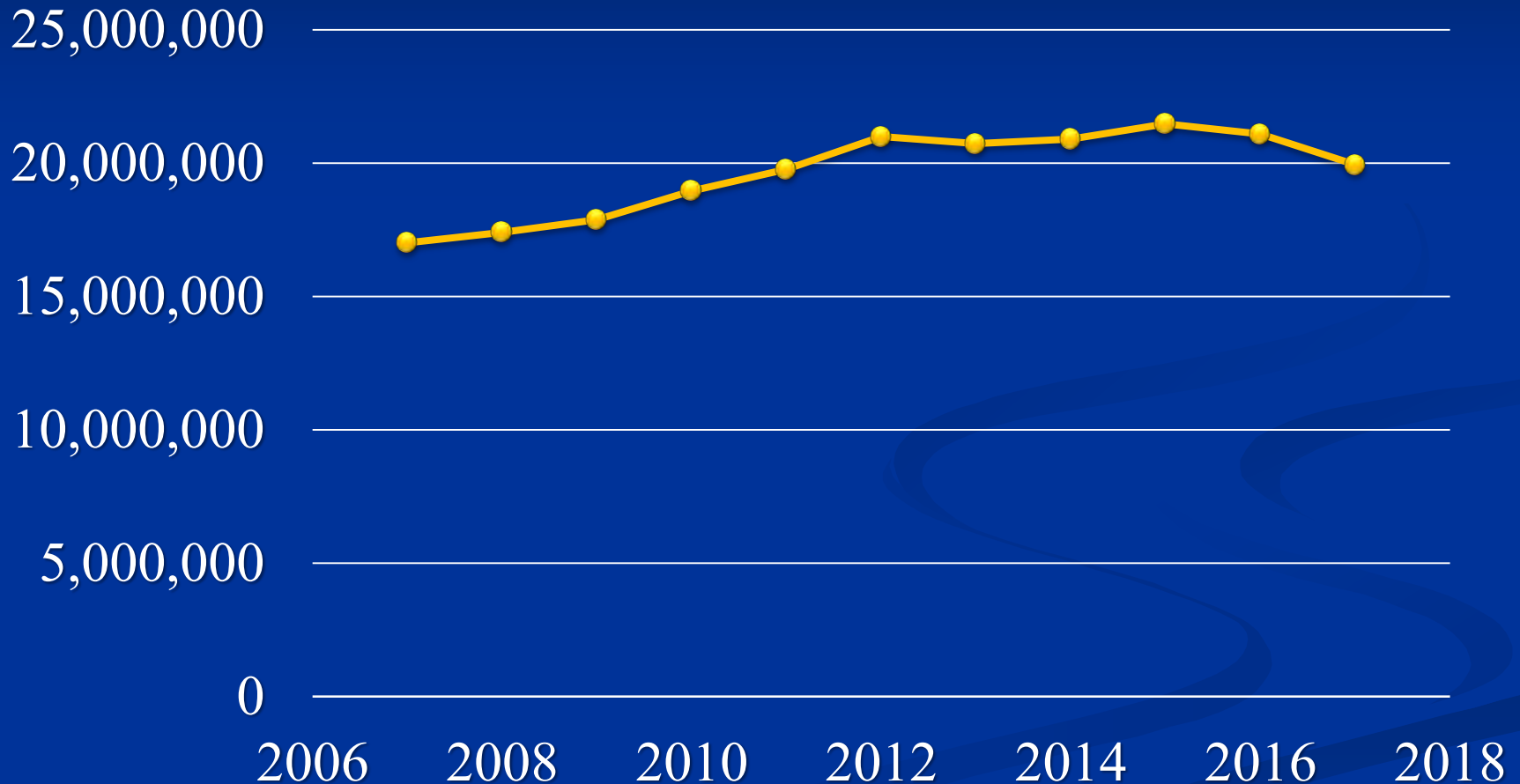
State Ranking* - Methadone

January – June 2018

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	16,985,900	12	AL	3,430,300	23	TN	1,955,900	34	CT	1,129,500	45	NM	440,600
2	FL	11,198,040	13	IN	3,256,600	24	SC	1,899,500	35	NH	1,123,800	46	MT	378,200
3	NY	7,266,400	14	VA	3,086,000	25	UT	1,879,800	36	ME	925,900	47	RI	332,500
4	TX	7,077,040	15	OR	3,034,600	26	MN	1,692,200	37	IA	836,000	48	SD	252,200
5	MI	6,583,000	16	MD	2,688,200	27	WI	1,622,900	38	AK	788,400	49	WY	206,000
6	PA	5,679,300	17	MO	2,508,000	28	LA	1,600,500	39	VT	713,400	50	ND	197,900
7	WA	5,247,800	18	KY	2,459,000	29	CO	1,536,000	40	WV	678,880	51	DC	64,100
8	NC	5,125,860	19	IL	2,407,200	30	OK	1,521,400	41	HI	615,700	52	PR	7,500
9	GA	4,928,500	20	AZ	2,258,800	31	AR	1,475,400	42	NE	566,400	53	GU	7,400
10	OH	4,562,500	21	NJ	2,122,000	32	KS	1,346,200	43	MS	555,000	54	VI	600
11	MA	3,497,700	22	NV	1,985,500	33	ID	1,254,900	44	DE	528,800	55	AS	0

* Business Activity – Retail Pharmacies

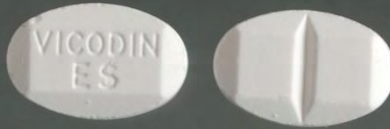
Total CS prescriptions dispensed, Michigan 2007-2017



Source: Michigan Department of Licensing and Regulatory Affairs. (2017). Total CS prescriptions dispensed. Retrieved from www.michigan.gov/lara/0,4601,7-154-72600-424264--,00.html

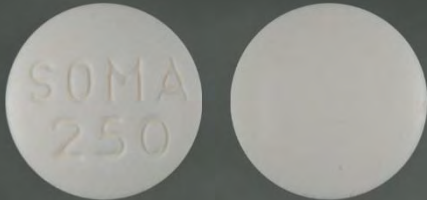
The Trinity

Opiate



hydrocodone (CII)

Muscle Relaxant



carisoprodol (CIV)

Benzodiazepine



alprazolam (CIV)



Prescription
Opiates

Heroin

Fentanyl



Duragesic®



Fentora®



Actiq®

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

Fentanyl Trends

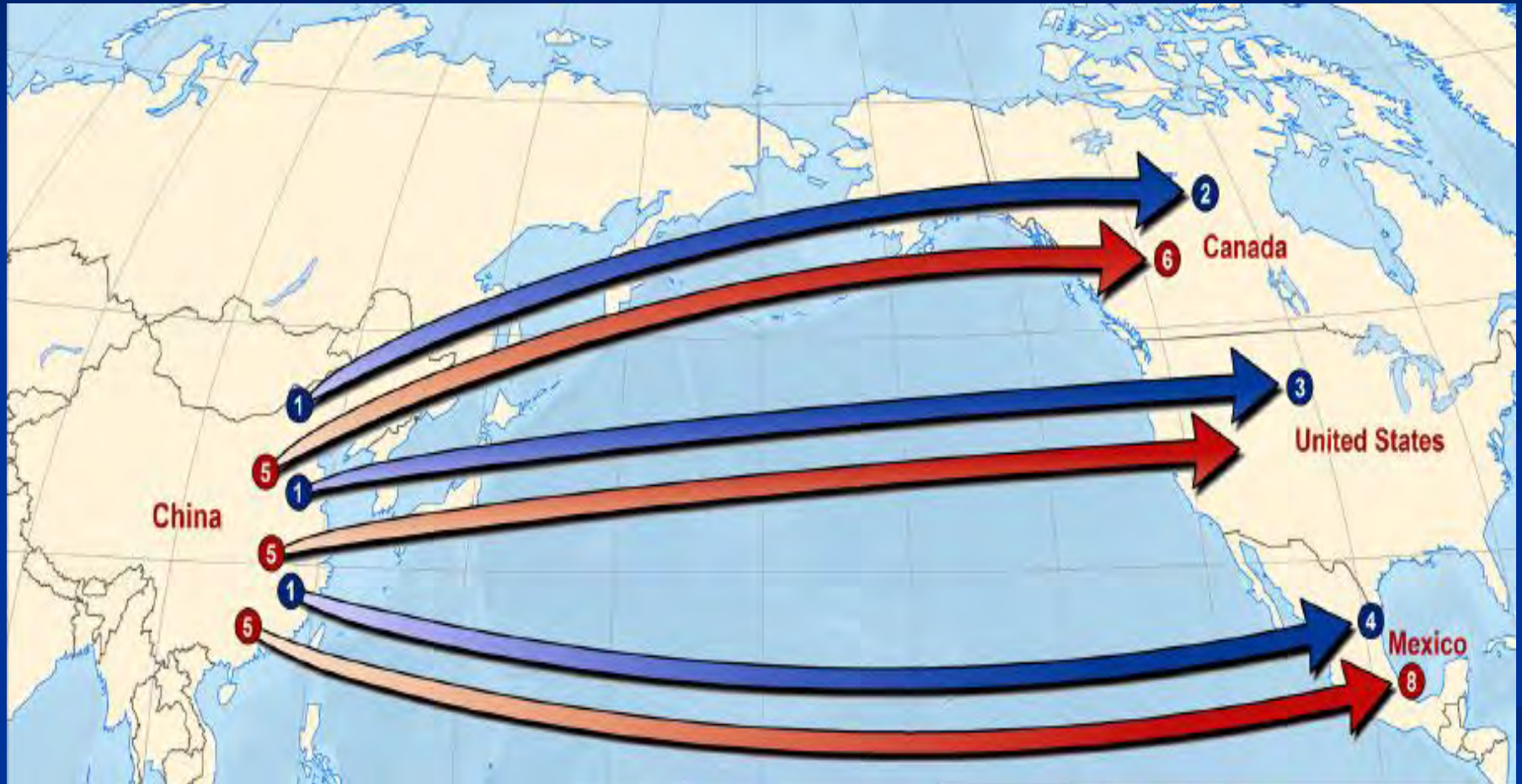


- Lethal dose: ~2 mg for non-opioid dependent individuals
- Illicit drugs are being laced with fentanyl
- 500,000 pills can be manufactured from 1 kg of pure fentanyl
- Mexico and China: major source countries for illegal fentanyl
- Illicitly produced fentanyl is sold alone or in combination with heroin/other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

Fentanyl Trends



Fentanyl



Fentanyl Trends

The screenshot shows a web browser window displaying search results on the AlphaBay marketplace. The browser's address bar shows the URL `pvoah7foz6au2pul.onion/search.php?fc=2`. The page features a sidebar on the left with category filters and search options, and a main content area on the right listing individual items.

Category Filters:

- Jewels & Gold: 252
- Weapons: 234
- Carded Items: 306
- Services: 995
- Other Listings: 366
- Software & Malware: 158
- Security & Hosting: 58

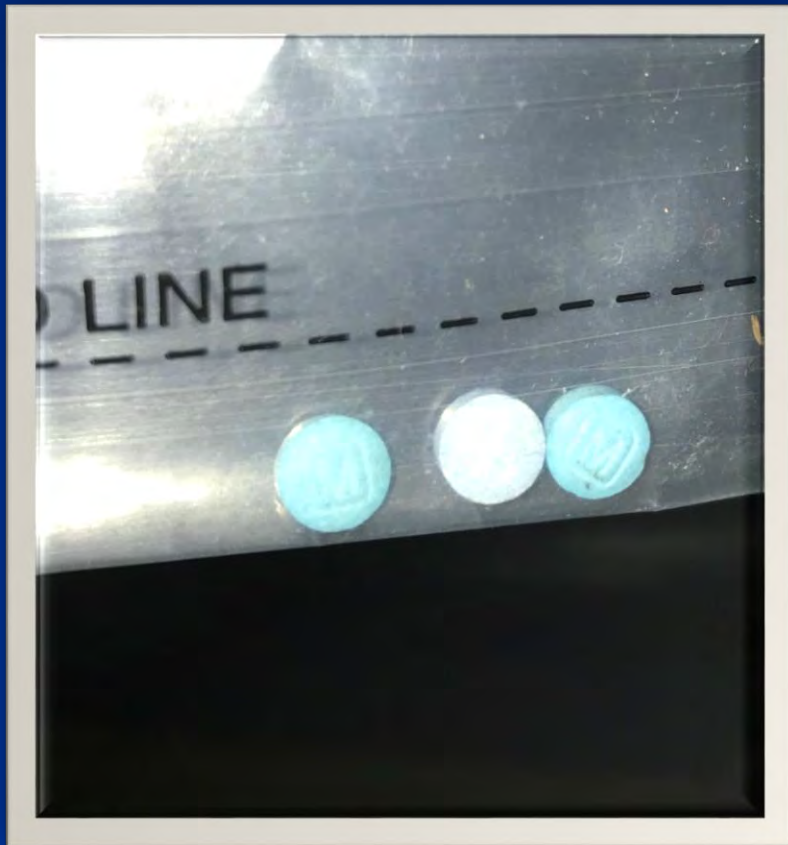
Search Options:

- Search terms: [Empty text box]
- Listing type: All, Fixed Price, Auction
- Product type: All, Digital, Physical
- Price range: USD 0.00 to USD 9999.99
- Origin country: Any
- Ships to: Any
- Order by: Most popular item
- Active vendor: Active vendor listings
- Automatic fulfillment: [Empty text box]

Search Results:

Item Image	Item Title	Item #	Views / Bids	Price	Quantity
	Ecstasy - schizofreen	13916	3189 / Fixed price	USD 5.63	14
	1G 'PURE QUALITY' UKZEU FISHSCALE COCAINE from MrQ	3337	6309 / Fixed price	USD 91.00	35
	[MS] [FE 100%] 1G OF [Fire] COCAINE **US TO US F.E RATE **	4850	4653 / Fixed price	USD 80.00	Unlimited
	Cocaine - 1g	5383	2690 / Fixed price	USD 80.00	Unlimited
	Xanax 2mg - 10 pc	5389	2025 / Fixed price	USD 30.00	Unlimited
	Oxy IR 20mg Supradol x 1 ***Flat Price Ea*** Buy 1 or 100	919	Views: 138	USD 16.55	Unlimited

Fentanyl Trends



Fentanyl Trends

Mexican drug cartels' main areas of influence 2017

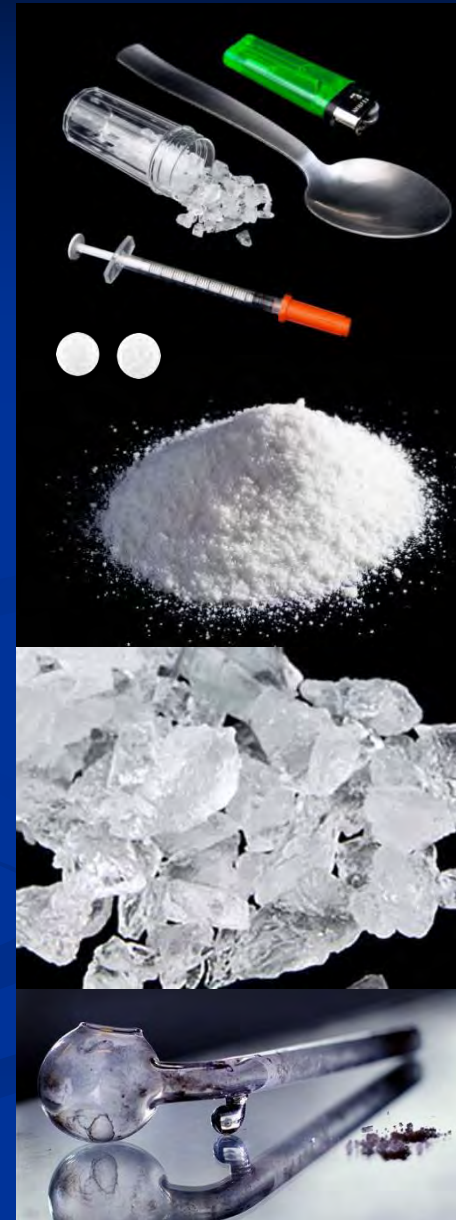


Fentanyl: Dangers to Practitioners

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

Methamphetamine

- Stimulant that speeds up body's system
- Pill or powder form
- Available as prescription as Desoxyn® to treat obesity or ADHD
- Illegally altered form of prescription (crystal meth) resembles glass fragments
- Effects
 - Highly addictive
 - Agitation, increased heart rate, blood pressure
 - Increased respiration and body temperature
 - Anxiety, paranoia
 - High doses can cause convulsions, cardiovascular collapse, stroke, or death

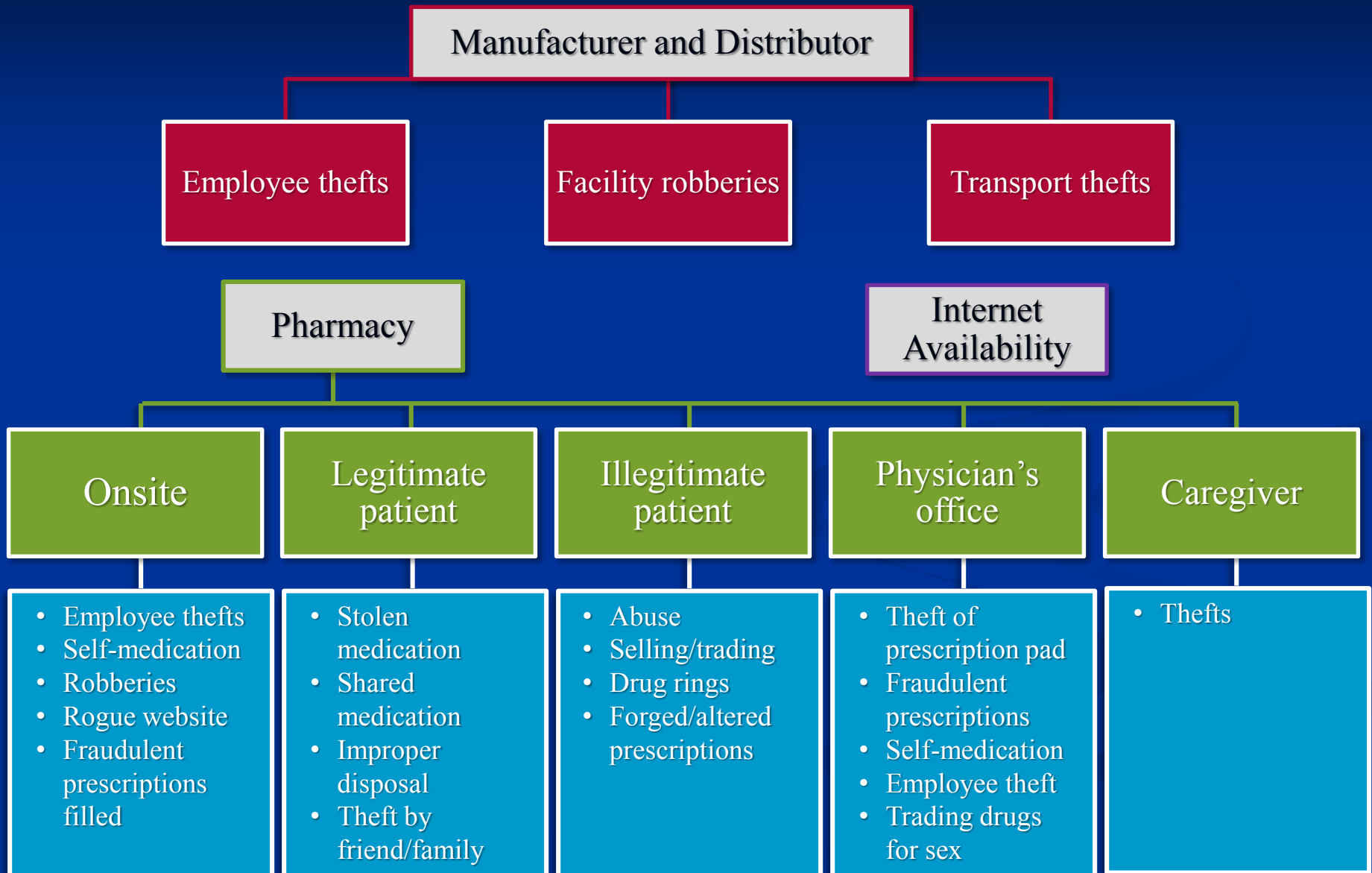




Egregious Activity



Methods of Drug Diversion



Diversion Red Flags: Patients

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

Diversion Red Flags: Patients

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

Potential Diversion: Practitioners*

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

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

Potential Diversion: Practitioners*

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

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

Potential Diversion: Practitioners*

- Does the practitioner start on a low dose or low level controlled substance and then over time work up to higher levels, or does the practitioner just start the patient on a high dose narcotic?
- Does the practitioner continue to prescribe controlled substances to patients even though it would be ineffective for treatment purposes?
- Does the practitioner allow the non-medical staff to determine the narcotic to be prescribed, the practitioner just signs the prescription?
- Does the practitioner coach patients on what to say so that the patient can get the narcotics they want?

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

Potential Diversion: Practitioners*

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

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



Diversion by Healthcare Providers

- 29-year-old Cardiovascular Intensive Care Unit nurse
- Fatal fentanyl/midazolam overdose in hospital bathroom

Carla DelVecchio



- 32-year-old anesthesiology resident
- Overdosed on fentanyl from doctor's kit
- Cardiac arrest on hospital property; revived

Dr. Timothy Sutton



- 33-year-old charge nurse
- Found with hydrocodone belonging to several people during DWI traffic stop
- Relinquished nursing license

Geneva Lively



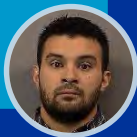
- 28-year-old nurse
- Husband overdosed on stolen fentanyl
- Responding law enforcement exposed to fentanyl, hospitalized

Hayley Brown



- 31-year-old nurse
- Stole 25 hydromorphone syringes
- Multiple theft and fraud charges

David Estrada



- 36-year-old nurse
- Stole oxycodone from nursing home residents
- Forged signatures, shredded documents, changed Rx labels

Heidi Hostettler



- 56-year-old nursing director of surgery center
- Stole nearly 2,000 vials of fentanyl for personal use

Karen Feldner



- Between March 16 and May 3, 2017, 3 arrests
- Nurses aged 28, 25, and 52 arrested for theft of drugs
- Each stole various drugs for personal use

3 nurses @ same hospital



Egregious Activity: MI Physicians



Dr. Sam Awada

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



Dr. Fanny dela Cruz

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



Dr. Michael Weiss

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



Dr. Mark Buzzard

- W Bloomfield, MI
- Involved in \$13 million prescription drug ring diverting drugs within Michigan and to Tennessee
- Wrote prescriptions for cash payments
- Wrote more than 2 million dosage units of controlled substances

Egregious Activity: Physician Assistants



Kelly Beelman

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



Mark Flores

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



Leonard Marchetta

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



Michael Troyan

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

Marketing Scheme



Marketer

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



Doctor

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



Pharmacy

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



“Patient”

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



Marketing Scheme

■ **Marketer:**

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

■ **“Patient”:**

- Insurance/Medicare/Medicaid billed by doctor, pharmacy
- Sells prescription pills to marketer

Contact Information

■ Complaints

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

■ State PDMP

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

■ Recovery

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