DEA: Combating the Supply
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Cathy Gallagher
Diversion Program Manager
Detroit Division

May 11, 2017
COPS: PHOTOS OF BOY WITH PASSED-OUT ADULTS SHOW DRUG SCOURGE

Police in East Liverpool, Ohio released these images they say to illustrate the impact of the heroin and painkiller epidemic. (City of East Liverpool, Ohio/Facebook)
Prescription Opioid Analgesics Poisoning Deaths

Opioid-Involved Drug Poisoning Death Rates by State, 2004

U.S. National Rate: 3.4 Deaths per 100,000 Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database, extracted January 29, 2015.
Prescription Opioid Analgesics Poisoning Deaths

Opioid-Involved Drug Poisoning Death Rates by State, 2008

U.S. National Rate: 4.8 Deaths per 100,000 Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database, extracted January 26, 2018.
Office of Diversion Control
Mission

To prevent, detect, and investigate the diversion of controlled substances from legitimate sources

while

Ensuring an adequate and uninterrupted supply for legitimate medical and scientific purposes
Diversion Control Functions

- U.S. Competent Authority under U.N. drug and chemical control treaties
- Control of imports / exports of drugs and chemicals
- Domestic and international controlled substances scheduling
- Establishment of drug production quotas
Diversion Control Functions

- Industry Liaison/Policy Development
- Promulgation of regulations
- Registrar to 1.6 million controlled substance registrants and 2,700 listed chemical handlers
- Computerized monitoring, tracking of distribution of certain controlled drugs and chemicals; providing distribution intelligence to the states
The CSA’s Closed System of Distribution

- Importer
- Practitioner
- Pharmacy
- Distributor
- Manufacturer
- Patient
Types of Controlled Substances

- Narcotics
- Stimulants
- Depressants
- Hallucinogens
- Anabolic Steroids
Schedules of Controlled Substances

- **Schedule I** - No accepted medical use/ High potential for abuse/dependency (Heroin, Marihuana, “Bath Salts”)

- **Schedule II** - Accepted medical use/ High potential for abuse/dependency (Morphine, Oxycodone)

- **Schedule III** - Accepted medical use/ Less potential for abuse/dependency (Hydrocodone compounds)

- **Schedule IV** - Accepted medical use/ Less potential for abuse/dependency (Benzodiazepines)

- **Schedule V** - Accepted medical use/ Less potential for abuse/dependency (Codeine cough syrup)
Maintaining the CSA’s Closed System of Distribution

- Scheduled Investigations
- Recordkeeping Requirements
- Security Requirements
- ARCOS
- Established Schedules
- Registration
- Established Quotas
Active Registrants
1,666,501 total (3-3-2017)

- Practitioners: 1,229,051
- Mid-Level Practitioners: 297,242
- Researchers: 7,959
- Distributors: 778
- Manufacturers: 556
- Exporters: 250
- Importers: 247
- Pharmacies: 73,501
- Hospitals/Clinics: 16,929
Michigan Registrant Population

- Manufacturers: 16
- Distributors: 22
- Practitioners: 37,019
- NPs/PAs: 9,207
- Pharmacies: 2,495
- Opioid Treatment Programs: 44
- DATA-Waived Practitioners: 998
How Do DEA Field Offices Combat the Supply?

- Regulatory Inspections – Record Keeping and Security
- Monitor the chain of distribution/suspicious orders
- Monitor reported thefts and significant losses
- Criminal, Civil and Administrative Action
  - Diversion Groups
  - Tactical Diversion Squads
DEA Action

- **Administrative Action:**
  - Scheduled Inspections
  - Letters of Admonition
  - Memorandum of Agreements
  - Immediate Suspension Orders (ISO)
  - Order To Show Cause (OTSC) registrations

- **Criminal/Civil Investigations Action:**
  - Federal and State Level
Prescription Requirements

In order to be legal, a prescription must:

• Be issued by a registered practitioner.
• For a legitimate medical purpose.
• In the usual course of professional practice.

21 CFR §1306.04(a)
Prescription Requirements

- DEA does **NOT** define nor regulate medical practice standards.
- There are no federal laws or regulations that put limits on the quantity of controlled substances that may be prescribed.
- Some states or insurance providers may limit the quantities of controlled substances prescribed or dispensed.
Pharmacist’s Corresponding Responsibility

- Corresponding responsibility rests with the pharmacist who fills the prescription.

21 C.F.R. § 1306.04 (a)
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)
## State Ranking* - Hydrocodone

**January – December 2016**

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*Source: ARCOS  
Date Prepared: 03/01/2017  

*Business Activity – Retail Pharmacies*
# State Ranking* - Oxycodone

**January – December 2016**

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*Business Activity – Retail Pharmacies*

Source: ARCOS
Date Prepared: 03/01/2017
## State Ranking* - Methadone
### January – December 2016

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*Business Activity – Retail Pharmacies*

Source: ARCOS
Date Prepared: 03/01/2017
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 rings
  - Doctor-shopping
  - Forged / fraudulent / altered prescriptions
- Internet availability
Violence
Starting the year with a bang

Saracen Hale Spencer, The News Journal 12:36 a.m. EST January 4, 2016

A 26-year-old Lewes man threatened to detonate explosives he said were strapped to his body if a pharmacist at a Walgreens near Magnolia didn't give him prescription drugs, according to state police.

The man, Curtis Kuhn, didn't actually have explosives strapped to his body, according to police.

Kuhn went into the pharmacy at about 9:30 a.m. on Saturday and put a note on the counter demanding Percocet and Xanax - he told the pharmacist that he had explosives strapped to his body and he was being forced to commit the robbery by someone who was sitting in a car in the parking lot, according to police.

When officers arrived shortly after that, they took Kuhn into custody without incident and found that he had no explosives and there was no car fitting his description in the parking lot, according to police.

Kuhn was charged with first-degree attempted robbery, attempted theft of a controlled substance and two counts of terrorististic threatening. He was arraigned and sent to Vaughn Correctional Center near Smyrna for lack of $27,000 secured bond and is expected to return to court at a later date.
Nationwide Reported Thefts
(Armed Robbery, Employee Pilferage and Night Break-In Only)

January 1, 2009 – December 31, 2016

Pharmacies: 25,207 Thefts

Hospitals: 11,027 Thefts

Practitioners: 3,082 Thefts

Remaining Business Activities: 648 Thefts – 2%

Source: DTL
Date Prepared: 03/01/2017
Number of Pharmacy Thefts in Michigan
January 1, 2015 – December 31, 2015

- Employee Pilferage: 102 Thefts
- Night Break-In: 57 Thefts
- Armed Robbery: 15 Thefts

Source: DTL
Date Prepared: 04/12/2017
Pharmacy Armed Robberies
January 1 thru December 31, 2016

- U.S. (Nationwide) – 815
- State of Michigan – 12

<table>
<thead>
<tr>
<th>Michigan Counties</th>
<th>Number of Pharmacy Thefts</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAYNE</td>
<td>4</td>
</tr>
<tr>
<td>KENT</td>
<td>2</td>
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<tr>
<td>OAKLAND</td>
<td>2</td>
</tr>
<tr>
<td>ALCONA</td>
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</tr>
<tr>
<td>CALHOUN</td>
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<tr>
<td>MALCOMB</td>
<td>1</td>
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<tr>
<td>MONROE</td>
<td>1</td>
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</tbody>
</table>

No Reported Armed Robberies in remaining counties

Source: DEA Drug Theft & Loss Database as of 04/12/2017
Oxycodone v. Heroin
Collaboration is the Key

How do you stop it?
Don’t let it start.
Collaboration is the Key

We can’t arrest our way out of this epidemic.
Collaboration is the Key

- Hold pharmaceutical industry accountable
- Ensure compliance (Educate & Enforce)
- Effective state laws on prescribing and dispensing controlled substances
- Teach patients to secure their medications
- Encourage patients to dispose of medications
- Access to treatment
- Demand Reduction programs – Grade School
Regional Totals from NTBI
April 29, 2017

- Michigan: 20,370 lbs
- Ohio: 33,261 lbs
- Kentucky: 11,439 lbs
Collection Receptacle Locations

- Pharmacies
- LTCF
- Hospital/clinic
- Opioid Treatment Program
- Police Departments
Mail-Back Program

- Mostly pharmacies provide mail-back envelopes for purchase.
DEA recognizes we cannot arrest our way out of the drug problem – our goal is lasting success in the communities we serve.

Education and Prevention are key elements for a true 360 Strategy.

Law enforcement operations provide an opportunity for community empowerment and a jumping off point for education and prevention efforts.
DEA Web-based Resources

www.JustThinkTwice.com

THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF?

Methamphetamine is a synthetic stimulant that is produced illegally in labs around the world. It is often used as a party drug and can have dangerous effects on the body.

METHABUS (methamphetamine) is a central nervous system stimulant that is abused for its euphoric effects. It is a powerful drug that can be lethal if taken in high doses.

GET THE FACTS ABOUT METHAMPHETAMINE

METHABUS (methamphetamine) is a central nervous system stimulant that is abused for its euphoric effects. It is a powerful drug that can be lethal if taken in high doses.

It's time to shatter the myths about drugs and drug abuse. Learn more.

Facts & Fiction

Get the Facts

Teens to Teens

Advice from teens on the D.A.R.E. Youth Advisory Board.

Read More

Did You Know? Combine toxic chemicals with neglected hygiene, and you get a condition called "meth mouth"—rotten and decaying teeth.
DEA Web-based Resources

www.GetSmartAboutDrugs.com
Comments / Questions?

Office of Diversion Control