



# COMBATING PHARMACEUTICAL DIVERSION: TARGETING “ROGUE PAIN CLINICS” & “PILL MILLS”



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June 22 & 23, 2013  
Prescription Drug Awareness Conference (PDAC)  
Chicago, Illinois

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

Thank you to US Attorney (David) Hickton and Attorney General (Linda) Kelly for hosting me here today.

Your focus on this issue and the commitment from every one here today are precisely what Pennsylvania needs to address the prescription drug abuse epidemic here, and nationwide.

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER  
DEF-MDL-04816.00001

CCSF v. Purdue Pharma,  
et al. 3:18-CV-7591  
**DEF-MDL-04816**  
Admitted: 06/07/2022



# Outline

- What “Rogue Pain Clinics” & “Pill Mills” Look Like (& How They Operate)
- Pill Mills on the Move ... EVERYWHERE !
- What Authorities are Doing to Target the Problem

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



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## WHAT ROGUE “PAIN CLINICS” & “PILL MILLS” LOOK LIKE (& HOW THEY OPERATE)

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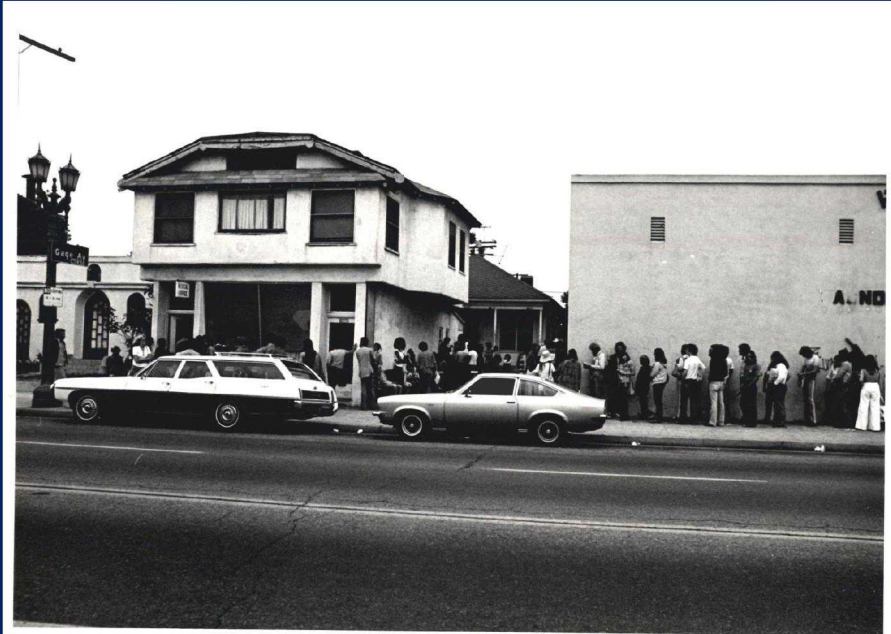
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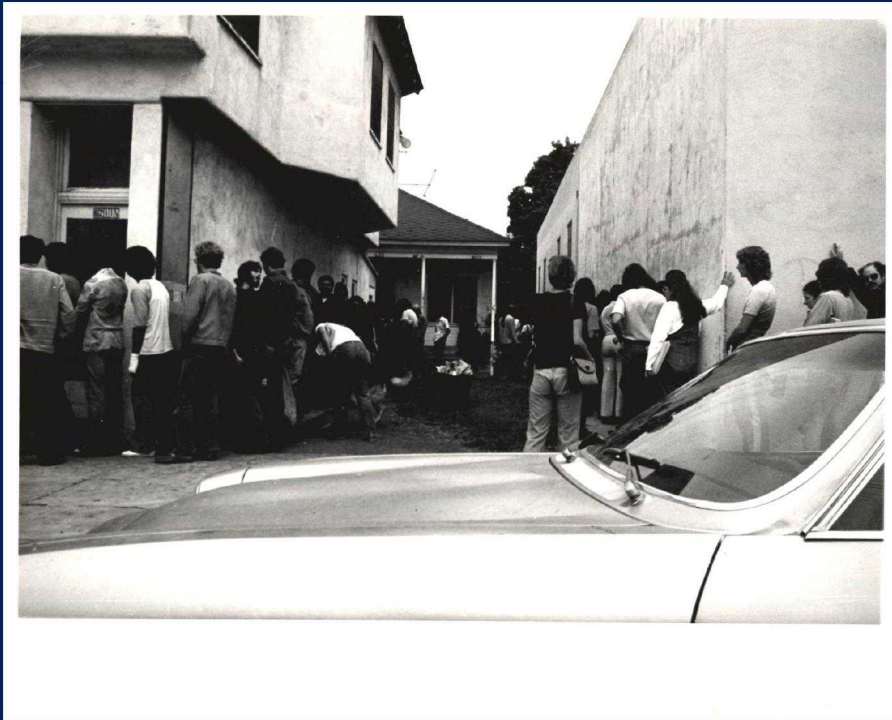
## Bad Doctors, "Pill Mills" , & Rogue Pain Clinics Have Been Around a Long Time !



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# First -- You Need to Find your Clinic

**VJP SPA**  
5 QUALITY SERVICES •  
• Free Table Shower •  
• Swedish Massage •  
• Hot Stone Massage •  
• Deep Tissue Massage •  
• Couples Massage •  
• Prenatal Massage •  
• Postnatal Massage •  
• Reflexology •  
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PAIN BEE GONE; Only \$50; 50 % off first visit; It was easy to find the clinics; It was easy to buy controlled substances with out a legitimate medical purpose; Walk in cold; No need to use an informant to introduce the undercover agent; In 340 buys not a single one used an informant, this is not common in DEA. The hard part was dealing with the volume of these clinics.



## Second – You Need to Get a Ride



Mobile advertising strategy by Stirling Pain Clinic; N



## But be careful Who You Ride with ...



These individuals are part of criminal organization. Their role is to drive the "patients" from their home state to the pain clinics. Drivers take the prescription drugs from them, give them nominal amount of cash, food, some pills and keep the rest to sell. Addicts are recruited by these criminal organizations and driven to several pain clinics to fill their unwarranted prescriptions.





## Third – You May Have to Get in Line



LINES AT PHARMACY OR SELLER OF POWERBALL TICKETS? A drive thru fast food restaurant converted to a pain clinic. ALLZ Well Pharmacy, can tell that it didn't end well for them though.

"ALLZ WELL PHARMACY"

DRIVE THRU PAIN CLINIC, CHECK OUT THE DRIVE THRU SIGN NEAR THE ENTRANCE



## A Long Line .....



Mobile advertising strategy by Stirling Pain Clinic; N



## Fourth – Make Sure You Follow the Instructions

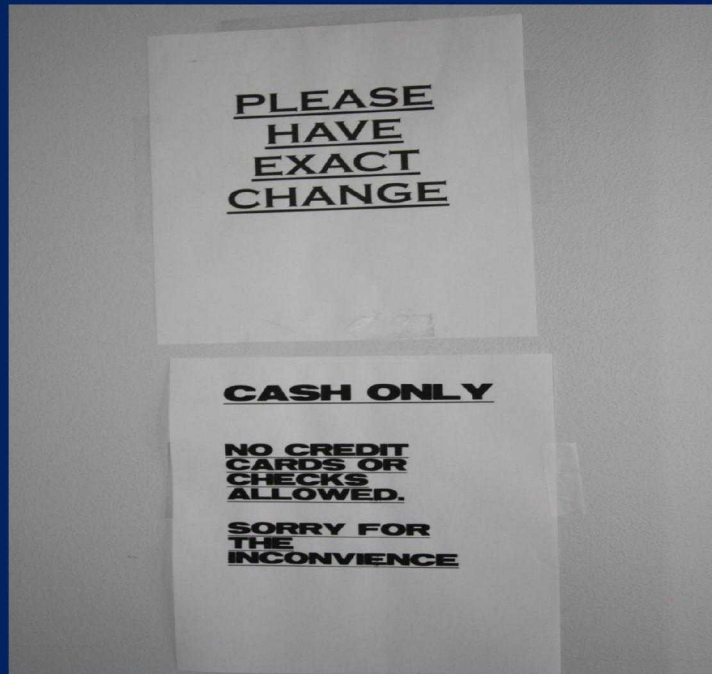


13

No weapons please; Just like my Doctor's office



## All the Instructions



14

CASH ONLY; OH and EXACT CHANGE TOO!





## And More Instructions !!!!



15

Don't accept Insurance, Cash only.



## Fifth – Get Searched and Give Up Your Weapons !!!



These guards were used for crowd control and to prevent weapons being brought into the clinics.





## Give Up Your Weapons !!!!!



17

These were weapons (his and hers semi-automatic pistols) in this one clinic discovered during a raid.



## All of your Weapons !!!!!



They would have a paper bag that you were to put your knives or screwdriver weapon into until after your visit.



**Sixth -- Take a Seat in the Waiting Room  
(if you can find one) Its Going to be a While !!!**



Three lines: ONE for NEW patients; ONE for EXISTING patients and ONE for the pharmacy



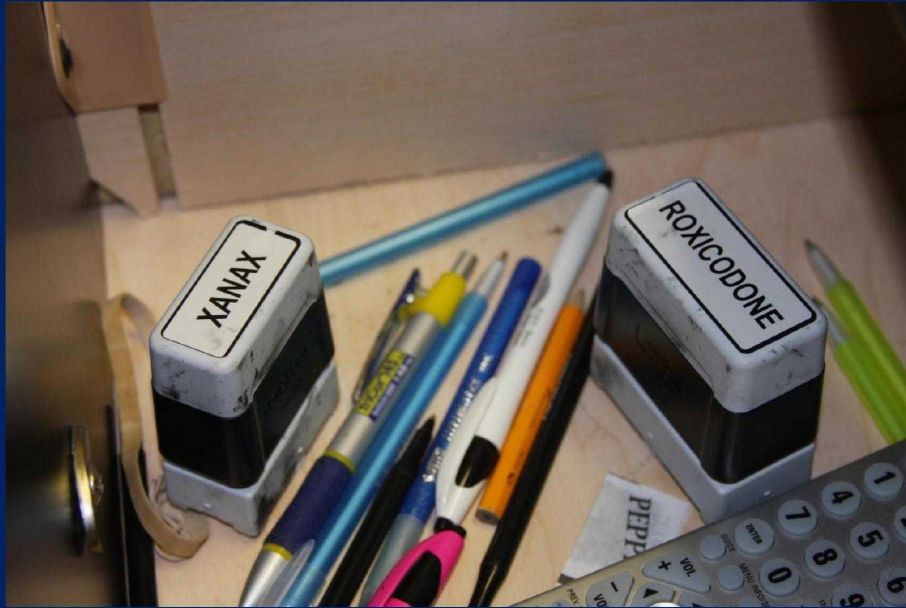
... I mean a long wait !!







## Seventh – Get your Script (s) !!



21

You have these stamps in your pharmacy drawers right?



## Eighth – Pay for your Scripts !!!!



22

You have these stamps in your pharmacy drawers right?





## Ninth – Pack for Transport Home (Which is often out of State) !



23

Taken from the Driver. Bagging up the pills for resale.



## *...and take part of your payment* *"Oxy Smoke"*



24

*Pharmaceutical Investigations (ODP)*

an example of the abuse of oxycodone. Same as heroin "chasing the dragon." In fact we are seeing the cycle of abuse where oxycodone users are switching to heroin due to lower costs, and the resulting issues such as hepatitis due to the use of dirty needles. Washington, Maryland, and Maine are a few states reporting this problem.



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## **PILL MILLS ON THE MOVE .... EVERYWHERE !**

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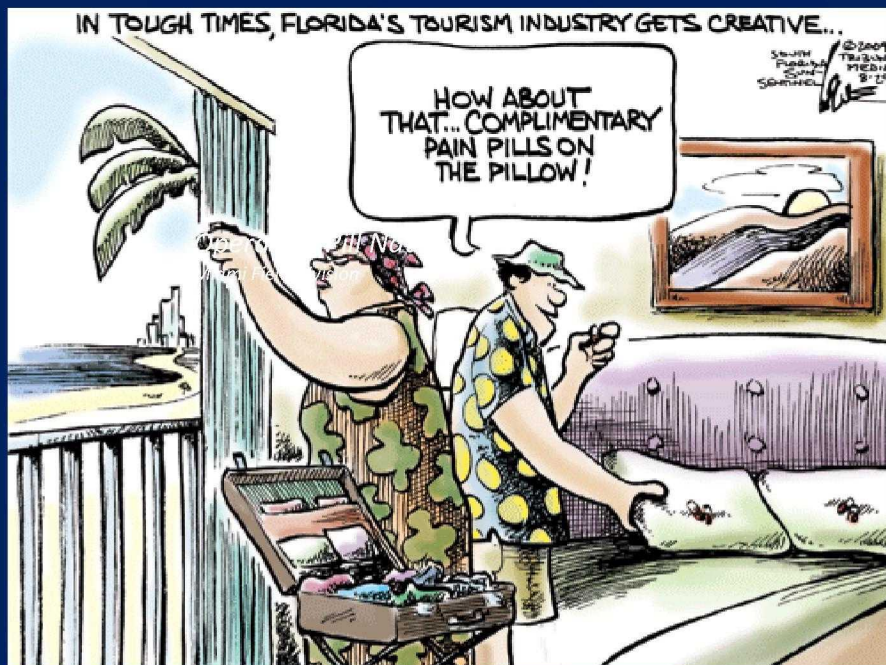
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## The Pill Mill Epidemic

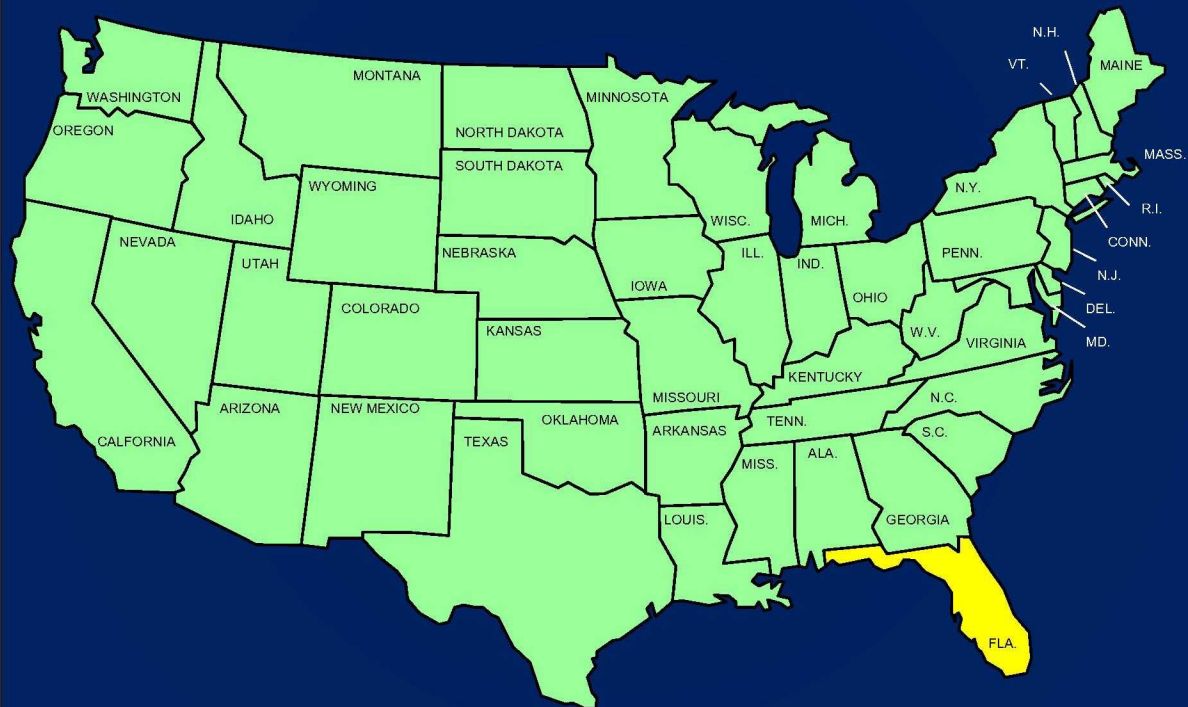


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Here this satirical cartoon shows a couple in their hotel room finding an oxycodone pill on their pillow instead of chocolate



# MIGRATION OF PAIN CLINICS







# MIGRATION OF PAIN CLINICS





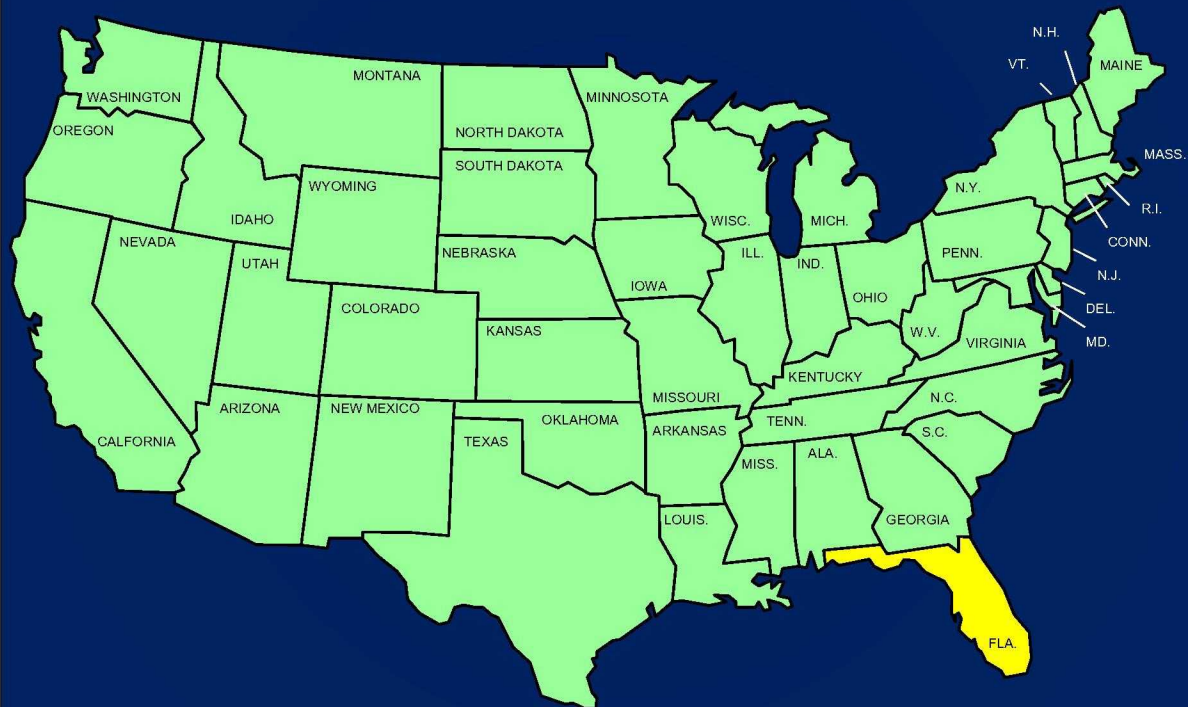


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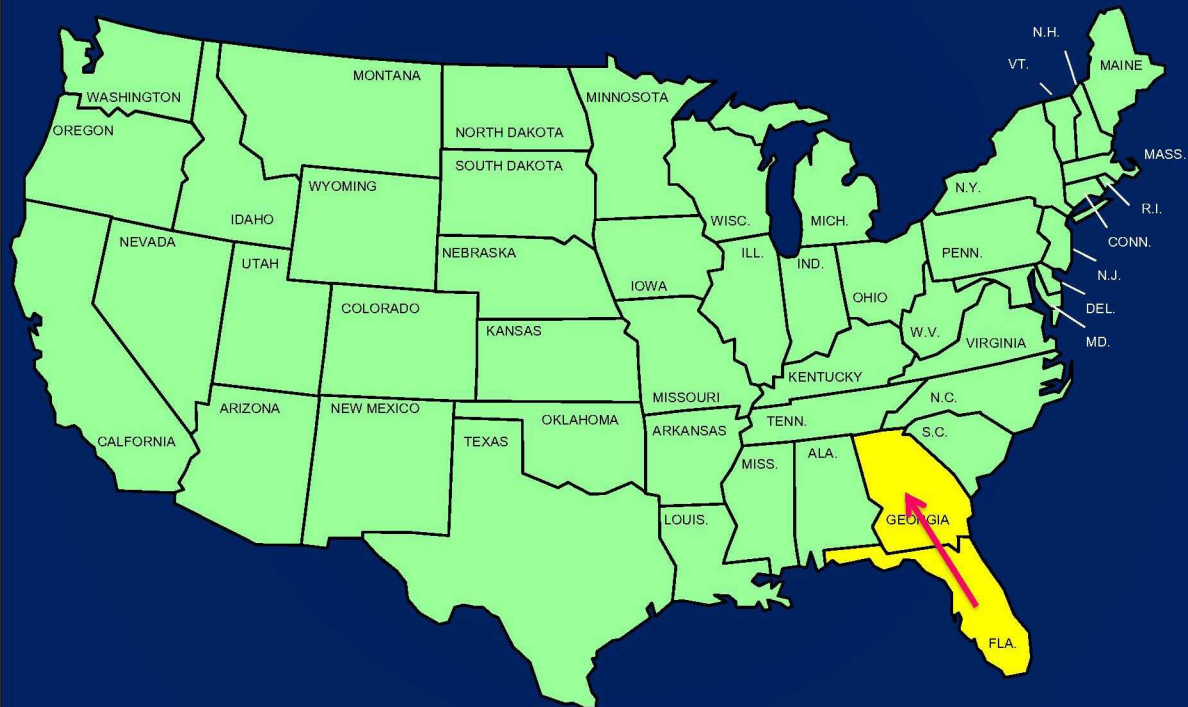


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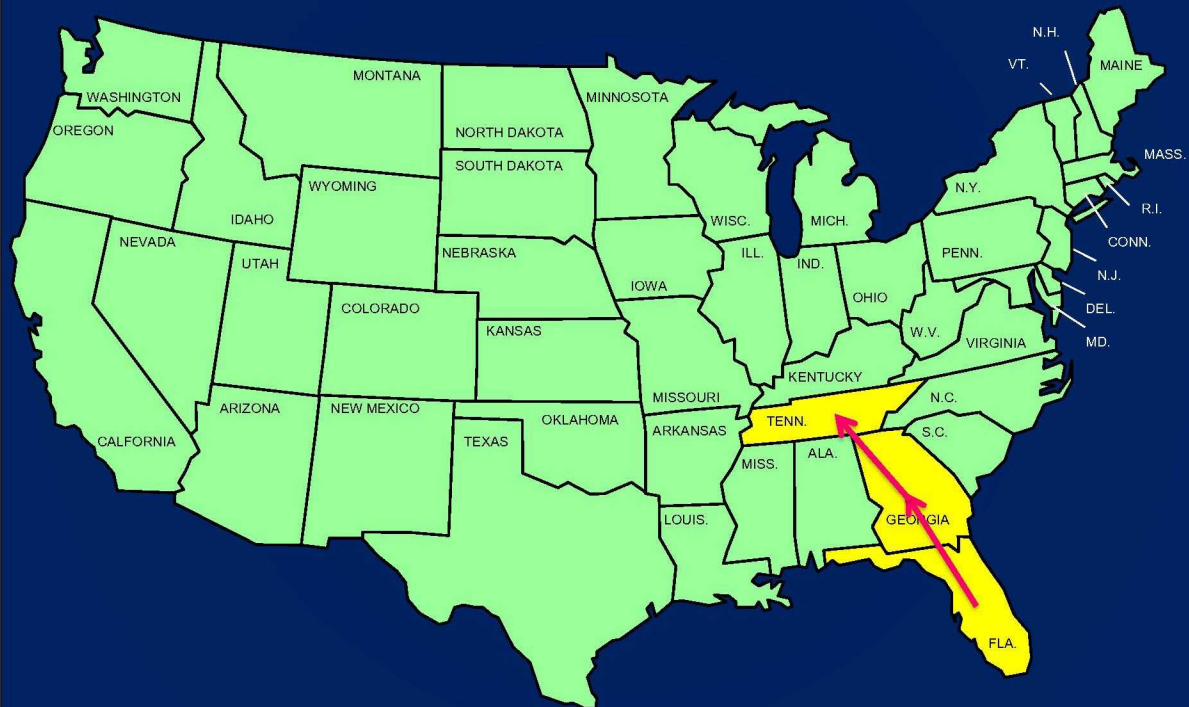


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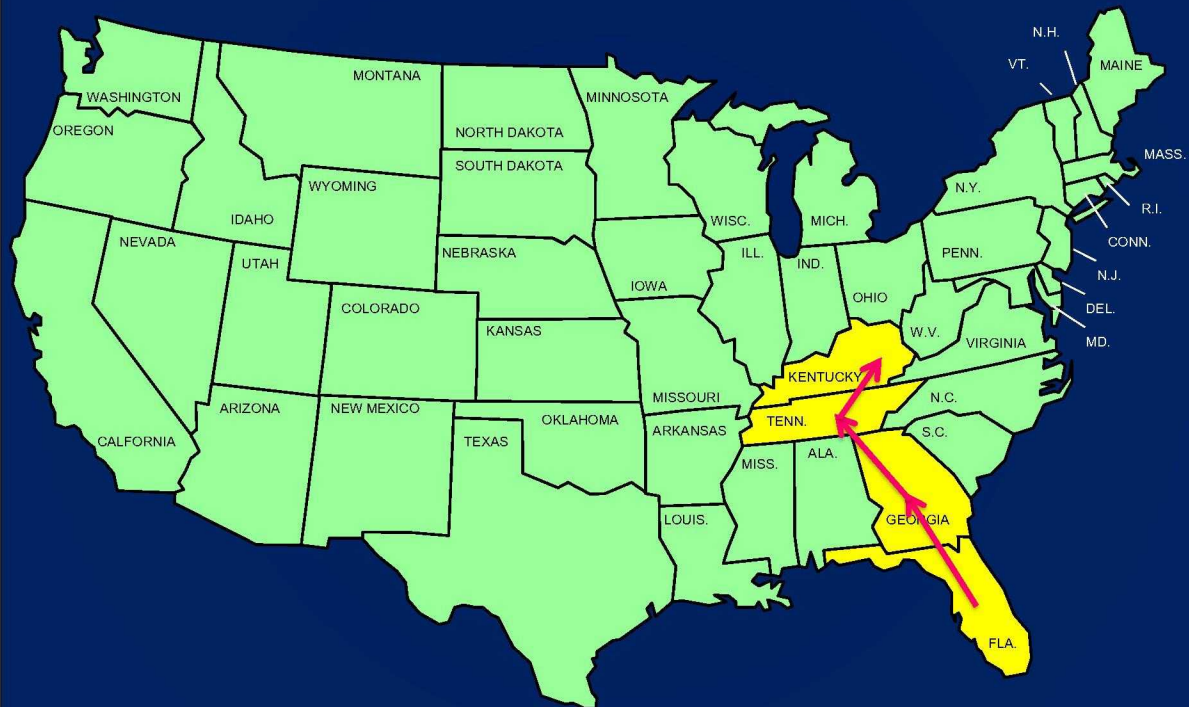


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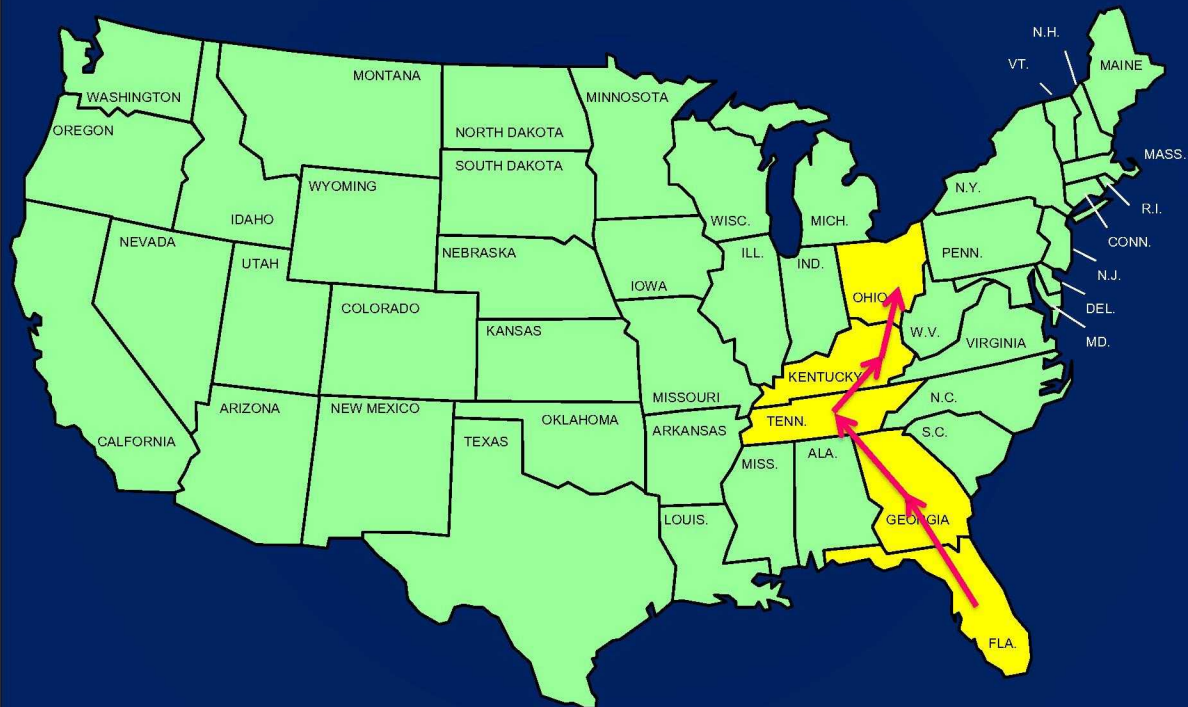
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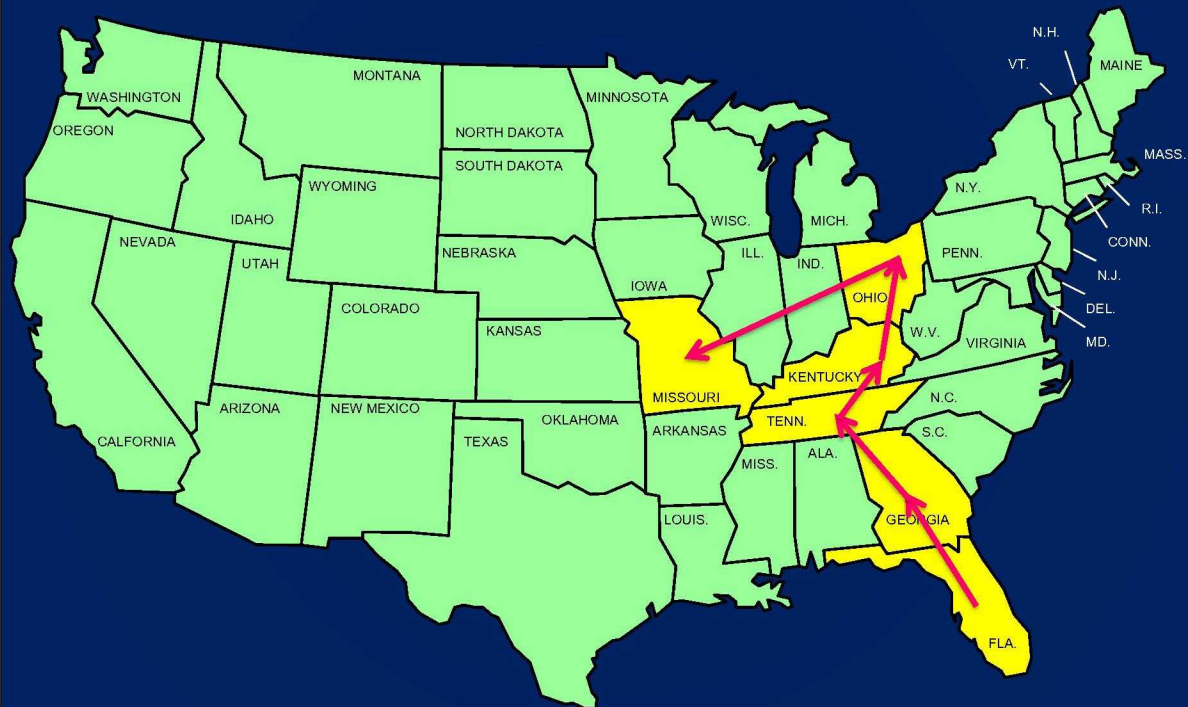


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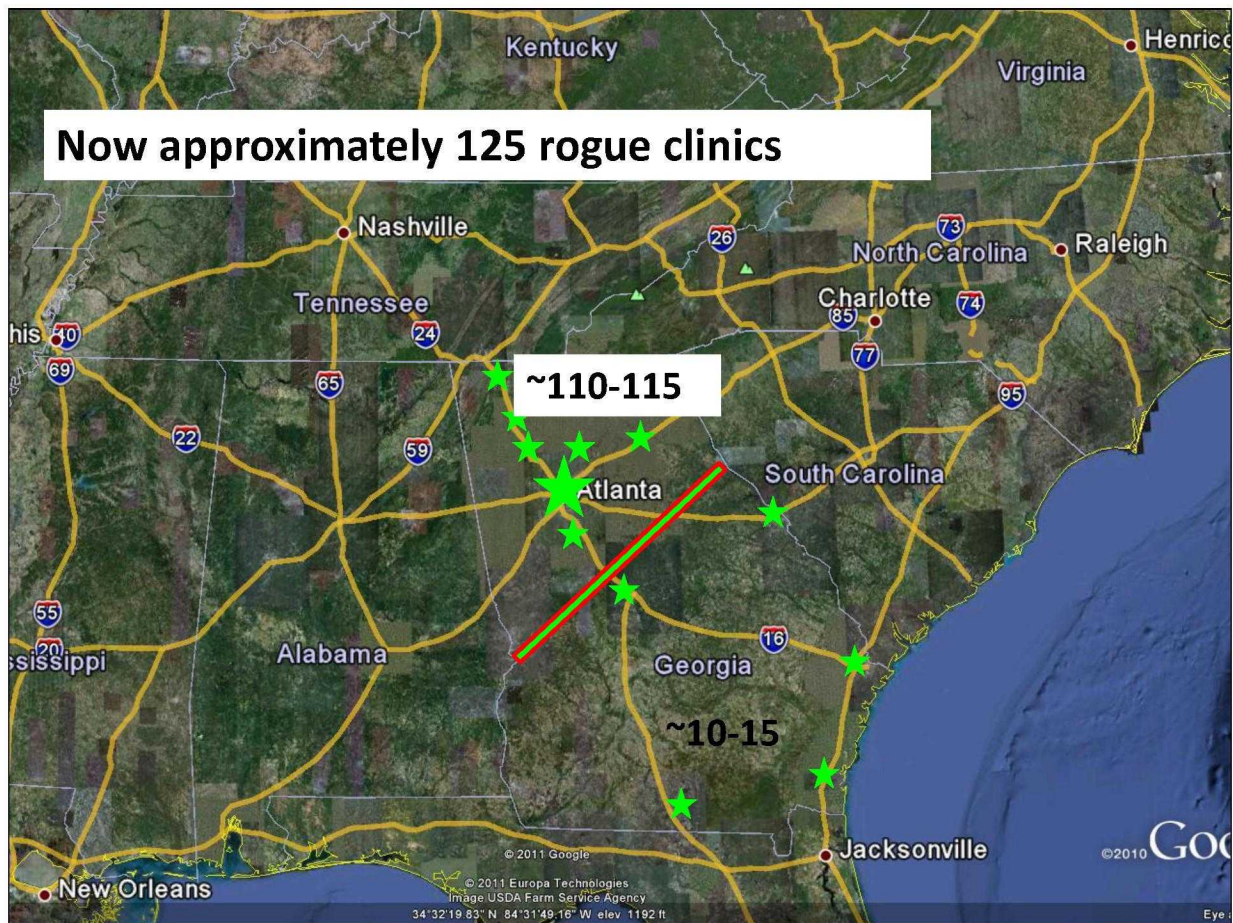




## Georgia Example: Traditional Pain Management Clinics

Years prior to 2009-2010:  
15-20 legitimate clinics

- Almost all owned by Physicians
- Accept insurance, Medicaid, Medicare, etc.
- Patients need appointments
- Follow pain management guidelines
- Patients get a complete physical workup & exam
- Use physical therapy, other treatment methods
- Prescribed drugs usually include non-narcotics







## Georgia Pain Pill Clinics

**Now in 2012 – approximately 125 rogue clinics owned by non-physicians, and the owners:**

- Are from another state
- Many are convicted felons
- Usually owned or operated a pain clinic in another state.
- Have ties to some type of organized crime
- If from Florida, left not because of the Florida PMP, but due to new Pain Clinic restrictions and no dispensing



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## WHAT AUTHORITIES ARE DOING TO TARGET THE PROBLEM

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## Realignment of DEA's Diversion Control Efforts

- In October 2008, the then Acting Administrator authorized a two-pronged reorganization of the DEA Diversion Control Program.
- The first prong involved a substantial expansion in the number of Tactical Diversion Squads (TDS) and their deployment throughout the United States.
- This approach provides a significant increase in the number of Special Agents and Task Force Officers who possess the requisite law enforcement authorities needed when conducting criminal investigations, i.e., the ability to conduct surveillance, make arrests and execute search warrants.

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## Second Prong: Renewed Focus on Regulatory Oversight

- The second prong of the reorganization plan called for a renewed focus on DEA's regulatory oversight of more than 1.4 million DEA registrants.
- With more Diversion Investigators available to concentrate on the regulatory aspects of the Diversion Control Program, the **lifeblood** of the program, DEA increased the frequency of compliance inspections of specific registrant categories such as manufacturers (including bulk manufacturers); distributors; importers; exporters; narcotic treatment programs; DATA-waived practitioners; researchers; and chemical handlers.
- This renewed focus on oversight has enabled DEA to take a more proactive approach to educate registrants and ensure that DEA registrants understand and comply with the Controlled Substances Act and implementing regulations.

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/ Office of Diversion Control*



## First Prong: Increased Enforcement Efforts

- Currently 48 operational Tactical Diversion Squads (TDS) throughout the United States. Phase II implementation has begun with additional TDS groups being deployed across the U.S. (10 more recently approved)
- These TDS enforcement groups incorporate the skill sets of DEA Special Agents, Diversion Investigators, other federal law enforcement, and state and local Task Force Officers.



## Tactical Diversion Squad Presence Phase Summary





## Targeting the Pill Mills: What We Look For !

- Increase in activity and numbers of clinics opening
- Surrounding business and residential complaints
- Increase in amount of police contacts and arrests locally
- Automation of Reports and Consummated Orders System (ARCOS) Inquiries

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Neighboring businesses would complain about the traffic, noise, lost sense of their personal security as they were inundated with drug addicts and thugs on their property.





## Targeting the Pill Mills: Sources of Complaints

- Pharmacy Employees
- Medical Boards
- Citizen Complaints
- Police Intelligence
- Package Deliveries – Intercepted parcels
- Medical Examiner's Office - Overdoses
- Court System; Probation Officers
- Crime Stopper Alerts
- Informants

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But DEA didn't rely solely on Arcos. They used that information in combination with complaints from pharmacists like yourselves, parents of addicted youth and unfortunately of those who had overdosed on prescription drugs, and these other groups.



## Utility of the TDSs: Operation Pill Nation

- Operation began on February 14, 2010
- DEA, working with other federal, state and local partners, started identifying, targeting and investigating rogue pain clinics
- Eleven (11) Tactical Diversion Squads (TDS) from across the United States provided assistance; 340 Undercover Buys from more than 48 clinics and 64 doctors
- Three purchases were made from every target clinic/pharmacy – prescribed with no legitimate medical purpose

47

In late 2009, DEA Miami, with my section, planned Operation Pill Nation in response to this problem. Designed to target, using federal/state prosecutions, administrative authorities, specific pain clinics and physicians illegally prescribing oxycodone. Tactical Diversion Squads from 11 field divisions and ODP assisted in the 1 year operation in the tri-county area. As a result over 50 separate cases were initiated, and 100s u/c buys were conducted against physicians and pain clinics. From February to August 2010, there were always at least 3 TDS in Southern Florida for two weeks at a time. Teams rotated in and out over a six month period.



## Utility of the TDSs: Operation Pill Nation

- On February 23, 2011, as part of *Operation Pill Nation* DEA conducted a coordinated effort with more than 500 state and local law enforcement officers in a massive takedown which included:
  - 21 search warrants executed at clinics, residences, and other locations in south Florida;
  - 25 arrested on various federal and state drug and money laundering charges, of which 5 were medical doctors and 5 were pain clinic owners;
  - Seizure of approximately \$9.5 million in assets. (\$3 million dollars in US currency, a variety of other real property, jewelry, and assets including 68 vehicles, some of which were exotic cars); and
  - Immediate Suspension Orders issued against 14 DEA registrations, 1 Order to Show Cause issued against 3 DEA registrations, and the surrender of 6 DEA registrations.



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February 23, 2011

## Agents Raid Florida Clinics in Drug Crackdown

By DON VAN NATTA Jr.

MIAMI — Drug Enforcement Administration agents and other law enforcement officials on Wednesday raided six South Florida pain clinics accused of illegally dispensing potent prescription drugs across the United States. Twenty-two people, including trafficking charges.

## The Washington Post

### Feds raid Fla. pill mills; arrest docs, owners

By CURT ANDERSON

The Associated Press

Wednesday, February 23, 2011; 5:23 PM

WESTON, Fla. -- U.S. Drug Enforcement Administration agents and local police swept across South Florida on Wednesday making arrests as part of a lengthy undercover operation into illegal pill mills that dispense huge amounts of powerful prescription drugs across the nation.

## The Palm Beach Post

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### 11 arrested in Palm Beach County as part of multi-agency pill mill raid

*In Palm Beach County, the raids focused on five doctors in four pain clinics.*

By CYNTHIA ROLDAN AND MICHAEL LAFORGIA

Palm Beach Post Staff Writers

Updated: 11:20 a.m. Thursday, Feb. 24, 2011

Posted: 9:57 a.m. Wednesday, Feb. 23, 2011

Operators of four crooked pain clinics in Palm Beach County made millions of dollars by peddling pills to patients with trumped up injuries, rewarding themselves with boats, exotic cars and real estate while rates of overdose deaths and drug-dealing soared, state prosecutors alleged in court documents made public Wednesday.

49

This operation caught the attention of the national media, New York Times and Washington Post.

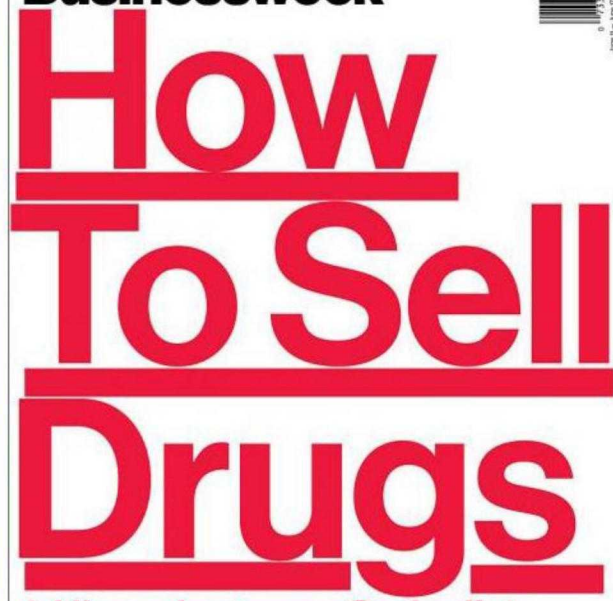


## Utility of the TDSs: Operation Pill Nation

To date, *Operation Pill Nation* (Parts I & II) have resulted in:

- The surrender of 92 DEA registrations (80 physicians, 8 pharmacies and 4 wholesale distributors); 1 wholesale distributor's civil fine was \$8 million
- Immediate Suspension Orders issued against 63 DEA registrations (62 physicians, 1 distributor);
- Orders to Show Cause issued against 6 DEA registrations; 40 clinics closed;
- 47 arrests (27 physicians, 5 clinic owners and 15 clinic employees)
- Seizure of more than \$18.9 million in assets (\$12.1 million in US currency and approximately \$6.8 million in vehicles, jewelry, real property, and other assets).



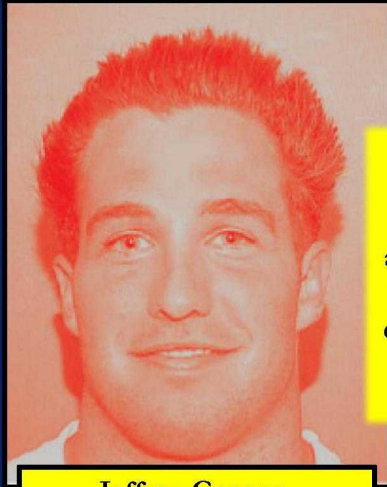


1. Hire a doctor on Craigslist
2. Order opioids, but not too many
3. Rake it in PHOTO

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DEF-MDL-04816.00051

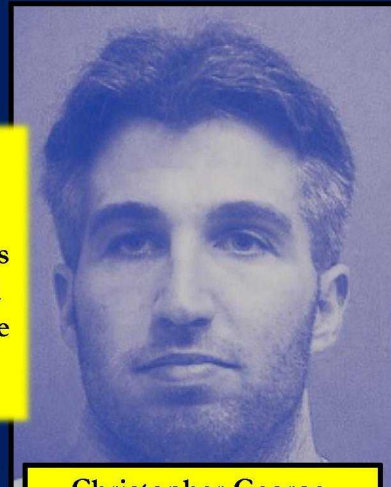


## American Pain: The Largest U.S. Pill Mill's Rise and Fall



Jeffrey George,  
now serving 15 ½ years

From 2008 to 2010,  
according to federal  
agents, the George twins  
were the largest “illegal  
dispensers of oxycodone  
in the U.S.”



Christopher George,  
now serving 17 ½ years

Source: Bloomberg Businessweek,  
June 11-June 17, 2012



# California Example: Doctor Sells More than Pharmacies

Los Angeles Times

LATIMES.COM

## Prescriptions like candy

The story of a Duarte doctor makes it clear a lot can go wrong between the handcuffs and the prison time.

SANDY BANKS

We're getting tough on drug dealers in Los Angeles these days, sweeping crack sellers off skid row streets, shutting down marijuana dispensaries, prosecuting doctors who peddle prescriptions like candy to patient addicts.

But the story of Dr. Daniel Healy makes it clear that a lot can go wrong between the handcuffs and the prison time.

Healy, according to prosecutors, is a most prolific drug dealer. In 2008 alone, he illegally distributed enough prescription drugs to constitute the federal government's equivalent of more than 50 kilos of cocaine or 37,000 pounds of marijuana.

The Duarte physician ordered more Vicodin than any doctor in the nation — 1 million pills in 2008. That's 10 times the stockpile of an average pharmacy; more than his local CVS, Wal-Mart, Target, and City of Hope pharmacies combined.

According to federal legal briefs, Healy made so many over-the-counter sales from his "Kind Care" medical clinic, the office had its own money-counting machine and Healy pocketed "\$3,000 to \$6,000 a day."

On the day he was arrested, police pulled over a

ghetto street dealer with a wad of cash and pocketful of crack cocaine.

That guy would have

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The Duarte physician ordered more Vicodin than any doctor in the nation — 1 million pills in 2008. That's 10 times the stockpile of an average pharmacy; more than his local CVS, Wal-Mart, Target, and City of Hope pharmacies combined.

almost \$700,000 in one year: "a cash-and-carry narcotics store under the guise of providing legitimate medical treatment."

The prosecutor in the case stopped short of saying he's disappointed when I interviewed him Monday.

"Forty-eight months is a significant sentence, by any measure," said Assistant U.S. Atty. David Herzog.

The felony conviction

means Healy will lose his license. "The end result is that this defendant is no longer able to distribute narcotics into the community and never will again."

But 48 months is considerably less than the 210-month minimum term the probation report recommended. It's less, even, than the 57 months Healy's lawyer suggested would be fair.

That's a blow to DEA efforts to crack down on abuse of prescription drugs, which is rising among teens and young adults.

Nearly 7 million Americans are abusing pharmaceutical drugs — up from 3.8 million 10 years ago, and more than the number addicted to cocaine, heroin and hallucinogens. Opioid painkillers — the kind Healy dispensed — cause more overdose deaths than cocaine and heroin combined.

Blatant drug-dealing by doctors is rare. More common is doctor-shopping by patients, thefts from pharmacies, trading meds by addicts and illicit street sales by drug dealers.

That's why Healy's sentence is so disappointing.

Here's a chance to send a message to "well-meaning" doctors like Healy who might be tempted by easy money and to suffering patients who might not realize that the mild-mannered guy with the stethoscope might have more than their well-being in mind.

sandy.banks@latimes.com



## Second Prong: Renewed Focus on Regulatory Oversight

- Increased Regulatory Efforts throughout the U.S.
- Investigating/Inspecting all new and renewal pharmacy applications submitted in Florida
- Investigating/Inspecting existing pharmacies registrations
- Results
  - Withdrawal of applications
  - Orders To Show Cause (OTSC) issued against applications
  - Immediate Suspension Orders (ISO) issued as appropriate



# DEA Distributor Initiative

## **Purpose and format:**

- **Educate and inform distributors/manufacturers of their due diligence responsibilities under the CSA by discussing their Suspicious Order Monitoring System, reviewing their ARCOS data for sales and purchases of Schedules II and III controlled substances, and discussing national trends involving the abuse of prescription controlled substances**

## **August 2005 – Present:**

- **Briefings to 81 firms with 233 locations**
- **Examples of civil action against distributors:**
  - **Cardinal Health , \$34 million civil fine**
  - **McKesson, \$13.25 million civil fine**
  - **Harvard, \$6 million civil fine**
- **Examples of suspension, surrender or revocation of DEA registration**
  - **Keysource, loss of DEA registration**
  - **Sunrise, loss of DEA registration**





Stores' licenses suspended: DEA Special Agents David Meierkevitz and Mia Ro remove boxes of prescription painkillers and other evidence from a CVS store Feb. 4 in Sanford, Fla.

# DEA aims big to stem painkiller black market

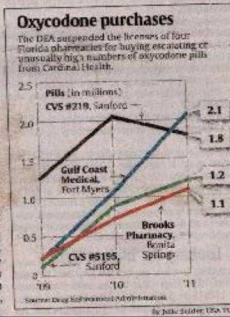
## Cardinal Health says it didn't look the other way

By Donna Leinwand Leger  
USA TODAY

Vicent Moellering heard a rumor in April 2009 that a local pharmacy was selling the powerful and addictive painkiller oxycodone by the pill for cash. So Moellering, an investigator for Cardinal Health, one of the nation's largest distributors of pharmaceuticals, visited Gulf Coast Medical Pharmacy in Fort Myers, Fla.

Over the next two years, Moellering and other Cardinal employees visited that pharmacy at least four more times. Each time, they noted disturbing signs: Customers paid cash; oxycodone was the No. 1 seller; and young people came in groups to have their prescriptions filled.

On Oct. 5, 2010, Moellering's fourth visit, pharmacy owner Jeffrey Green told him he wanted more oxycodone. The store had dispensed 462,776 pills over two months — nearly seven times what the average pharmacy dispenses in a year. Convinced something was off, Moellering asked Cardinal's Administration, contact the Drug Enforcement Administration, according to documents filed in federal court.



# DEA snips licenses of pharmaceutical giant's customers

Continued from 1A

the hearing, the DEA and Cardinal have filed hundreds of pages of documents that provide a inside look into how prescription painkillers such as oxycodone and hydrocodone have flooded the black market.

The investigation into Cardinal led the DEA to suspend the licenses of four of the company's largest Florida customers, including Gulf Coast and two CVS pharmacies in Sanford, Fla. Like Cardinal, CVS challenged the suspensions in federal court.

The suspensions are an aggressive display of the DEA's strategy to attack the prescription drug abuse problem at the highest levels. After years of tracking down on doctors who dispense drugs from clinics known as pill mills, DEA agents are targeting the top of the supply chain as part of a comprehensive strategy to stop the flow of prescription drugs to street dealers.

More than 5 million people in the USA abuse narcotic painkillers. The Centers for Disease Control and Prevention classifies prescription drug abuse as an epidemic. More than 27,000 died from drug may have trouble breathing, slip into a coma or die.

Florida, which has laws governing pain clinics until last year, is at the focal point of prescription painkiller abuse. The state Medical Examiner's Office recorded 4,048 deaths from hydrocodone, hydromorphone, oxycodone and oxycodone in 2010, up 24% from 2009. Until last year, doctors could dispense the painkillers from their offices. Now doctors must write prescriptions to be filled at pharmacies.

## Watching the supply chain

Under the federal Controlled Substances Act, the DEA regulates every link in the supply chain for controlled substances such as oxycodone and hydrocodone, including manufacturers, distributors, doctors and pharmacies. About 1.4 million entities have DEA licenses, called registrations, to handle the controlled pharmaceuticals.

Within the closed system, each license holder has responsibilities to maintain control of the drugs and keep them from getting to illegitimate players, DEA Special Agent Gary Boggs said.

The law requires distributors, such as Cardinal Health, to have systems to detect suspicious orders, which must then be reported to the DEA. The agency repeatedly warns distributors that the size of an order alone triggers the distributor's responsibility to report it to the DEA, Boggs said. Distributors must cut sales to those distributors with suspicious orders even if they have a valid DEA license, he said.

"If all those players involved are either compliant or not doing their due diligence correctly, that whole system comes tumbling down," Boggs said. In court documents filed in response to Cardinal's challenge, the DEA said the pharmacy's sales

to the four pharmacies "staggeringly high" and says Cardinal ignored red flags raised within its own systems to detect suspicious orders.

"The system did raise questions with these four pharmacies," said Cardinal spokeswoman Debbie Mitchell. "We took decisive action and voluntarily suspended shipments of controlled medicines to two sites last year. As for the two national chain pharmacies, we raised questions with their corporate headquarters, which they addressed. CVS subsequently took action to stop filling prescriptions for 22 doctors."

Cardinal argues that volume alone is not enough to determine whether a pharmacy is diverting the drugs, because it does not account for a pharmacy's location, the age and health of the population, and the proximity to hospitals, nursing homes and cancer centers.

"If the problem were that simple, DEA could solve it simply by setting volume limits" on the pharmacies, Cardinal says in a document posted on its website.

Cardinal notes in court papers that it has a robust detection system and has cut off more than 130 pharmacies, including 140 in Florida, over the past four years that it determined posed an unreasonable risk of diversion.

signs," Boggs said. "This company is sitting in a state that has been the epicenter of the problem. It's no secret that the drug of choice is oxycodone. I don't think you have to be that strong of an investigator to put two and two together."

The DEA says Cardinal's Lake-lund distribution center shipped 50 times as much oxycodone to its top four customers than it has shipped to its other Florida retail customers. Specifically:

**CVS #2119.** In 2010, Cardinal shipped 2.05 million pills to the 24-hour store in Sanford, a town of 55,000 people north of Orlando, the DEA said. The numbers dropped in 2011 after CVS cut off the 22 doctors whom it suspected were writing illegitimate prescriptions. Still, Cardinal said the pharmacy more than 1.8 million pills — an average of 137,394 pills a month. Cardinal's other customers in Florida averaged 5,364 oxycodone pills a month.

About 42% of the CVS store's customers paid cash, the DEA said in court papers. CVS #2119 pharmacist Paras Piyadarsini told DEA investigators that the pharmacy's fastest-moving controlled substance was 30-milligram oxycodone. DEA group supervisor Ruth Carter said in a sworn statement filed as part of the federal court proceedings: Doctors often used the same diagnosis code on multiple prescriptions and often prescribed to two people living at the same address, which Carter said are signs of diversion.

Cardinal, in the sworn statement, said Piyadarsini told her customers often requested certain brands of oxycodone using street slang.

In a sworn statement in CVS challenge to the DEA, Piyadarsini said the DEA misinterpreted his



corporate had said anything to him about the high volume at the store."

**CVS #5195.** A few miles away in Sanford, this CVS store dispensed more than 58,000 oxycodone pills a month, and 58% of the customers paid cash, the DEA said. From 2009 to 2010 the number of oxycodone pills the pharmacy purchased from Cardinal jumped to 885,900 from 104,500. In 2011, the CVS purchased more than 1.2 million pills. Although Cardinal's electronic system for monitoring suspicious orders flagged the CVS orders 22 times for further investigation, Cardinal never held a shipment, notified the DEA or sent an investigator to visit the store, the DEA said.

CVS pharmacist Jessica Merrill described the oxycodone customers as "shady," Carter said. "Cardinal shipped enough oxycodone for every man, woman and child in Sanford to have 59 pills in 2011," the DEA said.

In a sworn statement filed in the CVS case, Merrill said the DEA's account of her interview with Carter is inaccurate. She said Carter used the term "shady," and when she asked what the agent meant, Carter said people filling oxycodone prescriptions except cancer patients are drug dealers. Merrill said she instructs pharmacists and technicians to reject prescriptions from people who have pinpoint pupils, show aggression or don't have a consistent medical history. The store keeps a binder on suspected doctor shoppers, which it shares with local law enforcement, she said. "I have assisted in at least 15 arrests related to oxycodone" since the end of 2009, Merrill said.

"I have never filled a controlled substance prescription, nor directed anyone else to do so, based on a belief that filling such a prescription would affect any bonus I received from CVS," Merrill said. She estimates the store rejected about 10% of the prescriptions it received each day.

Michael Monk, Cardinal's vice president for

and diversion, said in court papers that Cardinal shipments to the pharmacies in Sanford "appear unreasonable."

"It is reasonable and not uncommon" for us to prescribe a 30-day supply of first 30-milligram oxycodone pills a day for a chronic pain. Monk said. The amount of oxycodone Cardinal delivered to six pharmacies would fill 26,201 four-pill-a-day portions, he said.

CVS in a statement issued Feb. 17 in response to questions from USA TODAY, said the company is committed to working with the DEA at taken "significant actions to ensure appropriate dispensing of painkillers in Florida, which already resulted in dramatically reduced diversion of oxycodone."

For instance, spokeswoman Mike DeLage the number of oxycodone pills dispensed two Florida pharmacies dropped 83% in months after CVS stopped filling some prescriptions for the 22 doctors writing questionable prescriptions. The company developed guidelines to help pharmacies decide whether prescriptions are legitimate, he said.

**Brooks Pharmacy.** The Bonita Springs rounding middle-class area, Moellering notes.

In 2011, as Moellering's concerns mounted, Cardinal said more than 2 million oxycodone pills to Gulf Coast, an 868% increase since 2009. Police were closing in. In each of Cardinal's reports on Gulf Coast, Moellering listed the top prescribers whose patients used the pharmacy.

By the time Cardinal cut Gulf Coast off in October, police had arrested at least three doctors included in Moellering's reports and charged them with a variety of charges, including trafficking in oxycodone, racketeering and overscribing narcotics.

On Jan. 19, a federal grand jury indicted Green, the pharmacy owner, for conspiracy to possess with intent to distribute oxycodone. Green has pleaded not guilty in federal court. His lawyer did not return a call for comment.

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## DEA & NABP Pamphlet on “*Pharmacy Robbery & Burglary*”



U.S. Department of Justice  
Drug Enforcement Administration  
Office of Diversion Control  
[www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov)



### Pharmacy Robbery & Burglary

Tips to Protect Your Customers,  
Your Business, and Yourself



Presented as a Public Service by  
DEA Office of Diversion Control  
&  
National Association of  
Boards of Pharmacy



### It's over....now what?

#### After a robbery:

- Immediately get treatment for anyone who may be injured.
- Sound the alarm as soon as possible.
- Call police first, then your supervisor.
- Lock doors immediately to prevent re-entry and keep closed until police arrive.
- Request customers to remain in the store to give a statement to police.
- Protect the crime scene. Stop others from touching anything touched by the suspect(s).
- Do not trust your memory. The quicker you write down what you observed, the better.

#### After a burglary:

- Notify the local police department.
- Avoid touching or disturbing anything.
- After the police arrive, prepare a detailed list of what was stolen.
- Take the appropriate steps to improve security.

If controlled drugs were taken, report it to your local DEA Field Office, in writing, within one business day and submit a completed DEA Form 106, Report of Theft or Loss of Controlled Substances, as soon as possible. A report should also be filed with the State Board of Pharmacy.

DEA's collaboration with NABP in producing this pamphlet does not constitute an endorsement by DEA of NABP or its services.

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





## DEA & NABP Pamphlet on “*Pharmacy Robbery & Burglary*”

### Prevention Tips

- ✦ Install an alarm system and test it often.
- ✦ Install security cameras behind the cash register facing the front counter.
  - ✓ Inspect cameras regularly to ensure they are functioning.
  - ✓ Properly store recorded data.
- ✦ Install hold-up/duress buttons.
- ✦ Invite local police to conduct a security assessment. Learn the names of the officers who patrol your neighborhood and encourage them to stop by.
- ✦ Ensure there is adequate outside lighting and leave some lights on after closing.
- ✦ Change locks, alarm codes, and safe combinations when an employee leaves.
- ✦ Have at least two employees open and close the store.
- ✦ Try to greet customers as they enter your pharmacy. Your attention can discourage a robber.
- ✦ Watch for people hanging around and not buying anything.
- ✦ Beware of suspicious activity outside your business.

Your primary concern is the safety of coworkers and customers. Follow the instructions given by the robber(s).

Always be aware of your surroundings.  
Don't get caught off guard!

### What to Do During a Robbery

- ✦ Do not resist! Cooperate fully with the robber.
- ✦ Remain calm and avoid sudden movements.
- ✦ Do exactly what you are told to do, nothing more and nothing less.
- ✦ Make mental notes on aspects of the robber (e.g., clothing, hair length and color, size, build, tattoos, scars, and other body features).
- ✦ Do not attempt to apprehend the criminal yourself.

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



DEA's Demand Reduction Program, also provides drug prevention and education information to the public through publications.

You can download any of these publications at [www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com).)

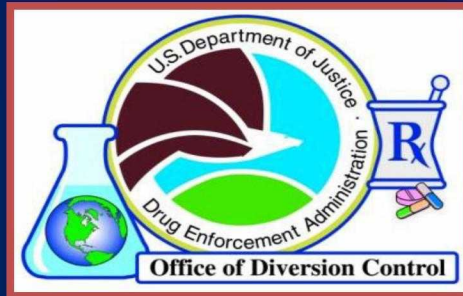
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## Thank You / Questions

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

Thank you to US Attorney (David) Hickton and Attorney General (Linda) Kelly for hosting me here today.

Your focus on this issue and the commitment from every one here today are precisely what Pennsylvania needs to address the prescription drug abuse epidemic here, and nationwide.