DRUGS OF ABUSE IN NC AND CRIMINAL CHARGING

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State Bureau of Investigation

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North Carolina
Board of Pharmacy

DRUG ABUSE & ADDICTION

- DEFINITION OF ABUSE - USE OF A DRUG FOR NONTHERAPEUTIC USE; USE OF A SUBSTANCE THAT ALTERS ONE'S MOOD, EMOTION OR STATE OF CONSCIOUSNESS

- DEFINITION OF ADDICTION - CONDITION BY AN OVERWHELMING DESIRE TO CONTINUE TAKING A DRUG TO WHICH ONE HAS BECOME HABITUATED THROUGH REPEATED CONSUMPTION BECAUSE IT PRODUCES A PARTICULAR EFFECT

PHARMACEUTICAL DRUGS

PHARMACEUTICAL DRUGS - Drugs which have been approved by FDA for use by humans for certain medical conditions and can be marketed in the United States
CONTROLLED DRUGS

Drugs placed in Schedules I through V in NC

- Are placed in Schedules based on Actual or Relative potential for abuse and other abuse factors, risk to public health.
- Potential to produce psychic or physiological dependence.
- Whether the substance is an immediate precursor of a substance already controlled under state or federal law.

SCHEDULE I DRUGS

Drugs placed in this Schedule normally have a high potential for abuse, have no currently accepted medical use in the US or lack accepted safety of use in treatment under medical supervision.

- Drugs in this Schedule Include:
  - Some Opiates
  - LSD
  - Mescaline
  - Psilocybin
  - MDMA
SCHEDULE II DRUGS

Drugs in this schedule include those with a high potential for abuse, currently accepted medical use in the US and currently accepted medical use with severe restrictions.

OPIATES INCLUDING HYDROCODONE (THE DRUG BY ITSELF)
MORPHINE (MS CONTIN)
OXYCODONE (PERCOCET, OXYCONTIN)
HYDROMORPHONE (DILAUDID)
FENTANYL (PRIMARILY AN ANESTHETIC)
METHADONE

DEMEROL (PETHIDINE)
AMPHETAMINES (RITALIN, DEXEDRINE, ADDERALL)
PENTOBARBITAL
**SCHEDULE III DRUGS**

Drugs in this schedule are drugs with a potential for abuse less than the previous schedules, have a currently accepted medical use in the US, and abuse may be lead to moderate or low physician dependence or high psychological dependence.

- Tylenol with Codeine #2, #3
- Hydrocodone combined with aspirin, acetaminophen (Lortab, Vicodin, Norco, Lorcet)
- Paregoric
- Anabolic Steroids (Testosterone)

**SCHEDULE IV DRUGS**

Drugs in this schedule are those with low potential for abuse, have currently accepted medical use in the US & limited physical or psychological relative to higher schedules.
**SCHEDULE IV DRUGS**

- DEPRESSANTS (BENZODIAZEPINES SUCH AS XANAX, AMBIEN, RESTORIL, VALIUM, AND MANY OTHERS)
- STIMULANTS
- PROPOXYPHENE (DARVON, DARVOCET)

**SCHEDULE V DRUGS**

DRUGS IN THIS SCHEDULE ARE DRUGS WITH A LOW POTENTIAL FOR ABUSE, HAVE CURRENTLY ACCEPTED MEDICAL USE IN US, AND LIMITED PHYSICAL OR PSYCHOLOGICAL DEPENDENCE

- BUPRENEX INJECTABLES
- SOME CODEINE COUGH SYRUPS
- COUGH SYRUPS CAN BE PURCHASED WITHOUT A PRESCRIPTION IF PERSON IS OVER 18 YEARS OLD, AND PROVIDES IDENTIFICATION
PHARMACEUTICAL DRUG FLOW
CRADLE TO GRAVE APPROACH
FROM MANUFACTURER TO DISTRIBUTOR
TO PHARMACY TO CONSUMER

DRUG FLOW
ONCE DRUGS ARE DELIVERED TO A
PHARMACY, DOCTORS OFFICE,
HOSPITAL, CLINIC, ETC.
THEY THEN ARE DISPENSED,
ADMINISTERED OR GIVEN TO THE
CONSUMER

DRUGS ABUSED ALONG THE FLOW
- DRUGS CAN BE DIVERTED ANYWHERE
  ALONG THE FLOW AND ABUSED, SOLD,
  ETC.
- IN THE MANUFACTURING PROCESS
- COURIER SERVICE
- PHARMACY, HOSPITAL CLINIC
- PUBLIC
North Carolina State Bureau of Investigation
Diversion and Environmental Crimes Unit (DECU)

Unit Responsibilities
- The Diversion and Environmental Crimes Unit investigates diversion of drugs by licensed healthcare professionals and others involved in the healthcare registrant field (pharmacists, nurses, veterinarians.)
- Large scale or multi-jurisdictional prescription fraud cases and doctor shopping investigations.
- Suspicious deaths in healthcare facilities.
- Violations of state and federal statutes and regulations including: Clean Water Act, or other violations involving pollution or hazardous substances.

“NONMEDICAL USE”

Prescription Drug Misuse
Definition: The intentional use of someone else’s prescription medication for the purpose of relieving symptoms that may be related to a health problem.
Attributes: No legal prescription for the drug, Use is intentional, Perceived barriers to medical care, Motive to relieve a condition for which the medication, when prescribed is generally intended

Prescription Drug Abuse
Definition: The use of a scheduled prescription medication to experiment, to get high or to create an altered state.
Attributes: No legal prescription for the drug, Use is intentional, May involve use in combination with other drugs, May involve delivering in a wrongful manner, Motive to experiment, get high or to alleviate withdrawal symptoms.
WHY?

Prescription drugs are the number one drug of choice for children ages 12-13
- From 1995-2005, the number of teenagers treated for addiction to prescription pain relievers increased more than 300%
- Nearly ¼ of 12th graders have abused prescription drugs by the time they graduate
- Every day, 2,500 children age 12-17 abuse a prescription pain reliever for the first time
- 13 is mean age of first non-prescribed use of sedatives and stimulants

WHY?

- Prescription drugs are “gateway” drugs to illicit drugs
  - Predisposes young abusers to street drug use
  - Twice as likely to use alcohol
  - Five times more likely to use marijuana
  - 12 times more likely to use heroin
  - 15 times more likely to use ecstasy
  - 21 times more likely to use cocaine

- 20% of teens and tweens admit to prescription drug abuse (drugfree.org)

- Prescription drugs are killing our young people
  - North Carolina ranks second to Florida in Methadone Overdose deaths
  - 23% of all drug-related ER admissions
  - more than 20% for all single drug-related ER deaths

WHY?

We are so accustomed to trusting the medical community that we don’t have the same sense of danger about prescription drugs that we do with street drugs.
Top Five States Reporting Methadone Related Deaths

According to the 2007 National Drug Intelligence Center Report:

1. Florida
2. North Carolina
3. New York
4. Washington
5. Texas

Past Year Initiates for Specific Illicit Drugs Among Persons Aged 12 or Older, 2007 (In Thousands)

Fatal Unintentional Overdose Mortality Rates: NC (yellow) and US (blue), 1999-2008

Top twenty controlled substances dispensed in NC, 2008

| Drug                  | # scripts | ...
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<thead>
<tr>
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<tbody>
<tr>
<td>Hydrocodone</td>
<td>4,146,484</td>
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<tr>
<td>Oxycodone</td>
<td>2,026,003</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>1,408,651</td>
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<tr>
<td>Ambien/Zolpidem</td>
<td>1,223,256</td>
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<tr>
<td>Clonazepam</td>
<td>824,360</td>
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<tr>
<td>Lorazepam</td>
<td>698,699</td>
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<tr>
<td>Diazepam</td>
<td>469,032</td>
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<tr>
<td>Amp. Salts/Adderall</td>
<td>468,196</td>
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<tr>
<td>Methylphenidates</td>
<td>388,828</td>
</tr>
<tr>
<td>Phenteramines</td>
<td>224,692</td>
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Source: NC CSRS, March 2009
Prepared by Kay Sanford, September 2009

WHY?
Increase in crime - Association between Diverted Pharmaceuticals and Crime

North Carolina General Statutes
N.C.G.S. 90-108
As opposed to Larceny, Obtaining Property by False Pretense

N.C.G.S. 90-95
Possession, PWISD, Trafficking

Supported by Purdue Pharma L.P., Grant # NED101356
What About Non-Controlled Substances

- N.C.G.S. 106-122(19) - Obtain Prescription Drug by Fraud (M)
- N.C.G.S. 90-85.40(c) - Dispense Drug without a Pharmacy License (M) [Sell/Deliver of Non-Controlled substances]
- N.C.G.S. 90-18(a) - Practicing Medicine Without a License

<table>
<thead>
<tr>
<th>Tablet markings (Description)</th>
<th>Contents</th>
<th>Weight (grams)</th>
<th>If Required for 4 grams</th>
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<tbody>
<tr>
<td>512 (White tablet)</td>
<td>5 Oxycodone/325 Acet.</td>
<td>0.52</td>
<td>8</td>
</tr>
<tr>
<td>N.700 20 (Pink, extended release)</td>
<td>20 mg Oxycodone</td>
<td>0.17</td>
<td>20</td>
</tr>
<tr>
<td>N.701 10 (White tablet)</td>
<td>10 Oxycodone/325 Acet.</td>
<td>0.46</td>
<td>6</td>
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<td>Pink 800 (White tablet)</td>
<td>800 mg Oxycodone/325 Acet.</td>
<td>0.83</td>
<td>16</td>
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<tr>
<td>Pinkylor Lollipop</td>
<td>1 gram/pack</td>
<td></td>
<td>2</td>
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<tr>
<td># 5 M ox to base and 5 on back side</td>
<td>10 Codeine/650 Acet.</td>
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<tr>
<td>M311 (White capsule-shaped)</td>
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<tr>
<td>M335 (White square-shaped)</td>
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<tr>
<td>M359 (White capsule-shaped)</td>
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<td>M352 (White, oval)</td>
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<td>0.83</td>
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<td>1.01</td>
<td>11</td>
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<td>0.42</td>
<td>9.5</td>
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<td>10 Hydrocodone/500 Acet.</td>
<td>0.83</td>
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<tr>
<td>Watson 749 (White, oval)</td>
<td>10 Hydrocodone/650 Acet.</td>
<td>1.01</td>
<td>11</td>
</tr>
</tbody>
</table>

Other Charges

- 108A-64 - Medicaid Fraud
- 14-113.20 - Identity Theft
- 58-2-161 - Health Insurance Fraud
- 14-17 - Second Degree Murder
ABUSED SCHEDULE II DRUGS

- OXYCODONE - PERCOCET, PERCODAN, TYLOX, OXYCONTIN, ROXILOX
- METHADONE
- DEMEROL (MEPERIDINE)
- AMPHETAMINES – RITALIN, DEXEDRINE, ADDERALL, CONCERTA
- HYDROMORPHONE – DILAUDID
- FENTANYL – DURAGESIC PATCHES, ACTIQ

ABUSED SCHEDULE III DRUGS

HYDROCODONE MIXTURES
#1 IN NATION
VICODIN, LORTAB, LORCET, NORCO

GENERICS SUCH AS MALINKROT, WATSON

ABUSED SCHEDULE III DRUGS

TYLENOL WITH CODEINE
ACETAMINOPHNE WITH CODEINE

#2 – 15 MG
#3 – 30 MG
#4 – 60 MG
ABUSED SCHEDULE IV DRUGS

BENZODIAZEPINES – DEPRESSANTS
XANAX (ALPRAZOLAM)
KLONOPIN (CLONAZEPAM)
VALIUM (DIAZEPAM)
ATIVAN (LORAZEPAM)
HALCION (TRIAZOLAM)

ABUSED SCHEDULE IV DRUGS

PHENTERMINE - FASTIN
PHENDIMETRAZINE

PROPOXYPHENE – DARVON, DARVOCET

NON-CONTROLLED ABUSED DRUGS

- TRAMADOL (ULTRAM, ULTRACET)
- SOMA (CARISPRODOL)
- ANYTHING A PERSON THINKS WILL GIVE THEM A “HIGH”, ETC.
Questions?