

# ILLEGAL DIVERSION OF DRUGS WATCHED

by Mary Archer  
Bulletin Staff Writer

A man complains of pain on the left side of his body and a burning sensation when urinating. His urine sample contains blood, often indicating a case of kidney stones. An unsuspecting doctor prescribes a strong narcotic such as morphine or Dilaudid.

But the man is a drug addict who placed blood in the urine sample by pricking his finger when no one was watching.

This is only one of many clever ways drugs are diverted from their legal medical use and abused by people supporting their own drug addiction or sold to abusers on the street.

Dale A. Ferranto, a special agent for the Bureau of Narcotic Enforcement, Diversion Investigation Unit in Los Angeles, described the kidney stone scam used by addicts and warned of other forms of drug diversion during a presentation to pharmacists at the recent annual meeting of the California Society of Hospital Pharmacists.

Other means of diversion involve counterfeiting and forging prescriptions, employee pilferage, doctors who sell prescriptions, and burglaries, he said.

In efforts to prevent diversion of drugs, California has complex regulations doctors and pharmacists must follow but which abusers are finding ways around.

All habit forming drugs or substances must be prescribed and are categorized into five schedules which reflect decreasing levels of addictive power and abuse potential.

Schedule I contains substances which are illegal or used for experimental purposes only. Heroin and marijuana are examples.

Schedule II substances, which Ferranto's unit is involved with, can only be prescribed with a special government-printed triplicate prescription

form. Examples are morphine, codeine, or Dilaudid, used by addicts as a substitute for heroin.

Any physician, dentist or veterinarian dispensing drugs must register with the Drug Enforcement Administration and must use triplicate prescription forms containing their name and DEA number.

When a prescription is filled, the physician and pharmacist each keep one copy and one copy is sent to the state Bureau of Narcotic Enforcement.

Part of Ferranto's job is to keep track of which physician, pharmacist and patient are using what drug, he said. The process reveals where stolen prescriptions are filled and if a patient is obtaining prescriptions from more than one doctor, he said.

Recently, Ferranto's diversion unit discovered a rash of counterfeit triplicate prescription forms which are very similar to the state's, he said.

So far, these false prescription forms have been filled at 27 different pharmacies, using 89 different patients' names and 35 different doctors' names, Ferranto said.

The most noticeable difference between the counterfeits and the state's prescriptions is that the state uses a

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computer printer, while the counterfeiterers are still using typewriters, Ferranto said.

"Script mills," clinics fronted by doctors who divert drugs to abusers, is another concern of Ferranto's unit.

Although the number of clinics is small, they're responsible for a large portion of the state's drug problem, Ferranto said.

These clinics offer a specific medical treatment as a cover for their diversion of drugs and to obtain the legal license to prescribe the strong, schedule II drugs, Ferranto said.

Stress clinics can prescribe Quaalude, alcohol rehabilitation centers can prescribe Ritalin, and weight control clinics can prescribe Preludin, he said.

On Jan. 1, a new law went into effect that limited doctors licensed to prescribe schedule II drugs to 100 triplicate prescriptions a month, Ferranto said. This has helped limit script mill activities, he said.

Abusers, however, have discovered that mixing schedule III drugs, which do not require triplicate prescriptions, are easier to obtain, and cost less, produces the same effects as schedule II drugs, Ferranto said.

A "load," a mixture of Doriden and codeine, both schedule II, sells on the street for about \$15, Ferranto said. Although use of schedule III drugs is increasing, schedule II drugs still command a higher price. A four milligram tablet of Dilaudid or Quaalude can cost up to \$40, Ferranto said.

Recently, pharmacy burglaries have increased, especially in Los Angeles, for drugs, not money, Ferranto said. Some of these thefts are armed robberies, done by people desperate to get drugs, he said.

The thefts are not being done "in a nice way," Ferranto said. "These are violent people."

Medical personnel licensed to handle drugs are also sometimes involved in diversion of drugs, most often to support their own habit, Ferranto said.

In hospitals, 69 percent of the diversion of drugs comes from nurses, 12 percent from pharmacists and 2 percent from doctors, Ferranto said.

A common type of diversion is unwitnessed spillage where a licentiate breaks a vial, keeps the drugs for personal use, and shows supervisors the broken container saying that the drugs were destroyed, Ferranto said.

Another common diversion tactic is to replace a vial of drugs from the stock



room with a vial of normal saline solution, or to take a patient's prescribed medicine if the doctor leaves the order for it to be administered when needed, Ferranto said.

Although drug abusing medical personnel are often caught when their habit becomes apparent to other personnel, hospitals don't always prosecute because of civil liability threats. The staff member may simply be fired without license revocation, Ferranto said.

The California State Board of Pharmacy believes that drug diversion is a major problem and something that has to be stopped, said Robert Toomajian, one of three board members participating in a panel discussion at the annual meeting.

The board licenses pharmacists, drug manufacturers and wholesalers and regulates all sales of dangerous drugs, said Donald McDonald, another member of the board.

The board also employs full-time inspectors to investigate accusations and holds fact-finding and disciplinary hearings when necessary, McDonald said.

The worst action the board can take against a pharmacist found guilty of large quantities of drug diversion is revoking the license, said McDonald, who said he believes stronger actions should be taken.

Currently, it's very hard for law enforcement agencies to maintain a case

against a pharmacist who diverts large amounts of drugs, McDonald said.

He would like to see legislation that automatically imposes a jail sentence or fine on pharmacists who are found guilty by the board for unaccountable losses in their inventory.

A law that will go into effect in 1984 takes a step towards this by making the defending pharmacist and store owner accountable for up to \$25,000 incurred by the state for investigative cost in the case, McDonald said.

For pharmacists who divert drugs for their own habit, the board is in the process of implementing an "impaired pharmacist" program similar to the American Medical Association's impaired physician program, said McDonald.

Instead of prosecuting the pharmacist, the program would attempt to rehabilitate him or her, McDonald said. ■

Reprinted from the *Anaheim Bulletin*, October 17, 1983. ■

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