



**Good Medicine, Bad Behavior:
Drug Diversion in America**

**Exhibit Catalog with
Parent's & Teacher's Guide**

Drug Enforcement Administration Museum & Visitors Center • www.deamuseum.org



Good Medicine, Bad Behavior: Drug Diversion in America

Exhibit Catalog with Parent's & Teacher's Guide

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For as long as there have been medicines and products aimed to heal injuries, cure diseases and relieve pain, there has been experimentation with overusing and abusing those products. From the rise of the patent medicine industry in the middle and late 1800s through to modern day scientifically-engineered prescription drugs, there have been good medicines that, because of bad behavior, have caused many negative results.

This exhibit presents a look back at America's struggle in balancing the need to provide medications to improve the quality of life while working to prevent the diversion of those substances and the chemicals used to make them for illegal use.

There is an ever-increasing array of medications available for countless health issues as well as an alarming increase in the abuse or misuse of these products. The *Good Medicine, Bad Behavior* exhibit and education program exist to educate and increase public awareness of the potential for the abuse of prescription and over-the-counter medicines and encourage increased diligence by parents, educators, health care providers and law enforcement personnel to keep these products from being abused and diverted.



A 2005 study by the National Center on Addiction and Substance Abuse at Columbia University indicated the abuse of pharmaceutical controlled substances grew at twice the rate of marijuana, five times that of cocaine, and 60 times that of heroin between 1992 and 2003.

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The DEA Office of Diversion Control

With new laws and controls put in place in the wake of rising abuse and overdose in the early 1900s, the government needed organizations to enforce those laws and regulate the industry.

Originally formed as the Compliance Program in 1970, the Office of Diversion Control consists of special agents, diversion investigators, chemists, pharmacologists, program analysts, and others. Together, they work to maintain the balance between the availability of enough medicine to meet the legitimate medical and scientific needs of the public while ensuring that none of these products are diverted to illegal use.

The Drug Enforcement Administration (DEA) Office of Diversion Control is responsible for two distinct problems: the diversion of controlled pharmaceuticals and the diversion of controlled chemicals.

In 2007, 6.9 million Americans abused prescription drugs, compared with 3.8 million in 2000 – an 82% increase in seven years.

National Survey on Drug Use and Health

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Unlike street drugs like cocaine, heroin, marijuana and methamphetamine, prescription and over-the-counter medicines are readily available in your home medicine cabinet and on the Internet.

The readily available nature of these substances, as well as the belief that the testing they go through when being brought to market makes them safe, can lead some to believe the medicines are safe to use at any dosage, in any combination, or at any time.

Good & Bad Effects

Benzodiazepine — Good: Reducing anxiety, sedative for sleep, anti-convulsive.

Bad: Drowsiness, dizziness, slowed pulse and breathing, fatigue, confusion, impaired memory and coordination, addiction, respiratory depression and arrest, death.

Hydrocodone — Good: Pain treatment, cough suppression, reduced GI motility, anesthesia. **Bad:** Drowsiness, nausea, constipation, confusion, sedation, respiratory depression and arrest, addiction, unconsciousness, coma, death.

Oxycodone — Good: Pain treatment, cough suppression, reduced GI motility, anesthesia. **Bad:** Drowsiness, nausea, constipation, confusion, sedation, respiratory depression and arrest, addiction, unconsciousness, coma, death.

Methylphenidate — Good: Appetite suppression, constriction of blood vessels, treatment for attention deficit hyperactivity disorder, treatment for narcolepsy. **Bad:** Increased or irregular heart rate, reduced appetite, weight loss, heart failure, nervousness, insomnia.

Amphetamine — Good: Appetite suppression, constriction of blood vessels, treatment for attention deficit hyperactivity disorder, treatment for narcolepsy. **Bad:** Increased or irregular heart rate, reduced appetite, weight loss, heart failure, nervousness, insomnia, tremors, loss of coordination, irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, addiction, psychosis.



Ten Most Commonly Abused Prescription Drugs:

- Benzodiazepine
- Hydrocodone
- Oxycodone
- Methylphenidate
- Amphetamine
- Codeine
- Barbiturates
- Flunitrazepam
- Morphine
- Fentanyl

Partnership for a Drug-Free America



Mortar & Pestle

Codeine — **Good:** Pain treatment, cough suppression, reduced GI motility, anesthesia. **Bad:** Drowsiness, nausea, constipation, confusion, sedation, respiratory depression and arrest, addiction, unconsciousness, coma, death.

Barbiturates — **Good:** Reducing anxiety, sedative for sleep, emergency seizure control, insomnia, anesthesia. **Bad:** Drowsiness, dizziness, slowed pulse and breathing, poor concentration, fatigue, confusion, impaired memory and coordination, fever, irritability, poor judgment, slurred speech, addiction, life-threatening withdrawal, respiratory depression and arrest, death.

Flunitrazepam — **Good:** Reducing anxiety, sedative for sleep, anti-convulsive. *Note: Not approved for use in the United States.* **Bad:** Drowsiness, dizziness, slowed pulse and breathing, fatigue, confusion, impaired memory and coordination, visual and gastrointestinal disturbances, urinary retention, memory loss, addiction, respiratory depression and arrest, death.

Morphine — **Good:** Pain treatment, cough suppression, reduced GI motility, anesthesia. **Bad:** Drowsiness, nausea, constipation, confusion, sedation, respiratory depression and arrest, addiction, unconsciousness, coma, death.

Fentanyl — **Good:** Pain treatment, cough suppression, reduced GI motility, anesthesia. **Bad:** Drowsiness, nausea, constipation, confusion, sedation, respiratory depression and arrest, addiction, unconsciousness, coma, death.

Drug vs. Medicine

Throughout this exhibit the term “medicines” is used to refer to substances legitimately made and used to heal. The term “drug” will be used to refer to substances that are illegally made, sold and abused with no intent for medicinal use. Drugs are not taken for healing purposes.

Useful Definitions

Drug (drŭg) n. A substances that induces a response within the human body whether the response is beneficial or harmful.

Medicine (mĕd' ĭ-sĭn) n. An agent, as a drug, for treating injury or disease.

Abuse (ə-byooz') n. 1. Improper use or handling; misuse.
2. Physical maltreatment.

Addiction (ə-dĭkt' shŭn) n. To devote or give habitually or compulsively to something.

Diversion (dĭ-vŭr' zhən) n. An act or instance of diverting; deviation.

Prescription (prĭ-skrĭp' shən) n. A physician's written instruction or order for preparation and administration of a medication.

During the past 120-plus years there has been a revolution in therapeutics. Medicines have been discovered to cure disease and to relieve pain. With these new medicines there is an increase in the misuse and abuse of some of them. This section looks at some of these medicines and their abuses, and the laws that have been developed to help control the misuse of those medicines. It is important to keep in mind that prescription medicines can be just as dangerous when misused as street drugs, such as cocaine, methamphetamine and heroin.

Turn-of-the-Century Pharmacies: 1890s – 1940s

At the turn of the last century (as today), pharmacies not only provided health care products, but also many other essentials including shaving needs, dyes, pens, hair and skin products, as well as a variety of over-the-counter medicines. No regulations existed and many patent medicines contained opium, morphine, heroin and cocaine and were sold and widely used. These patent medicines included products like Coca-Cola, Mrs. Winslow's Soothing Syrup, and Bayer Heroin. The growing realization that these drugs were harmful and needed to be restricted solely to medical use spurred the passage of the 1906 Pure Food and Drug Act and later the 1914 Harrison Narcotics Act. Many manufacturers then either discontinued making the product or dropped the offending ingredient from their formula.

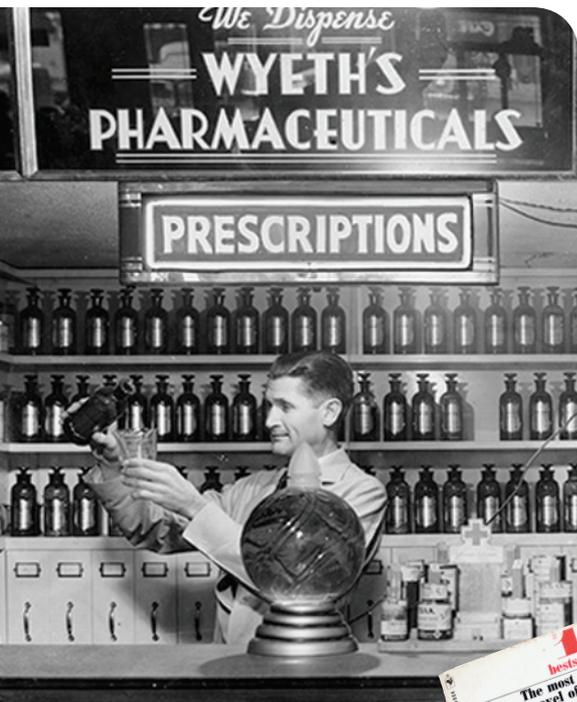
Internal Revenue tax label on narcotic box

Beginning in 1914, the Harrison Narcotics Act used IRS taxes on the sale and purchasing of narcotics as a way to control use. The Treasury Department assigned the first narcotic agents to enforce the Harrison Narcotics Act.



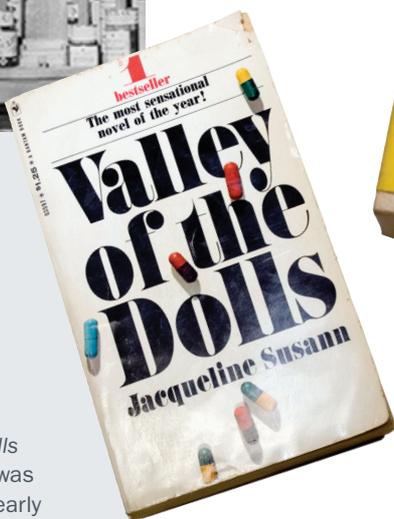
Bayer Heroin Bottle
(circa 1900)





Mid-Century Drug Stores: 1950s – 1970s

After World War II there was an amazing development of new medicines: tranquilizers, new amphetamines, barbiturates, and new opioids (synthesized opium products). Weight loss products were sold containing amphetamines and ephedrine. National marketing of these medicines increased their use. This post-war era brought with it affluence, social change and mass use of medicines and drugs. Many stimulant, tranquilizer and sedative medicines were misused. Amphetamines and barbiturates were called “mother’s little helpers” as many women developed a habit for the stimulation and sedative effects of these medicines. The predecessors to the modern Drug Enforcement Administration (DEA) and other government and private organizations began setting up education programs to stem the tide of abuse and addiction.



Valley of the Dolls

The wide spread abuse of amphetamines, sedatives and prescription narcotics throughout the American population led not only to new laws but to a number of popular novels depicting the problem. The *Valley of the Dolls* was a best selling book that was later made into a movie. It clearly showed the uncontrolled abuse of prescription medicines and their tragic effects.



Anphetacomp

1960s-1970s — Weight loss products containing amphetamines are used on a continuing basis and not for weight loss alone. This misuse leads to removal from the market of such products and a limiting of the amount of legally produced amphetamines.

Pharmacists behind the counter of a mid-20th century pharmacy.



PRESCRIPTION



Cough syrups containing dextromethorphan are being abused by teenagers. They drink the entire four-ounce bottle (known as Robo-Tripping) and get a sub-toxic hallucination reaction. Tablets containing dextromethorphan are also abused by taking a large number of tablets. The street name for this abuse of tablets is called skittling. Dextromethorphan abuse is now a national concern and education programs have been developed to decrease this abuse.

Modern Day Pharmacies: 1980s – Present

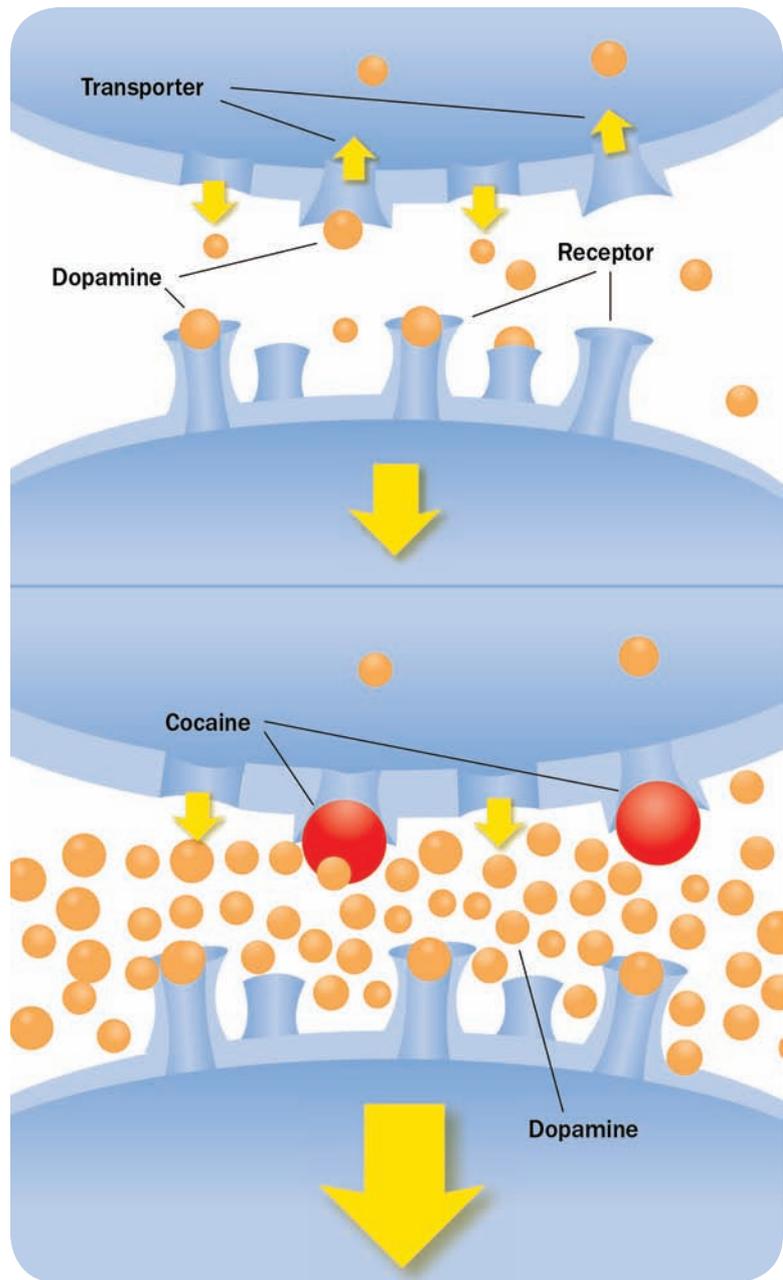
The problem of pharmaceutical diversion continues to grow. Teenagers begin to experiment with medicines which result in addiction and deaths. New laws and enforcement efforts have been put in place. However, the diversion of medicines has grown to where it is now, among the most abused controlled substances. It is the responsibility of the doctor, the pharmacist and the patient to ensure that prescription medicines are used properly.

Tracking An Increase in Abuse

The recent increase in prescription drug abuse in this country is likely the result of several factors: significant increases in the number of prescriptions and in drug availability; aggressive marketing by the pharmaceutical industry; the rise of illegal Internet pharmacies that dispense these medications without proper prescriptions and surveillance; and a greater social acceptability for medicating a growing number of conditions. **NIDA**

In 2006, in order to control each and every dose of a medicine, hospital pharmacies shifted to single dose packaging. Schedule II medicines received special packaging markings such as the red dot and the “C II” for controlled medicine. This method reduces the diversion of medicines within most health care facilities.





Medicines have been around for as long as mankind has been around to need them. While many substances are found to have wonderful healing and pain-relieving properties, there are also many that can cause harm if used incorrectly. But what do these products actually do to the body? What changes and what harm do they cause?

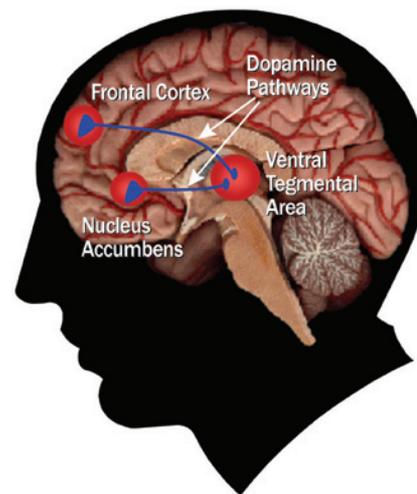
To understand the body's response to the abuse of medications, we must first take a look at the human brain, and how it reacts to both natural chemicals and to drugs and medicines, as well as how it communicates. When drugs and medicines interrupt the brain's natural reward pathways, a cycle of addiction and abuse can be created and can have lethal consequences.

How Drugs Alter the Brain's Reward Pathway

Drugs interfere with the body's reward system by bypassing the natural course and going directly to the brain's reward pathway. There, they mimic the effects of the brain's neurotransmitters to falsely produce and prolong the pleasurable sensation and paving the way for addiction. Virtually, all drugs of abuse activate the brain's dopamine system and the pleasure/reward pathway. The physical shape of the drug is similar to the dopamine receptor site and can "lock" into it, thus replicating many times over the effects of dopamine. Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated and brain communication is altered. **NIDA**

The Pleasure Center of the Brain The Brain's Reward Pathway

Brains are hard-wired to keep humans alive. Therefore, the necessary elements for doing this: eating, reproducing, communal living, etc., are meant to feel pleasurable so that they will be repeated and the species will continue. When these activities are performed, the brain rewards the body through a complex "pleasure center" which reinforces the desire to repeat the behavior. **NIDA**



How Drugs Kill

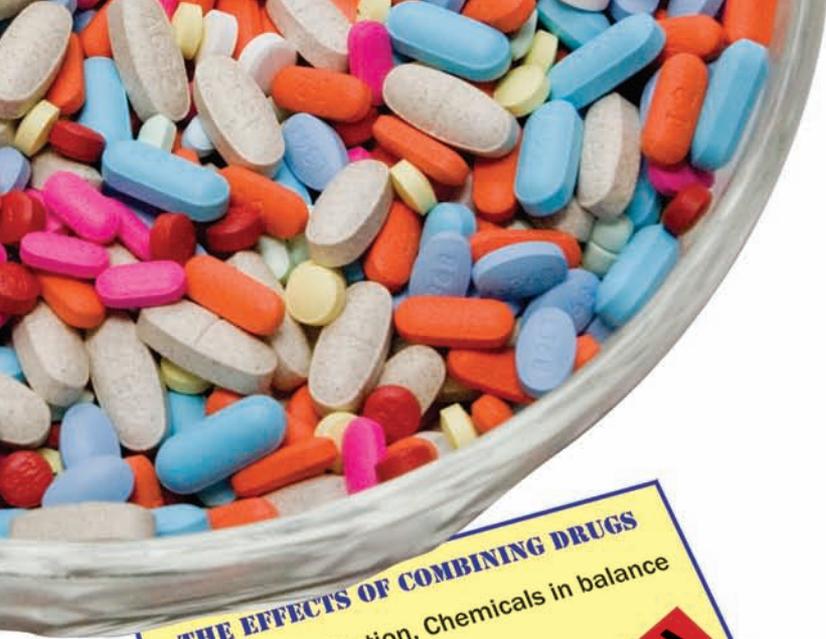
Stimulants are one type of drug that can kill. They trigger the release of norepinephrine, a hormone which increases motor activity, heart rate and blood pressure, and also narrows blood vessels. The narrowing of blood vessels reduces the flow of blood around the brain and increases the risk of rupture which can lead to brain damage. With stimulants, deaths usually occur as a result of brain damage, heart attacks, and/or overheating. As the heart pumps faster, it demands more oxygen and, coupled with

reduced blood supply, can lead to heart attack. Stimulants also change the dopamine levels in the body, which effect body temperature, thus interfering with the body's ability to cool itself. Along with increased motor activity caused by stimulant use, body temperature rises to dangerous levels which can result in organ failure and ultimately death. Many over-the-counter cold medications contain stimulants.



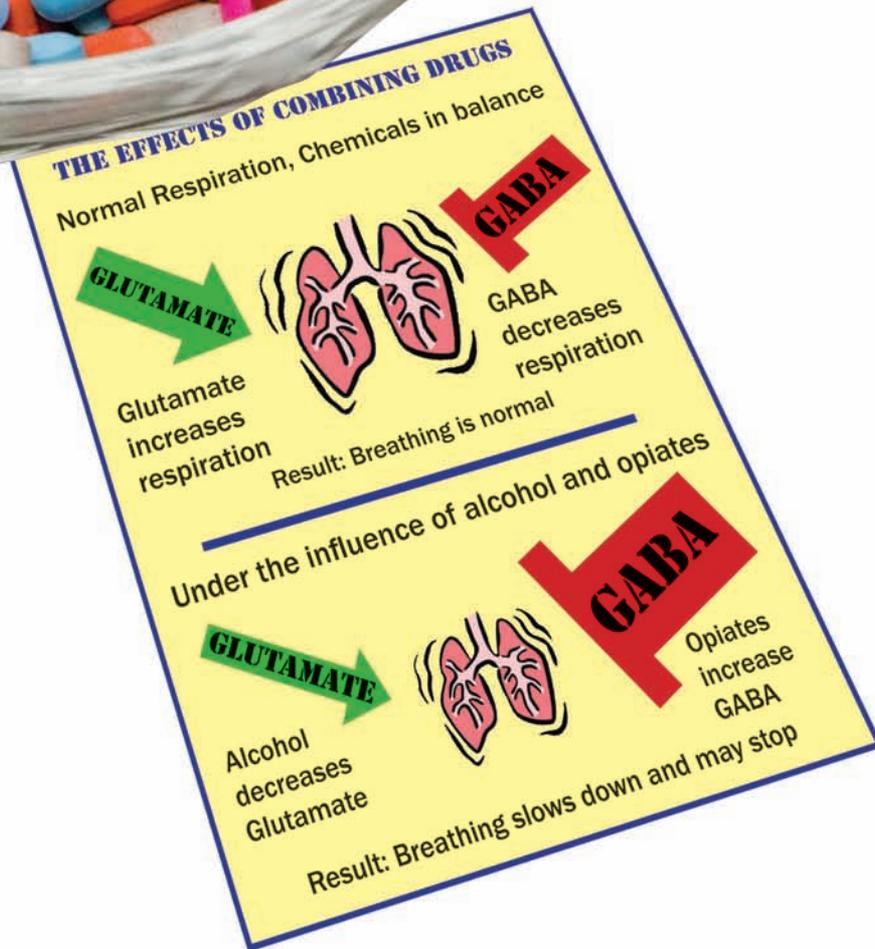
“In the past 30 years, advances in science have revolutionized our understanding of drug abuse and addiction. Drug addiction is a brain disease.”

Nora D. Volkow, M.D., Director, National Institute on Drug Abuse



Pharm Bowl

Drugs can kill when combined together. A growing trend among today's youth is to attend pharm parties. Admittance to the party requires providing pharmaceuticals, usually illegally obtained from their parents' home medicine cabinets. The pharmaceuticals are combined in a bowl or bag, which is often referred to as trail mix. Many times, handfuls of pills are washed down with alcohol, producing lethal drug combinations. Similar situations were found decades earlier in the 1970s when Manhattan socialites would provide crystal candy dishes filled with Quaaludes for the enjoyment of their guests.



How Drug Combinations Can Affect Breathing

Many deaths occur as a result of combinations between drugs or medicines that when taken together, can have lethal effects. Glutamate and GABA are two chemicals in the body that affect breathing. Glutamate is a chemical that works to increase breathing (excitatory). GABA is a chemical that works to decrease breathing (inhibitory). Normally these two chemicals are in balance in the body. Alcohol decreases the effects of glutamate, causing breathing to slow down. Opioids (such as morphine, codeine and oxycodone) increase the effect of GABA, also causing breathing to slow down. When combined, the impulse to breathe can be totally suppressed, causing death.

University of Utah, Genetic Science Learning Center

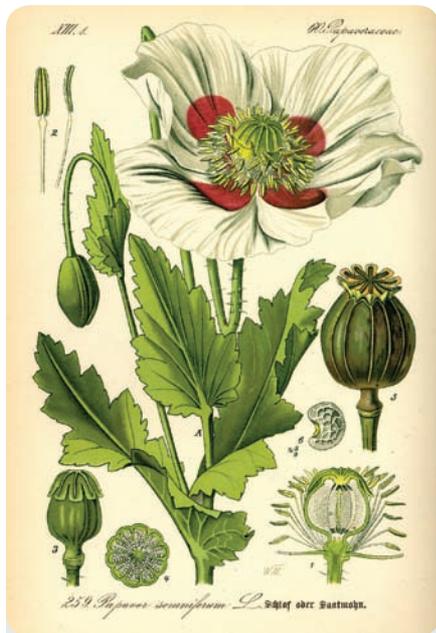
Research, Development and Formulation

Discovery and Development

The search for substances that can heal the body and relieve pain is never-ending. One substance ideal for pain relief – Opium – is also highly addictive. A major quest for scientists both past and present has been to find a non-addictive potent pain reliever. Despite intensive and continued research, this has yet to be found.

Early Research and Development

For centuries, medicines have been derived from a variety of sources including plants and animals. Researchers have collected herbs, leaves, bark, and flowers, as well as insects, and other animal products in the hopes of finding a treatment for some illness. Today, scientists continue to collect plant specimens from around the world in the hopes of isolating a new medicine.



Botanical of Opium Poppy
(circa 1885)

Upon collection, the substances are tested to see if they can be useful for treatment and if so, they are continually refined and tested, placed in clinical trials, and then manufactured under the current Good Manufacturing Practice guidelines of the Food and Drug Administration (FDA).



Research at BYU

Scientists continue to search for potent non-addicting pain relievers. At Brigham Young University, researchers are studying the Japanese tape vine in Australia hoping to synthesize a molecule similar to the chemical structure of morphine.

THE NEW YORK MEDICAL JOURNAL. 39

BAYER PHARMACEUTICAL PRODUCTS

ASPIRIN
The substitute for the salicylates

EUROPHEN
The cleanest and most effective analgesic

HEROIN
The sedative for coughs

LYCETOL
The uric acid solvent

ARISTOL
The best analgesic

PROTARGOL
The best substitute for the salicylates

PIPRAZINE
The best analgesic

QUINALGEN
The best analgesic

HEROIN-HYDROCHL.
The cleanest and most effective analgesic

FERRO-SODIUM
The best substitute for the salicylates

SOMATOSE
The best substitute for the salicylates

HEMICRANN
The best substitute for the salicylates

SULFONAL
The best substitute for the salicylates

ODONTRINE
The best substitute for the salicylates

SYCOSE
The best substitute for the salicylates

PHENACETIN
The best substitute for the salicylates

TRIONAL
The best substitute for the salicylates

SALOPHEN
The antirheumatic and antineuralgic

FARBENFABRIKEN OF ELBERFELD CO.

40 STONE STREET. NEW YORK.

Send for samples and literature to

The Bayer Company in Germany tried unsuccessfully to find a non-addicting potent pain reliever. While experimenting with morphine, they produced an opiate compound that appeared to have the non-addictive qualities they desired. In 1898, Bayer marketed this new compound as a cough syrup and pain reliever under the trade-name Heroin, only later discovering it to be much more addictive than morphine.

Manufacturing

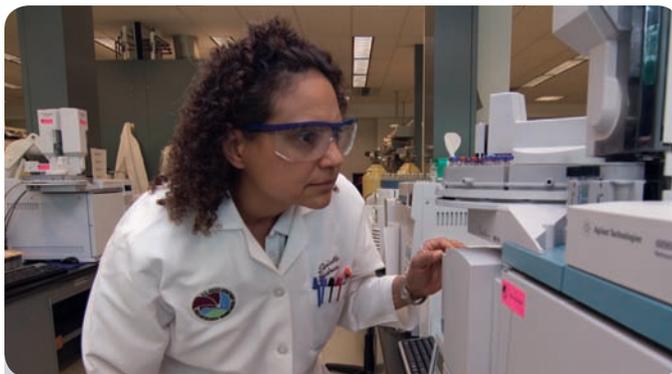
When medicines are manufactured, they have to be formulated to contain the correct dosage. Besides the actual medicine, formulation may also include other compounds that could be used to control the release of the medicine to the body, to assist with uptake into the body, extend the shelf life, or mask the taste.

Delivery Methods

Medicines can be delivered into the body via a wide range of delivery systems. Because of the addiction and abuse potential of opium and its derivatives, there has been recent research on developing abuse-resistant delivery systems. Some examples are encapsulated pellets, osmotic pumps, packaging, and transdermal patches. If the medications are used as directed, they are safe. However, if diverted for illegal use, the technology can be circumvented by savvy street users.

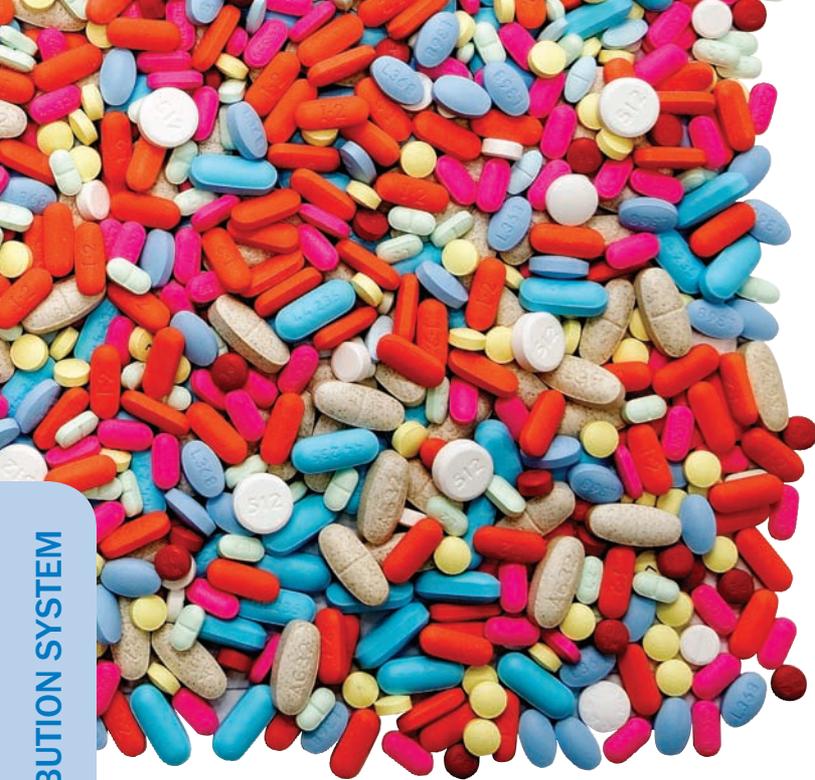
DEA's Involvement in the Process

While the majority of the development process is done through the FDA, the DEA gets involved in a variety of areas. One way is when a drug manufacturer changes the formulation of a product to make it less prone to abuse and then petitions for a hearing with DEA to have the product lowered on the schedule of controlled substances. DEA's forensic scientists put the drug through tests to determine if it meets the criteria to be lowered on the schedule.



DEA's Laboratory System

DEA's forensic chemists analyze pharmaceutical preparations submitted from diversion investigators.



From the passage of the Harrison Narcotics Act in 1914 right up through modern day, various laws and regulations have been passed by federal and state governments to control the manufacture, distribution and dispensing of medicines. Today, the Controlled Substances Act and the DEA Office of Diversion Control work to ensure that medicines are available for the public while no illegal diversion takes place within the system.

Early Years of Pharmaceutical Regulation

Prior to 1900, pharmaceuticals with a potential for abuse were not governed by special rules or regulations. By the early 1900s it had become apparent that the over-production and unrestricted sale of narcotics was seriously undermining the health, social and economic welfare of many persons. The Federal Pure Food and Drug Act, passed in 1906, greatly reduced the use of narcotics in patent medicines but their easy availability from other sources made it clear that some action had to be taken to bring narcotics firmly under governmental control and that international regulation of production and distribution would be needed to make domestic control effective.

The country's first anti-drug laws were enacted in 1914 with the Harrison Narcotics Act. This law is known for establishing federal drug law enforcement.

Essentially, this law was a revenue measure providing for the registration and taxation of those who manufactured or distributed opium, morphine, heroin, or coca products.

The Marihuana Tax Act of 1937 placed a tax of \$100 per ounce on the sale of marijuana, and the Opium Poppy Control Act of 1942 made it illegal to grow opium poppies without a special license.

The 1930s and 1940s saw significant developments in governmental attempts to control narcotics as they related to pharmacies. The Uniform Narcotic Drug Act of 1932 was enacted in many states and it defined narcotic

drugs as well as made it unlawful for any person to manufacture, possess, have under control, sell, prescribe, administer, dispense, or compound any narcotic drug except as authorized by the act.

UNITED STATES

Passed at the third session, which was begun and held at the city of Washington, in the District of Columbia, on Monday, the seventh day of December, 1914, and was adjourned without day on Thursday, the fourth day of March, 1915.

WOODROW WILSON, President; THOMAS R. MARSHALL, Vice President; JAMES P. CLARKE, President of the Senate *pro tempore*; CLAUDE A. SWANSON, Acting President of the Senate *pro tempore*, December 21 to 23, 29 to 31, 1914, and January 2, 1915; NATHAN P. BRYAN, Acting President of the Senate *pro tempore*, January 22, 1915; CHAMP CLARK, Speaker of the House of Representatives.

CHAP. 1.—An Act To provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes.

December 17, 1914.
[H. R. 6282.]
[Public, No. 223.]

The 1914 Harrison Narcotics Act



Pharmacy prescription files from the mid-1900s.

In 1968, the President merged the Treasury Department's Federal Bureau of Narcotics (FBN) and the Department of Health, Education and Welfare's Bureau of Drug Abuse Control (BDAC) creating the Bureau of Narcotics and Dangerous Drugs (BNDD) under the Justice Department. Following the passage of the Controlled Substances Act of 1970, the BNDD recognized the need to establish a workforce dedicated to the investigation and regulation of legitimately produced controlled substances. This segment of the workforce was known as Compliance Investigators, the predecessors of today's Diversion Investigators.

The Controlled Substances Act

The Controlled Substances Act (CSA) of 1970 and the Controlled Substances Import and Export Act are the legal foundation of the U.S. Government's fight against the illegal use and distribution of drugs and other substances. These laws are a consolidation of numerous previous laws regulating the manufacture and distribution of narcotics, stimulants, depressants, hallucinogens, anabolic steroids, and chemicals used in the illicit production of controlled substances and chemicals.

This partial chart shows various drugs, their effects, and their place on the schedule of controlled substances.

The CSA places all substances which are regulated under federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse and safety or potential for addiction. The changing of drugs within a schedule can be initiated by DEA, a drug manufacturer, the medical community, public interest groups concerned with drug abuse, state and local government agencies, or an individual citizen.

DRUGS OF ABUSE Uses and Effects											U.S. Department of Justice Drug Enforcement Administration	
Drugs	CSA Schedules	Trade or Other Names	Medical Uses	Dependence Physical	Dependence Psychological	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome	
Narcotics												
Heroin	Substance I	Diamorphine, Horse, Smack, Black tar, Chiva, Nagra (black tar)	None in U.S., Analgesic, Antitussive	High	High	Yes	3-4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating	
Morphine	Substance II	MS-Contin, Roxanol, Oramorph SR, MSIR	Analgesic	High	High	Yes	3-12	Oral, injected				
Hydrocodone	Substance II, Product III, V	Hydrocodone w/Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, Antitussive	High	High	Yes	3-6	Oral				
Hydromorphone	Substance II	Dilaudid	Analgesic	High	High	Yes	3-4	Oral, injected				
Oxycodone	Substance II	Roxicet, Oxycodone w/Acetaminophen, OxyContin, Endocet, Percocet	Analgesic	High	High	Yes	3-12	Oral				
Codeine	Substance II, Product III, V	Acetaminophen, Guafenesin or Promethazine w/Codeine, Fiorinal, Fioricet or Tylenol w/Codeine	Analgesic, Antitussive	Moderate	Moderate	Yes	3-4	Oral, injected				
Other Narcotics	Substance II, III, IV	Fentanyl, Demerol, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgesic, Antidiarrheal, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked				
Depressants												
gamma Hydroxybutyric Acid	Sub I, Product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in U.S., Anesthetic	Moderate	Moderate	Yes	3-6	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol, impaired memory of events, interacts with alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death	
Benzodiazepines	Substance IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Rohocel, R-2), Klonopin	Antianxiety, Sedative, Anticonvulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected				
Other Depressants	Substance I, II, III, IV	Ambien, Sonata, Megprobamate, Chloral Hydrate, Barbiturates, Methaqualone (Quaalude)	Antianxiety, Sedative, Hypnotic	Moderate	Moderate	Yes	2-6	Oral				

Internet Pharmacies

The rise of the world-wide-web has led to many useful advances in public access to information and products. Making medicines available to the public has also become easier. With that ease has come the challenge of making sure that the controlled distribution system that regulates “brick and mortar” pharmacies and their distribution chain also applies to virtual pharmacies operating on the Internet. Many DEA Diversion operations have been launched in recent years that have targeted illegal rogue pharmacies and their money laundering schemes.

The online pharmacy’s role in the health care system is constantly growing. Some Internet pharmacies actually serve a useful purpose by providing lower costs, added privacy and convenience. Rogue Internet pharmacies can endanger consumers by dispensing “unproven, counterfeit, defective or inappropriate drugs.”

Direct-to-Consumer Advertising

Direct-to-consumer advertising of prescription drugs by pharmaceutical companies has likely led to the rise in the popularity of Internet pharmacies. Pharmaceutical companies have started aggressive advertising campaigns to convince patients they can self-diagnose and self-medicate their ailments.

Treating Bipolar Disorder Takes Understanding:

You've been up and down with mood swings. You want to move forward. Maybe ABILIFY can help:

- Control your symptoms of bipolar mania
- Stabilize your mood
- Reduce your risk of manic relapse

Most patients taking ABILIFY did not gain weight or feel drowsy!
 One great common side effect is lost appetite!

ABILIFY is used to treat mania or mixed episodes in adults with Bipolar I Disorder and maintains efficacy in patients whose symptoms have been controlled on ABILIFY for 6 weeks.

How ABILIFY is thought to work:

ABILIFY may work by adjusting dopamine activity instead of completely blocking it and by adjusting serotonin activity. However, the exact way and mechanism for bipolar disorder works is unknown.

Ask your healthcare professional if once-a-day ABILIFY is right for you.

ABILIFY (aripiprazole)
 For Bipolar Disorder

A new ADHD treatment: Vyvanse.

Consistent Sarah throughout the day, even at 6 p.m.

When her ADHD treatment is consistent, so is Sarah.

NEW Vyvanse®
 lisdexamfetamine dimesylate

Consistently Vyvanse

Ask your doctor about NEW Vyvanse.
 1-800-450-5346, www.vyvanse.com

Examples of direct-to-consumer advertising.

In 2006 DEA employed 621 Diversion Investigators who initiated 3,152 cases, seized 3,777,926 dosage units of controlled substances, seized \$27,114,749 in assets and worked 672,393 case hours.



The Role of the Diversion Investigator

The DEA Diversion Investigator (DI) is the critical link in the enforcement of regulations on controlled substances. From routine inspections of pharmacies and manufacturing plants, to building cases against complex international smuggling organizations, the Diversion Investigator works across the country and around the world in partnership with other criminal investigators to ensure the controlled distribution system for medicines is maintained. DIs work closely with DEA Special Agents and state and local law enforcement officers.



DEA agents and local police seize steroids.

Laws regulating the availability of medicines and other substances were passed in the United States starting at the beginning of the 20th century. They were put in place in response to growing abuse and addiction problems with those substances. Ever since, there have been individuals and organizations attempting to sidestep the rules and system for both financial gain as well as a need or desire to “get high.”

The Controlled Substances Act of 1970 (CSA) assigned legal authority for the regulation of controlled substances to the DEA. The statute charges DEA with the prevention, detection, and investigation of the diversion of controlled substances from legitimate channels, while at the same time ensuring that adequate supplies are available to meet legitimate domestic medical, scientific, and industrial needs. The DEA Office of Diversion Control has launched many successful operations over the years to arrest traffickers, seize illegally obtained assets, shut down rogue pharmacies and ensure that the sale of counterfeit or black market products is halted.

One-Two Punch

DEA inflicts upon the illicit drug business what every legal business fears: escalating costs, diminishing profits and unreliable suppliers. DEA has dismantled major pharmaceutical trafficking and distribution organizations through criminal investigations. Also used, is DEA’s regulatory authority, subjecting registrants to significant civil fines, licensing restrictions or even suspended registrations.

U.S. Department of Justice Drug Enforcement Administration							
Federal Trafficking Penalties							
Drug Schedule	Quantity	1st Offense	2nd Offense	Quantity	1st Offense	2nd Offense	
Methamphetamine Schedule II	5-49 gms pure or 50-499 gms mixture	Not less than 5 yrs and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$2 million if an individual, \$5 million if other than an individual.	Not less than 10 yrs and not more than life. If death or serious injury, not less than life. Fine of not more than \$4 million if an individual, \$10 million if other than an individual.	50 gms or more pure or 500 gms or more mixture	Not less than 10 yrs and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$4 million if an individual, \$10 million if other than an individual.	Not less than 20 yrs and not more than life. If death or serious injury, not less than life. Fine of not more than \$8 million if an individual, \$20 million if other than an individual.	
Heroin Schedule I	100-999 gms mixture			1 kg or more mixture			
Cocaine Schedule II	500-4,999 gms mixture			5 gms or more mixture			
Cocaine Base Schedule II	5-49 gms mixture			50 gms or more mixture			
PCP Schedule II	10-99 gms pure or 100-999 gms mixture			100 gms or more pure or 1 kg or more mixture			
LSD Schedule I	1-9 gms mixture			10 gms or more mixture			3rd Offense or More
Fentanyl Schedule II	40-399 gms mixture			400 gms or more mixture			
Fentanyl Analogue Schedule I	10-99 gms mixture			100 gms or more mixture			

Federal Trafficking Penalties

This chart outlines the various penalties for a conviction for trafficking in various drugs. Pharmaceutical drugs regulated by the DEA Office of Diversion Control are listed at the bottom of the chart by their schedule number.



DEA DIVERSION CASE FILE:

Operation Gear Grinder 2005

BACKGROUND

- Demand for anabolic steroids has been increasing in the United States.
- Easy access to the Internet has fueled on-line drug trafficking.

HIGHLIGHTS

- 21-month investigation targeted eight major steroid manufacturing companies.
- 82% of the steroids seized in the operation were of Mexican origin.
- All sales from these businesses were conducted via the Internet.
- Estimated combined sales per year exceeded \$56 million dollars.
- Customer financial transactions were done largely by Western Union wire transfers.

IMPACT

- Largest steroid bust in history.
- Identified need to follow up on precursor chemicals used to make the steroids.
- Suspects charged with: Conspiracy to Import Anabolic Steroids; Conspiracy to Distribute Anabolic Steroids; Conspiracy to Launder Money; and Criminal Forfeiture.



Steroids Confiscated in Operation Gear Grinder.



Examples of the websites shut down in Operation Gear Grinder.



DEA DIVERSION CASE FILE:

Operation Raw Deal 2007

BACKGROUND

- The global underground trade of anabolic steroids, human growth hormone and insulin growth factor has been a growing problem in recent years.
- Raw materials supplied from groups in China were shipped to labs in North America and other parts of the world.
- Internet websites and chat rooms have allowed for purchases and instruction on the illegal use of these controlled substances to flourish.

HIGHLIGHTS

- Multi-agency 24-month investigation concluded in September 2007.
- Four prong strategy targeting: raw material manufacturers; labs in the U.S., Canada and Mexico; distribution websites; and Internet discussion boards and chat rooms instructing people on how to illicitly purchase and use these products.

- Largest steroid enforcement action in U.S. history.
- Involved operations in California, Connecticut, Maryland, Missouri, New York, Pennsylvania, and Rhode Island.
- Involved international operations in Australia, Belgium, Canada, China, Denmark, Germany, Mexico, Sweden, and Thailand.

IMPACT

- Arrests of 124 drug traffickers.
- Seizure of 11.4 million dosage units of steroids and 242 kilograms of raw steroid powder.
- Seizure of \$16.8 million dollars, 27 pill presses, 25 vehicles, 71 weapons and 3 boats.
- Twenty-one pharmacies and 20 physicians had their DEA registrations suspended.



Confiscated Items from Operation Raw Deal.

DEA and the Science of Diversion

The DEA Office of Diversion Control works very closely with the DEA Office of Forensic Sciences and their network of testing laboratories across the United States. During any major operation or investigation, DEA Diversion sends samples of seized prescription medicines and precursor chemicals to the labs for analysis. DEA learns a great deal from the lab analysis, helping close a case or identify other individuals for investigation.



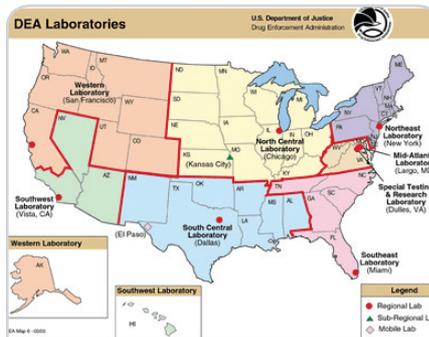
Table-Top Pill Press circa 1950s-1990s

Acquired from defunct pharmaceutical companies or stolen, these machines are used around the world to make pills or tablets of drugs. The user has no idea what ingredients were used to make these pills.



Examples of Pill Dies

Different dies or molds are used to imprint different patterns or designs on the top of the pill. Only the manufacturers and traffickers know which die or mold is linked to the manufacturer – a system for keeping track of who is making what drug.



DEA Forensic Laboratories Across the Country

What began in 1916 with one “chief chemist” has today evolved into a nationwide network of eight regional accredited laboratories. DEA scientists analyze most drug evidence seized by DEA and other federal, state and local police agencies.



Forensic Chemists Analyze Prescription Drug Samples at one of the DEA Labs

Protected by a fume hood and eyewear, forensic chemists perform special tests to analyze drug samples seized by DEA during an operation. The results of those tests will tell DEA a great deal about the drugs seized, including where they came from and how they were made.



Examples of barrels of precursor chemicals.

The clandestine production of drugs is dependent on the availability of chemicals necessary to produce the illicit drugs. Most drugs, with the exception of marijuana, require chemicals to be produced. The controls placed on chemicals are less than those placed on drugs because most of the chemicals have other, legitimate industrial uses. These chemicals are regulated under the Controlled Substances Act. An example of these products include over-the-counter medications containing ephedrine and pseudoephedrine, which are found in cold and allergy medicines, but are illicitly used to produce methamphetamine.

The DEA Office of Diversion Control is recognized as the premier international chemical control authority by governments worldwide as well as international organizations, including the United Nations.

The strategy of chemical control offers several advantages over traditional drug law enforcement measures. Chemical control offers a means of attacking illicit drug production and disrupting the process before the drugs have been made or enter the market.

Acts and Laws Pertaining to Chemical Diversion

A variety of acts and laws have been passed to control chemical diversion. These include the Chemical Diversion and Trafficking Act of 1988, the Domestic Chemical Diversion Control Act of 1993, the Combat Methamphetamine Control Act of 1996, the Methamphetamine Anti-Proliferation Act of 2000, and the Combat Methamphetamine Epidemic Act (CMEA) of 2005. The CMEA required that the sale of products containing pseudoephedrine be limited, put behind the counter, and the purchaser sign a log book when purchasing. This restricts the purchasing of products that are used as precursor chemicals for the production of methamphetamine.

Over-the-Counter Drug Place Cards

In order to control the distribution of pseudoephedrine, consumers are required to take one of these place cards to a pharmacy counter in exchange for the product indicated. This became a control mechanism based on the requirements of the Combat Methamphetamine Epidemic Act of 2005.



DEA DIVERSION CASE FILE:

Tranquilandia Lab, Colombia (1984)

When an individual from Colombia walked into a chemical company office in New Jersey requesting to pay cash for nearly two metric tons of ether—an amount equivalent to half of all the legitimate ether imports for the entire country of Colombia for 1980—the chemical company notified the DEA. Seizing this opportunity, the DEA set up a sting operation in Chicago code named Operation Scorpion.

A front company was established and contacted the individual with an offer to fill his order. Seventy-six drums of ether were sent to New Orleans. Two of the drums had

been wired with electronic tracking devices. After several days, the chemicals were traced to a dense jungle area in Colombia. The raid conducted against the cocaine lab Tranquilandia or “Quiet Village” found a fully equipped cocaine factory. Authorities seized more than 10 tons of cocaine and cocaine base at Tranquilandia and found more labs and similar compounds in the surrounding jungle. The police destroyed drugs and material estimated to be worth more than \$1.2 billion.



A cache of precursor chemicals located near a South American cocaine processing lab.



A bulk seizure of pseudoephedrine found in two vehicles during Operation Northern Star under the cover of legitimate products such as water and bubble gum.



The largest cash seizure in history. Two hundred and seven million dollars (\$207,000,000) was seized from chemical brokers that were supplying chemicals to Mexican cartels to manufacture huge quantities of methamphetamine- most destined for the United States.

DEA DIVERSION CASE FILES:

Operations Mountain Express (2000-2002) and Northern Star (2003)

Operation Mountain Express I and II targeted the domestic diversion of pseudoephedrine, primarily by individuals and companies registered by DEA to handle controlled substances and chemicals. With the success of these investigations, methamphetamine producers began to find it increasingly difficult to obtain sufficient quantities of pseudoephedrine domestically. As a result, they turned to Canada where pseudoephedrine was readily available in bulk quantities.



In response, Operation Mountain Express III was initiated to address the importation of Canadian pseudoephedrine. Over 30 tons of pseudoephedrine was seized during the three phases of Operation Mountain Express.

Operation Northern Star continued where Operation Mountain Express III left off. Pseudoephedrine brokers identified in Chicago, Cincinnati, Detroit, and Los Angeles arranged for bulk pseudoephedrine shipments from Canada, most of which entered the U.S. through Detroit in tractor-trailer trucks often hidden beneath “cover loads” of legitimate products like bottled water and bubble gum. Over 65 individuals in ten cities throughout the United States and Canada were arrested during Operation Northern Star.



Pain management generally benefits from a multidisciplinary approach that includes pharmacologic measures (pain killers such as narcotics, and pain modifiers such as antidepressants or anticonvulsants), non-pharmacologic measures (such as interventional procedures, physical therapy and physical exercise, application of ice and/or heat), and psychological measures (such as biofeedback and cognitive therapy).

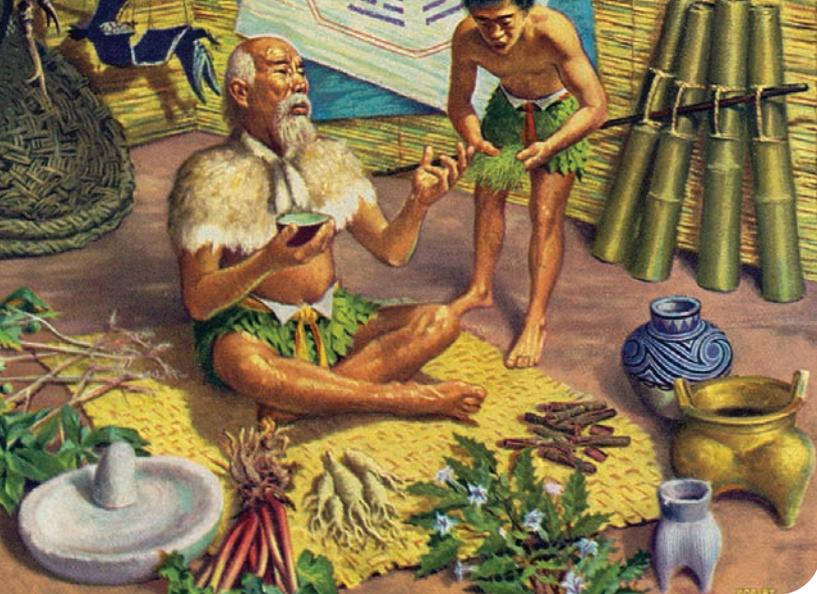
Acute Pain vs. Chronic Pain

Acute pain, which occurs with trauma, often has a reversible cause and may require only transient measures and correction of the underlying problem. Chronic pain is different. Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months or even years. Common chronic pain complaints include headache, low back pain, cancer pain, arthritis pain, neurogenic pain (pain resulting from damage to the peripheral nerves or to the central nervous system itself), and psychogenic pain (pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system). **American Pain Foundation**



Timeline for Pain Management

4000 BC	1500 BC	100 AD	1020	1790	1803	1830
Opium poppy seedpods found in Swiss lake dwellings may have been used for dulling the senses.	Caravans from ancient China bring natural anesthetics and soporifics to the West.	Roman naturalist Pliny reports use of the “potion of the condemned” to reduce the pain of crucifixion.	Avicenna of Persia teaches that opium is “the most powerful of stupeficients.”	Philip Syng Physick, the father of American surgery, occasionally bleeds patients to near collapse to decrease pain sensitivity.	Pharmacist Friedrich Serturmer isolates morphine from opium.	Napoleon's chief surgeon, Dominique-Jean Larrey, espouses carbon dioxide anesthesia to induce “suspended animation.”



A History of Pain Relief

In ancient China and India and pre-Colombian America, natural anesthetics were used to ease some types of pain, including that associated with surgical procedures. In the first century, the Greek physician and naturalist Dioscorides suggested that the root of the mandragora plant steeped in wine be given to patients before flesh or limbs were cut. It was in 1842 that the first doctor administered ether for surgery.

The Power and Danger of the Internet

In the early 1990s through 2005, it became increasingly easy for persons of any age to obtain controlled substances illegally by means of the Internet. Numerous websites based in the United States and abroad sell controlled substances to anyone willing and able to provide a credit card number. Some of these websites do not require a prescription. Others will provide the buyer with an illegitimate prescription simply by having the buyer fill out an online questionnaire without seeing a physician. In 2008, the Ryan Haight Online Pharmacy Consumer Protection Act was passed by Congress and signed by the President. This act requires tighter restrictions on Internet pharmacy sales.

Timeline for Pain Management

1850	1884	1895	1898	1955	1990	2000-Present
James Simpson experiments with chloroform and convinces Queen Victoria to use it during childbirth.	Sigmund Freud believes cocaine can combat pain and encourages a colleague to use it for eye surgery.	Heroin is synthesized from morphine giving a more potent but more addicting pain reliever.	Aspirin is synthesized and is the first relatively safe non-addicting pain reliever.	Acetaminophen is introduced and becomes the number one non-prescription pain reliever.	Pain relief on demand becomes more common as quality-of-life issues supersede fear of addiction.	Better understanding of brain and nerve interactions leads to techniques for preventing pain before the brain can recognize it.
1850s						
The hypodermic syringe is perfected and introduced into medical practice.						

The Standard for Prescribing Controlled Substances

Prescriptions for controlled substances must be issued for a legitimate medical purpose by a registered physician acting within the usual course of professional practice. This should in no way interfere with the legitimate practice of medicine or cause any physician to be reluctant to provide legitimate pain treatment.

Establishing Standards for Managing Pain

There is a lack of consensus among physicians as to all the circumstances that warrant the use of opioids to treat pain. It may be impossible to provide an exhaustive and foolproof list of “dos and don’ts” when it comes to prescribing controlled substances for pain or any other medical purpose. The courts have recognized that there are no definitive criteria laying out precisely what is legally permissible, as each patient’s medical situation is unique and must be evaluated based on the entirety of the circumstances.



Prescription Bottles

Opioid painkillers now cause more drug overdose deaths than cocaine and heroin, combined. **Center for Disease Control**

Incidents of Pain

- More than one-quarter of Americans (26%) age 20 years and over – or an estimated 76.5 million Americans – report that they have had a problem with pain that persisted for more than 24 hours in duration.
- Adults age 45-64 years were the most likely to report pain lasting more than 24 hours (30%). Twenty-five percent (25%) of young adults age 20-44 reported pain, and adults age 65 and over were the least likely to report pain (21%).



How Much Is Too Much?

What constitutes “an inordinately large quantity of controlled substances” can vary greatly from patient to patient. A particular quantity of a powerful Schedule II opioid might be blatantly excessive for the treatment of a particular patient’s mild temporary pain, yet insufficient to treat the severe unremitting pain of a cancer patient.

Looking to the Future of Pain Management

With an aging population and the development of new and more sophisticated chemical substances to manage and treat pain, this issue will not be going away any time soon.

- More women (27.1%) than men (24.4%) reported that they were in pain.
- Non-Hispanic white adults reported pain more often than adults of other races and ethnicities (27.8% vs. 22.1% Black or 15.3% Hispanic).
- Adults living in families with income less than twice the poverty level reported pain more often than higher income adult.

National Center for Health Statistics

Drugs have had a devastating impact on American society for more than a century. The human toll of drug abuse—the lost talent and potential of those who have died in drug related incidents—is immeasurable. On this page are faces of individuals, who have been lost to prescription drug abuse.



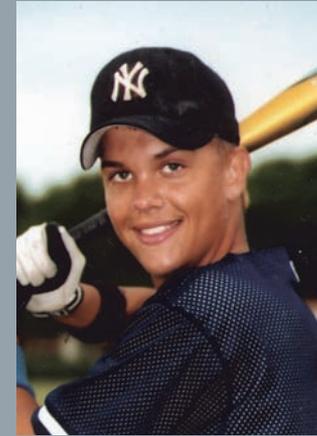
Daniel Katz
Age 25
OxyContin & Cocaine



Ryan Haight
Age 18
Prescription Drugs



Jason Surks
Age 19
Prescription Drugs



Taylor Hooton
Age 17
Steroids & Suicide



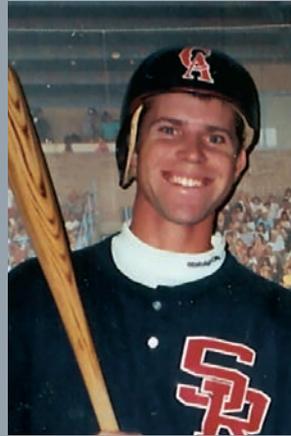
These pages show just a few of the many lives lost to prescription drug abuse that are portrayed in the *Good Medicine, Bad Behavior* museum exhibit.



Mark DeMarrero
Age 19
Xanax & Marijuana



Shannon Hungerford
Age 21
Methadone & Zoloft



Rob Garibaldi
Age 24
Steroids & Suicide



Thomas Andrew Marler
Age 23
Prescription Drugs & Heroin



Dustin Wayne Marler
Age 21
Prescription Drugs & Heroin



Parents' Corner

Despite recent reductions in teen drug use, increasing numbers of teens are using prescribed and over-the-counter medications to get high. It's a serious problem that affects all of us.

Many parents don't know enough about this problem, and many teens don't understand the dangers of using these medications to get high.

The Parent Toolkit – Helping You to Raise Drug-Free Kids

Raising drug-free kids is no easy task. On the following pages, you'll find practical tips and advice for raising drug-free kids. These tips will help you better understand your children, connect with them, protect them, or find out what to do if you discover they're using drugs or alcohol.

Whether you want to better understand your children, connect with them, protect them or know what to do if you find out they're using drugs or alcohol, you know, it really all comes down to love. We know you love your children. You're here because you want to protect their health and help them realize their future potential. These tips make it a little bit easier for you to keep your kids drug-free. You can get a sampling of the toolkit in the following pages.



The latest surveys tell us that:

Nearly one in five (19 percent or 4.5 million) teens has tried prescription medication (pain relievers such as Vicodin® and OxyContin® ; stimulants like Ritalin® and Adderall®) to get high.

One in 10 (10 percent or 2.4 million) teens report abusing cough medicine to get high.

Two in five teens (40 percent or 9.4 million) agree that Rx medicines, even if they are not prescribed by a doctor, are “much safer” to use than illegal drugs.

Nearly one-third of teens (31 percent or 7.3 million) believe there's “nothing wrong” with using Rx medicines without a prescription “once in a while.”

Nearly three out of 10 teens (29 percent or 6.8 million) believe prescription pain relievers—even if not prescribed by a doctor—are not addictive.

More than half of teens (55 percent or 13 million) don't agree strongly that using cough medicines to get high is risky.

Source: Partnership for a Drug-Free America, 2006 Partnership Attitude Tracking Survey (PATS)

Would you like to have a conversation about drugs with your child, but don't know how to get the conversation started? Try these tips from Partnership for a Drug-Free America – www.drugfree.org/parent

Tips to help you get the conversation going

- 1. Use blocks of time** such as after dinner, before bedtime, before school or on the drive to or from school and extracurricular activities to talk about drugs and why they're harmful.
- 2. Take advantage of everyday “teachable moments”.** Teachable moments refer to using every day events in your life to point out things you'd like your child to know about.
- 3. Point out alcohol, tobacco, and drug-related situations** going on in your own neighborhood. If you and your child are at the park and see a group of kids drinking or smoking, use the moment to talk about the negative effects of alcohol and tobacco.
- 4. Use newspaper headlines or TV news stories as a conversation starter.** The daily news is filled with stories that detail the consequences of alcohol and drug abuse. Talk to your child about the mother who used drugs and was arrested. Who will take care of her baby now? Did she make a good decision when she used drugs?
- 5. Watch TV with your kids and ask them what they think.** Do the shows and advertising make drug use look acceptable and routine? Or do they show its downside? How did that program make your child feel about drugs? Write a letter with your child to companies or TV networks about the messages they put out about drugs. Also remember that anti-drug advertising—such as that from the Partnership for a Drug-Free America—is a great kickoff to discussion.
- 6. When discussing outside events**—something on TV or in pop culture—ask open-ended questions, suggests Dr. Drew, physician, board certified internist and addiction medicine specialist. “‘What do you think about that?’ is a great way to start. It takes the heat off them—and then you have an opportunity to share with them your values, your ideas and to educate them.”
- 7. Share stories of people in recovery and memorial stories** of those lost to drugs and alcohol. Ask your teen their thoughts and feelings after reading the stories.

Here are 5 tips to help you help your teen live a healthy, drug-free life:

- 1. Make sure your teen knows your rules and the consequences for breaking those rules—and, most importantly, that you really will enforce those consequences if the rules are broken.** This applies to no-use rules about tobacco, alcohol and other drugs, as well as curfews and homework. Research shows that kids are less likely to use tobacco, alcohol and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules. [Guo, Hawkins, Hill, and Abbott (2001)] And kids who are not regularly monitored by their parents are four times more likely to use drugs (Metzler, Rusby & Biglan, 1999).
- 2. Let your teen in on all the things you find wonderful about him.** He needs to hear a lot of positive comments about his life and who he is as an individual—and not just when he makes the basketball team. Positive reinforcement can go a long way in preventing drug use among teens.
- 3. Show interest—and discuss—your child’s daily ups and downs.** You’ll earn your child’s trust, learn how to talk to each other, and won’t take your child by surprise when you voice a strong point of view about drugs.
- 4. Tell your teen about the negative effect alcohol, tobacco, and other drugs have on physical appearance.** Teens are extremely concerned with their physical appearance. Tell them about a time you saw a friend or acquaintance get sick from alcohol—reinforce how completely disgusting it was.
- 5. Don’t just leave your child’s anti-drug education up to her school.** Ask your teen what she’s learned about drugs in school and then continue with that topic or introduce new topics. A few to consider: the long-term effects that tobacco, alcohol, and other drugs have on the human body; how and why chemical dependence occurs—including the unpredictable nature of dependency and how it varies from person to person; the impact of drug use on society—societal costs of impaired health and loss of productivity; maintaining a healthy lifestyle; positive approaches to stress reduction; or setting realistic short- and long-term goals.

Here are 6 tips to help you help your teen continue to live a healthy, drug-free life:

- 1. Don't speak generally about drug and alcohol use—your older teen needs to hear detailed and reality-driven messages.** Topics worth talking about with your teen: using a drug just once can have serious permanent consequences; can put you in risky and dangerous situations; anybody can become a chronic user or addict; combining drugs can have deadly consequences.
- 2. Emphasize what drug use can do to your teen's future.** Discuss how drug use can ruin your teen's chance of getting into the college she's been dreaming about or landing the perfect job.
- 3. Challenge your child to be a peer leader among his friends and to take personal responsibility for his actions and show others how to do the same.**
- 4. Encourage your teen to volunteer somewhere that he or she can see the impact of drugs on your community.** Teenagers tend to be idealistic and enjoy hearing about ways they can help make the world a better place. Help your teen research volunteer opportunities at local homeless shelters, hospitals or victim services centers.
- 5. Use news reports as discussion openers.** If you see a news story about an alcohol-related car accident, talk to your teen about all the victims that an accident leaves in its wake. If the story is about drugs in your community, talk about the ways your community has changed as drug use has grown.
- 6. Compliment your teen for the all the things she does well and for the positive choices she makes.** Let her know that she is seen and appreciated. And let her know how you appreciate what a good role model she is for her younger siblings and other kids in the community. Teens still care what their parents think. Let her know how deeply disappointed you would be if she started using drugs.

Here are 5 tips to help you safeguard pills and educate your teens about the dangers of abusing Rx medicines:

- 1. Talk to your teen** and warn them that taking prescription medications without a doctor's supervision can be just as dangerous and as potentially lethal as taking illicit drugs. For example, pain killers are made from opioids, the same substance as in heroin.
- 2. Keep medications hidden** in your home—and out of easily accessible places like the medicine cabinet. Also, remind parents and family members whose homes your teen visits to keep prescription medications out of reach, rather than in the medicine cabinet.
- 3. Ask your healthcare provider** if any medications prescribed for your family have a potential for abuse.
- 4. Take an inventory** of Rx and OTC medications in your home. Pay attention to quantities.
- 5. If your child needs medications during school hours**, speak with school officials about policies for distributing medications to students. If possible, personally take the medications to the school nurse. Make sure unused medications are returned to you.

Family Talking Points:

- We are here to make it clear that we will not tolerate any drug or alcohol use by you.
- We have rules in the family. The rules do not permit teen drug and alcohol use.
- Even though you think everyone is using drugs or alcohol, it is illegal and not allowable.
- You can endanger your life and the lives of others. We don't want anything bad to happen to you. I don't know what I'd do if I lost you.
- We count on you as a family member. Your brothers and sisters look up to you and care about you. What would they do if you were gone?
- Drug and alcohol use can ruin your future and chances to...graduate, go to college, get a job, and keep your driver's license.
- We are here to support you. What can I do to help you not use?
- Sometimes kids use drugs and alcohol because there are other issues going on like stress, unhappiness and social issues. Have you thought about this? Are there other problems you want to talk about?
- Are your friends using? How are you handling that? Is it hard to not use in that environment?
- We won't give up on you because we love you. We're going to be on your case until you stop completely. If you need professional help, we will be there to support you and help make it happen.



If Your Child is Using, What Should You Do?

HOW TO STEP IN AND HELP

Intervention is not always a formal process involving drug counselors and group confrontation. Substance abuse treatment can actually start right at the kitchen table with a conversation. Here are 10 steps you can take right now if your child is using drugs:

- Discuss—and agree to—a plan of action for your child’s substance abuse treatment with your spouse or his other parent or guardian. Pick a time to talk to your child when he or she is not high or drunk, or extremely upset or angry.
- Make it clear that you love your child, and that by bringing up substance abuse treatment you are showing your concern for his safety and well-being.
- Point out to your child that, as parents, it is your job to make sure he or she reaches adulthood as safely as possible.
- Spell out the warning signs of alcohol and drug use that you’ve observed in your child’s behavior. Use the screener results to explain that the problem warrants serious attention and family support, as well as professional help, because without substance abuse treatment it can get out of control and can even be fatal. You may want to detail the negative effects of the person’s substance use on you and your family but it’s important to remain neutral and non-judgmental in tone. To sum up the warning signs at this step, you should state that the pursuit of substance use despite adverse effects on yourself or others is actually the definition of “drug addiction.” Don’t press the child to agree on this assessment of the problem.
- Actively listen to anything and everything your child has to say in response. The listening step is crucial, to establish empathy and to convey that you really see and hear your child. If he or she brings up related problems, they should be listened to with a promise of being addressed separately. Reiterate that what you are addressing at the moment is substance abuse, which is serious and can be at the core of other problems.
- Then, to empower your child and get him to think about his substance use in a new way, ask him questions about what he wants out of his life and how things are going with school, his friends, his parents, siblings, job, activities, etc.
- Prompt your child to consider the link between substance use and where her life is not matching up to her dreams and wishes.
- Ask the child—in light of what he or she is concluding in this conversation about the substance abuse effect on his or her life—to reassess the problem. Set a goal for getting well. Together, plan out some concrete steps to find information about addiction, recovery and resources, and identify any necessary professional substance abuse treatment.
- Understand that the conversation you just had is actually a successful “intervention,” a first concrete step toward interrupting the progression of the problem and getting well. It is a good idea to reiterate again your love and caring concern for your child. Acknowledge yourselves, knowing that you need and deserve strong encouragement and support, and have the power to solve this problem together.



If Your Child is Using, What Should You Do?

IF YOU THINK THEY'RE USING: DRUG ABUSE IN TEENS 13-17

If you're at all concerned that your teenager is using drugs or alcohol, take action right now to help your child get back on track to a healthy life.

- Look for the warning signs of drug or alcohol use or addiction. Keep in mind: Most of these symptoms tend to be gradual so you need to watch for them over time. Don't jump to conclusions, but do investigate any suspicions you have as fully as possible. Trust your intuition. Please note: Many of the warning signs for teen drug abuse are the same as those for depression or for the ups and downs of being a teenager. There's also the possibility it's a physical or emotional problem.
- Talk to your teen about drug abuse without going on the attack. Also, don't try to talk with your child if he or she seems under the influence. Wait for a calm moment and then explain the behavior you're worried about. Don't do all the talking; give your child the chance to explain his behavior.
- Ask a doctor, mental health professional, or a professional substance abuse counselor for help if your teen seems evasive or if his or her explanations are not convincing. This step will help you rule out physical or mental illness. If your child is using, a health professional skilled in diagnosing adolescents with alcohol or drug problems will help you figure out the best addiction intervention program for your teen's needs. Programs for teen drug abuse come in many types including self-help, outpatient, inpatient, and 24-hour hospitalization programs. To find treatment programs in your area, call your family doctor, local hospital, county mental health society, or school counselor for a referral. You can also call 800-662-HELP (800-662-4357) or do a search on the Substance Abuse Treatment Facility Locator.
- Get your family the help it needs. Consider personal or family counseling. Live or online support groups will help you move forward and teach you how to help your teen through recovery and into the future. Also, Al-Anon and Alateen are support groups that help families and friends of people with alcohol problems recover from the effects of living with a problem drinker—whether the person is still drinking or not. More than likely, someone at an Al-Anon meeting knows of a counselor who specializes in substance use disorders.

If Your Child is Using, What Should You Do?

IF YOU THINK THEY'RE USING: YOUNG ADULTS 18-25

The most important step you can take in addiction intervention for an adult is to speak up and urge him or her to get help. This is especially crucial if you notice any of the early signs of alcohol or drug dependence, like excessive use and/or drinking at inappropriate times or places (e.g., during work or while playing sports), or if they have suffered negative consequences as a result of use, such as absenteeism from classes or work, or arrests.

Don't try to determine the severity of your child's substance problem yourself—urge him or her to get help as quickly as possible. As you go through the process of helping your child, keep in mind:

- If your child is experiencing medical or legal crises, point to these as examples that show the extent of the problem. When the acute impacts of the crisis have been alleviated, talk about the need for help. In these situations, help has a very good chance of being accepted.
- Resist the urge to enable the substance use to continue by rescuing your child from the negative consequences without pressuring him to seek help. People often decide to change their behavior because they experience painful crises. If you rescue your child, you will reduce the impact of those experiences.

Do not tell lies to cover for your child's behavior. Do not let your son stay at your home when he's been thrown out of his home. Do not explain to your daughter's boss that her belligerent behavior is not really "her" but caused by "stress."

- You need to set boundaries. If you think your child has a substance use problem, you can start setting limits by not allowing drinking or drug use around you. Be clear about what behavior you will and will not tolerate. Don't be afraid to set clear rules including 1) Do not come to my home drunk, high, or with drugs on you. 2) If you visit us when you are high, we will not let you in. 3) None of your friends can come here drunk, high, or with drugs on them. 4) If you or your friends refuse to leave, we'll call the police.
- Tell your child that you won't accept verbal promises and that he must take positive action to back up his words.
- Get support for yourself. Al-Anon and/or professional help can help give you the confidence to take a firm stand with your child—and maintain it for the long haul. Also, support will help you take care of yourself—one of the most important steps you can take to help your son or daughter.



How to Get Treatment

If your child agrees to treatment, or even agrees to consider it, make connections with a treatment center right away. Have phone numbers for alcohol and drug counseling services, physicians who are knowledgeable about alcoholism and drug dependence, local hospitals that treat alcoholics and addicts, and Alcoholics Anonymous and Narcotics Anonymous available and ready.

You may have to be the one to choose the treatment. This task may seem daunting, but remember: there are no “right” or “wrong” choices, and any health care professional with knowledge of substance use disorders can help you. To find treatment programs in your area, call your family doctor, local hospital, county mental health society, or school counselor for a referral. You can also call 800-662-HELP (800-662-4357) or do a search on the Substance Abuse Treatment Facility Locator.

Don't stop there. Remember that agreeing to treatment is only the first step toward getting well. Your child will need your direct support and steady involvement every step of the way if he or she is to get well.

If Your Child Refuses Treatment

If your adult child refuses to go for treatment immediately, show your willingness to do anything to help your child get treatment in the future. For example, you can say: “I will go with you to Twelve Step meetings. I will go with you to meet with a physician, counselor, social worker or family therapist. I will be involved in whatever way the treatment program thinks I could be of most help.”

If all else fails, you may need to withdraw financial and emotional support or end all contact with your child. Let your child know that you will always be available when he or she decides to get help.



The Parent Toolkit 

To get more information, including articles, tools, videos, and additional resources, please visit: The Partnership for a Drug-Free America

<http://www.drugfree.org/parent>

Online Resources

There are a variety of organizations with many resources that address pharmaceutical abuse.

A DEA Resource for Parents

www.getsmartaboutdrugs.com

DEA Office of Diversion Control

www.deaiversion.usdoj.gov

Partnership for a Drug-Free America

www.drugfree.org

Office of National Drug Control Policy (ONDCP)

Parents: The Anti-Drug

www.theantidrug.com

NIDA – National Institute on Drug Abuse

www.nida.nih.gov

Food and Drug Administration (FDA)

Consumer Medicine Education

www.fda.gov/usemedicinesafely

FDA Drug Information

www.fda.gov/cder

National Council on Patient Information and Education

www.bemedwise.org

Over-the-Counter Medicines, MedlinePlus, National Institutes of Health (NIH)

www.nlm.nih.gov/medlineplus/overthecountermedicines.html

Pharmaceutical Research and Manufacturers of America (PhRMA)

www.phrma.org/education

Teachers' Corner

Good Medicine, Bad Behavior has outlined standards of learning for students in middle and high school. Please visit the website below for a detailed listing of the Virginia and the National Standards of Learning that apply to this exhibit.

www.goodmedicinebadbehavior.org/education

Lesson plans on pharmaceuticals are available from several websites:

Medicines in my home

This curriculum is distributed by the Food and Drug Administration (FDA), and is suitable for students in elementary school.

www.fda.gov/medsinmyhome

DARE curriculum for pharmaceuticals

This curriculum is available as an additional lesson plan through the D.A.R.E program and has modules for middle school and high school. Please contact your local D.A.R.E. office to inquire about D.A.R.E. lesson plans for the classroom.

www.dare.com

Standards of Learning

Virginia Standards	National Standards
Health Education Standards	
6.1d, 6.2b,d, 6.4c, 6.6c 7.1b, 7.2c 8.1c,f, 8.5a 9.1c, 9.3a,c,e, 9.4b, 9.5e 10.1c,d, 10.2f,g, 10.3a,d, 10.4c,d, 10.5g	NPH.H.5-8.1, 5-8.2, 5-8.3, 5-8.4, NPH.H.9-12.1, 9-12.2, 9-12.3, 9-12.4
History and Social Science Standards of Learning	
USII.1a,b, USII.8b CE.1a VUS.1a,h GOVT.1a	NSS-USH.5-12.7, 5-12.9, 9-12.10 NSS.WH.5-12.8, 5-12.9
Science Standards of Learning	
LS.3, LS.4c, 14a PS.3b BIO.4.d, BIO.5.e	NS.5-8.3, 5-8.5, 5-8.6, 5-8.7 NS.9-12.2, 9-12.3, 9-12.6, 9-12.7
Computer Technology Standards	
C/T 6-8.5 to 8.8, C/T 9-12.3 to 12.8	NT.K-12.2, 12.3, 12.5,12.6

Glossary of Drug Related Terms

- A- Boot**under the influence of drugs
- Agonies**.withdrawal symptoms
- Amped-out**.fatigue after using amphetamines
- Author**.doctor who writes illegal prescriptions
- Backtrack**.allow blood to flow back into the needle during injection
- Beedies**.cigarette from India (resembles marijuana joints/vehicle for other drugs)
- Chipping**using drugs occasionally
- Choo choo**.inhaling drugs (huffing)
- Dime bag**. \$10 worth of drugs
- Doctor shopping**the practice of going from doctor to doctor to obtain prescriptions for pharmaceuticals
- Eight ball**.1/8 ounce of drugs
- Honeymoon**early stages of drug use before addiction
- Hype stick**.hypodermic needle
- Miss**to inject a drug
- Mule**carrier of drugs
- Nickel bag**. \$5 worth of drugs
- Paper bag**container for drugs
- Perc-a-pop**a berry-flavored lozenge containing fentanyl on a stick designed to give relief to cancer
.patients that is being illegally diverted
- Pharming**.consuming a mixture of prescription substances
- Piggybacking**.simultaneous injecting of two different drugs
- Pill ladies**female senior citizens who sell OxyContin
- Quarter bag**. \$25 worth of drugs
- Rave**party designed to enhance a hallucinogenic experience through music and behavior
- Rig**equipment used to inject drugs
- Robo-tripping**.being under the influence of DXM
- Sam**federal narcotics agent
- Serial speedballing**.sequencing cocaine, cough syrup and heroin over a 1 to 2 day period
- Skittle-ing**being under the influence of DXM
- Skin popping**injecting drugs under the skin rather than into a vein
- Stacking**taking steroids without a prescription
- To get roached**.under the influence of Rohypnol
- Tweaking**.drug-induced paranoia; peaking on speed

Slang Terms for Various Prescription Drugs

DXM Dextromethorphan hydrochloride (Robitussin Pediatric, Vicks Formula 44, etc.)

- Robo
- Skittles
- Triple C
- Tussin
- Dex
- Syrup
- Slang Robe
- K

Zoloft

- Z's
- Zloft
- Zoomers

Oxycodone (Oxycontin, Percodn, Percocet)

- Hillbilly Heroin
- Cotton
- Killers
- OCs
- Oxy
- OxyCotton
- Oxy80
- Percodoms
- Percs

Ritalin

- Hyper drug
- Hyper pill
- Study Drug
- Vitamin R
- West Coast

Fentanyl

- Apache
- China White
- Friend
- He-man
- Persian White
- Tango & Cash
- Bear
- Dance Fever
- Goodfellas
- Jackpot
- Poison
- TNT
- Fen
- Great Bear
- Murder

Prozac

- Distas
- Limes
- Green and Whites
- Pros
- Greens
- Zacs

Benzodiazepines Diazepam (Valium) Alprazolam (Xanax) flunitrazepam (Rohypnol)

- Downers
- Goofers
- Mexican
- Pingus
- Relaxers
- Roach
- Roofs
- Ruffies
- Stupefi
- Valley Girl
- Valums
- Forget Pill
- Goofballs
- Qual
- Reynolds
- Rope
- Roples
- Ruffle
- Tranqs
- Valo
- Yellowws
- Heavely Blues
- R2
- Rib
- Row-shay
- Run, Trip and fall

Steroids

- A(s)
- Arnies
- Bolic
- Pumpers
- Arnolds
- Bolins
- Stackers
- Anabols
- Balls or Bulls
- Gym Candy
- Weight Trainers

Methadone

- Amidone
- Fizzies

The DEA Museum is committed to providing accurate, vital information. We hope that you find this guide useful in discussing with your children and students the dangers of prescription drug abuse.

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