

COVER STORY

States target prescriptions by 'pill mills'

Drug Enforcement Administration

New laws seek to track bulk purchases of narcotics through scam pain clinics

By Donna Leinwand Leger
USA TODAY

When federal agents arrested a man with 6,000 oxycodone pills in a Stamford, Conn., hotel room in April, they stumbled onto an expansive criminal ring that exposed a growing trend: drug tourism.

The man, whom the Drug Enforcement Administration has not identified because he is a witness in the case, told agents he traveled to Florida several times a week, taking advantage of lax laws governing pain clinics to purchase large quantities of prescription painkillers. His suppliers in Florida would send large groups of people into pain clinics with cash and medical cards to feign illness and buy the pills.

The man would return to Connecticut to sell them for a huge profit, bribing airport security officers and police so he could transport as many as 8,000 pills each trip.

He made more than 65 trips from November to April, court papers say. The ring involved more than a dozen people who sold "tens of thousands" of pills to addicts in

Connecticut during the past year, U.S. Attorney David Fein said.

The case illustrates how drug dealers and addicts in search of potent prescription painkillers such as Vicodin and OxyContin are traveling to Florida and other states with lax prescription drug laws to get their fix. Police say they have found drug "tourists" dead of overdoses in hotels and rental cars.

Now states are trying to outsmart the criminals by tracking prescriptions through statewide databases and by toughening their laws to make it more difficult for unscrupulous clinics to dispense large numbers of prescription pain pills. And in the latest move against drug tourists, states are linking their databases to try to stop dealers from roaming state to state.

Selling such prescription drugs is so profitable that dealers and operators of the high-volume pain clinics — known to authorities as "pill mills" — quickly find ways around the new laws or set up shop in another state to avoid them.

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'Drug tourism' has become a major problem across the USA

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"We have to adapt and overcome and improvise. We have to stay one step ahead of them," says Florida Surgeon General Frank Farmer. "We've all determined that this is a problem that must be solved."

About 7 million people regularly use prescription drugs for non-medical purposes, the 2010 National Survey on Drug Use and Health found.

The Centers for Disease Control and Prevention calls prescription drug abuse a "national epidemic." Prescription drugs, including narcotic pain relievers and anti-depressants, cause more overdose deaths than "street drugs" such as cocaine, heroin and methamphetamine, CDC says.

In Florida, the problem has been devastating: The death rate from oxycodone increased 265% from 2003 to 2009, the CDC found. By 2009, the number of deaths involving prescription drugs was four times the deaths involving street drugs, the CDC said in a July report.

All but two states — Missouri and New Hampshire — have enacted laws that set up prescription drug monitoring programs.

The databases track prescriptions so doctors can access patients' records to determine whether they already have multiple orders for a narcotic. Pharmacists can flag police if they suspect a doctor or clinic is dispensing an unusually large amount of painkillers. Police can use the records to bolster their cases against "pill mills" that dispense massive quantities of pain pills with little or no examination of patients.

In August, Kentucky and Ohio became the first states to link their databases to make it tougher for addicts in one of the states to avoid detection by visiting a doctor in the other. Those states joined with West Virginia and Tennessee in an interstate alliance to coordinate databases, laws and investigations to try to keep pill mills shut down in one state from popping up across the border.

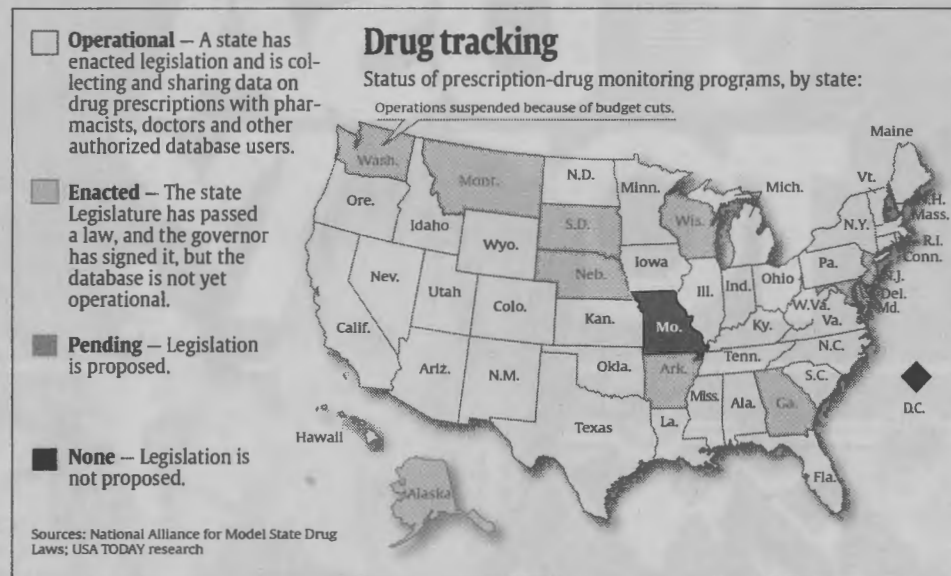
"Kentucky and Ohio have already broken the code," says Bruce Grant, former executive director of the Governor's Office of Drug Control Policy in Florida. "By agreeing to provide information to pursue investigation, you won't have people jumping back and forth over state lines and doing this with impunity."

Last month, the National Association of Boards of Pharmacy launched a database hub that allows a doctor or pharmacist to retrieve painkiller prescription data from any state linked into the hub, Executive Director Carmen Catzone says. Ohio, Indiana and Virginia have linked in and 20 other states have agreed to do so this year, he says.

"The states came to us," Catzone says. "They wanted a way to talk to one another."

Addicts and dealers are clever, says Sherry Green, CEO of the National Alliance of Model State Drug Laws. They will cross borders to escape their state's tracking system or move a pill mill to another state if they think law enforcement is nosing around, she says.

"There are people from Kentucky going down



to Florida all the time, and it's not just the person who is addicted. You also have people who make a profit on it," Green says.

Dealers are willing to travel long distances "if they feel they can make money selling the drugs on the black market," she says.

Pills purchased in a Florida pharmacy cost \$4 to \$6 for a 30-milligram tablet, says DEA Special Agent Oscar Negron. That tablet would sell for \$30 on the street in Connecticut, says DEA Special Agent Steven Derr, who is in charge of the DEA's New England office.

'It's been a disaster for Florida'

Until Florida enacted tough laws on Sept. 1, the Sunshine State was the undisputed epicenter of prescription painkiller distribution. Of the estimated 53 million oxycodone doses sold in 2010 to medical practitioners in the USA, nearly 45 million were purchased in Florida.

"It's been a disaster for Florida," says DEA Special Agent Mark Trouville.

Drug tourism emerged as a major problem, Trouville says. His agents routinely saw out-of-state license plates jamming the parking lots outside the rogue clinics. The state averaged seven deaths a day from prescription drug overdoses, and local police chiefs "had their hands full with related crime," Trouville says.

"People would do deals right outside the pill mills," says Lt. Richard Pisanti, a commander of the strategic investigations division at the Broward County Sheriff's Office. "Other people would feed off them. We had burglaries, thefts of pills from cars. It even resulted in a murder."

Terry Williams, 46, of Johnson City, Tenn., was beaten and strangled for his stash of oxycodone pills, police said. A maid at the Red Roof Inn in Oakland Park, Fla., found Williams dead in his hotel room on April 29, 2010.

Williams had arrived from Tennessee three days earlier with his ex-wife, Sandy Bulla, their

5-year-old son and a friend, Gregory Brummitt, 20, to buy narcotics at a pill mill, sheriff's deputies said in their report. With the child in the room, Bulla and Brummitt allegedly beat Williams to death, took his 200 pills and \$1,600 and fled in Williams' pickup truck. Bulla and Brummitt are charged with murder and are being held without bail in Broward County Jail.

"If you're in Tennessee, you've got to have a reason to drive to Florida. You're not doing it for the scenery," Trouville says. "These people will try to find the path of least resistance. Florida used to be the path of least resistance."

Florida's laws were so lax that dealers and addicts created elaborate, organized networks to obtain the pills and bring them back to Kentucky, says Van Ingram, executive director of the Kentucky Office of Drug Control Policy.

The Florida Legislature had passed a law to establish the drug database, but Florida Gov. Rick Scott's budget did not include funding for the program and included a provision that would repeal the law.

Pressure increased. The governors of West Virginia and Kentucky and four U.S. senators wrote a letter in February to Scott urging him to fund Florida's prescription drug monitoring system. In March, Purdue Pharma, the manufacturer of OxyContin, offered Florida \$1 million to support the prescription drug database.

Meanwhile, local police teamed with the DEA to identify hundreds of clinics and conduct dozens of raids.

"In just six months, we have attacked from every angle what can only be described as a homegrown prescription drug epidemic," says Wilfredo Ferrer, U.S. attorney for the Southern District of Florida.

In June, Scott signed a compromise law that requires doctors to use tamper-proof prescription pads or electronic prescribing, toughens penalties for doctors who overprescribe painkillers and

bans most doctors from dispensing the drugs.

The new law allows the prescription drug database to operate and shortens from 15 days to seven the amount of time pharmacists have to report prescription information. It prohibits pharmaceutical companies from funding the database. A private foundation is paying for it with \$750,000 in federal grants and donations.

The law "marks the beginning of the end of Florida's infamous role as the nation's pill mill capital," Scott said.

"We now have some of the best laws in the country," Florida Attorney General Pam Bondi said. "We want to put the pill mills out of business. It's not going to be worth it for them to do business in our state."

The database "is going to catch some, it's going to deter some others," Grant says. "But it's not an instant fix. It's going to take a few months for the database to build to a point where it's useful."

Because the new law prohibits doctors and clinics from dispensing the pain medicine on-site, patients must go to a pharmacy to fill their prescriptions. Now federal agents say they will be focused on rogue pharmacies.

"Applications for pharmacies have doubled over the past year," Trouville says. Pill mill operators "just go next door and try to open up a pharmacy."

Ingram of Kentucky says Florida's big busts and new laws are beginning to discourage Kentucky's drug shoppers.

"We are starting to see a shift from the Florida tourism," Ingram says. "More Kentucky residents are going to Ohio, West Virginia and Michigan."

Concerns rising in New England

As pill mill operators felt the heat in Florida, some headed north, and problems emerged in Georgia.

During the past 18 months, Georgia has seen a steady increase in pill mills setting up shop in Atlanta-area strip malls and near interstate highways, says Inspector Fred Stephens of the Georgia Bureau of Investigation.

Georgia's Legislature has approved a prescription drug monitoring program, but it won't be ready until January 2013.

Addicts and dealers come from Ohio, Tennessee, Maryland, Kentucky and other states to visit the clinics, which usually accept all walk-in patients and want to be paid in cash, Stephens says. Often, large groups will come in vans, old medical records tucked under their arms, he says.

Last year, prescription drug overdoses in Georgia increased at least 10% — to 560 — from 2009, a study by the bureau's medical examiner found. The study did not include the Atlanta area.

Now, Derr of Connecticut worries that with the Southern states cracking down on drug tourism, pill mills will emerge in New England. He recently saw an ad on Craigslist in Connecticut from a clinic looking to hire doctors.

"They were looking for three doctors to work at this pain clinic, guaranteeing them \$600,000 a year salaries," Derr says.

"That was definitely a red flag."

By Julie Snider, USA TODAY