Testimony of
William R. Bess, J.D.
Virginia State Police
Richmond, Virginia
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OxyContin: Balancing Risk and Benefits
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Mr. Chairman, and Members of the Committee

I am pleased to be here today to discuss with you what we feel is a very important public safety issue, the abuse of OxyContin.

The Virginia State Police Pharmaceutical Diversion Investigative Unit, now the Drug Diversion Unit (DDU), was implemented in the fall of 1987 with the receipt of federal and state grants. The mission of the unit, since its inception, has been the statewide investigation of criminal diversion of legal drugs to the illegal market; the establishment of a data base to assist in the identification of the scope of the diversion activities in the Commonwealth, and the education of health care professionals, law enforcement and the general public concerning the problem of diverted drugs. Currently, the Unit is funded solely by the Department of State Police.

The Virginia Department of Health Professions deal with excessive prescribing, a regulatory matter. The Virginia State Police deal with illegal prescribing, a criminal matter. In investigating the diversion of prescription drugs since it's creation, DDU has seen the drug of choice and the popularity of different drugs change. Until recently it was felt that RITALIN was in line to become one of the most popularly diverted drugs. Ritalin has now been surpassed by OXYCONTIN as one of the leading diverted drugs. Hydrocodone has and continues to be a leader in diverted drugs as well. Hydrocodone is one of the most popular drugs diverted for personal use by health care professionals. Many other drugs of all Schedules II-VI are often diverted.

The diversion and abuse of Ritalin (Methylphenidate) and OxyContin (Oxycodone) continues to be a problem in Virginia. The demand for OxyContin far exceeds the demand for Ritalin. Across the Commonwealth, State Police Drug Diversion Agents report that investigations involving the diversion of Ritalin

are relatively small in comparison with the diversion of Hydrocodone and Oxycodone products.

The Drug Enforcement Administration reports that the number of prescriptions for Ritalin has increased 600% over the last five years, nationwide. The State Police Drug Diversion Unit received 3 complaints of Ritalin diversion in 1998, 9 in 1999 and 7 in 2000. To date this year, the Unit has received 8 complaints of Ritalin diversion.

The demand for OxyContin as a street drug is quite high in certain areas of Virginia. In southwestern portions of the state, local law enforcement agencies indicate that the demand for OxyContin is exceeding the demand for illicit drugs such as heroin. Also in some areas of northern Virginia, such as Fairfax and Prince William Counties, the demand for OxyContin is increasing. The number of diversion complaints involving OxyContin has increased from 13 in 1997 to over 300 in 2000. The increase can in part be attributed to the fact that OxyContin is a new drug, marketed since 1996. The demand on the street has steadily increased since the drug became available. Improperly used OxyContin has the same effect as heroin.

OxyContin is being diverted primarily through "Doctor Shopping" and to some extent illegal prescribing by a relatively few physicians. When individuals obtain more than is medically necessary, the drug is often sold on the street. In addition, it is reported that some OxyContin, and other drugs, are being imported from Mexico and Canada by individuals who travel to those countries to obtain drugs, also we hear antidotal reports of individuals using the internet to obtain controlled substances. There are some instances in which prescriptions are forged or altered in an attempt to obtain the drug. OxyContin is abused by crushing the tablet and then snorting the powder or mixing it with water and injecting the solution. Oxycodone is the single active ingredient in OxyContin and is similar to Morphine in dependence liability.

In some areas of the Commonwealth, "patients" are travelling to North Carolina in an attempt to obtain prescriptions for OxyContin. North Carolina State Bureau of Investigation Agents relate that North Carolina is the largest source of OxyContin in the country. A portion of that will appear on the street in Virginia. OxyContin sells for about one dollar per milligram on the streets in Virginia (about 10 times its retail price). DDU is

investigating cases in which “patients” travel from West Virginia and Kentucky to Northern Virginia and Tidewater for OxyContin.

The use of Ritalin and OxyContin for non-medical purposes is a problem among school-aged children and college students in the Commonwealth. However, the number of instances these drugs are abused by this age group is relatively small in comparison with those that are not students. Local law enforcement agencies have made arrests of students involved in the unlawful possession and/or distribution of these drugs. Other drugs, such as Ecstasy, Ketamine and GHB appear to be the choice for younger people.

Campus police agencies at Virginia Commonwealth University, Virginia Tech and Radford University report no arrests involving Ritalin or OxyContin on campus. Arrests statistics compiled by the Virginia State Police reveal that the largest age group of persons arrested for all prescription drug violations is between 31 and 40 years old.

In an effort to assist other agencies in diversion investigation, the Department of State Police conducted its first Drug Diversion School, September 17-21, 2001. This training was provided free of charge to law enforcement officers from across Virginia and across the nation. Over 70 State, Federal, and local police officers involved in drug diversion investigations signed up to attend this training. In addition to basic drug investigations, the school covered such topics as the legitimate use of narcotic analgesics by the medical community, club drugs, steroids, insurance fraud and other matters.

The Department of State Police has several recommendations to help reduce the diversion and abuse of these, as well as other, prescription drugs. First, we strongly support the creation of a Virginia Prescription Monitoring Program. This program, already in place in 17 states, allows a state agency to monitor the dispensing of controlled substances. It essentially captures data on the type and amount of substance dispensed, the prescribing physician, the dispensing pharmacist and the patient receiving the medication. The data is submitted electronically by the dispensing pharmacy on a periodic basis to the agency managing the program. The program allows for medical privacy and gives no one access to pharmacy records that does not currently have access to those records. It simply makes the access readily

available to doctors, pharmacists and selected law enforcement officers.

Currently, if a physician has reason to believe that a patient may be “doctor shopping” in an effort to obtain controlled substance, the physician has no mechanism to determine that, short of calling all other physicians in the state. Under the proposed Virginia monitoring program, the physician can fax in a request to the program manager and request that data. A pharmacists who suspects a patient is abusing drugs could also request data to determine if the medications being dispensed could react badly to other drugs being received by a patient. The ability of Virginia health care professionals to receive this critical information is not the norm for existing prescription monitoring programs. In addition, State Police Special Agents who are designated by the Superintendent to conduct drug diversion investigations (currently only 14 agents and two supervisors) could access the data on a specific criminal investigation. Those agents currently have the authority to obtain pharmacy records, but they must travel to each pharmacy and interrupt the pharmacist to get the information.

A prescription-monitoring program allows health care professionals with specific patient concerns and law enforcement officers investigating a specific diversion case access to data with the least intrusion on pharmacists, physicians and patients. This program will help prevent drug abuse by those persons seeking narcotics for non-medical purposes and help ensure that those patients who do need medication have access to it.

A second recommendation, to be made to the Virginia General Assembly is to increase the penalty for the distribution of a Schedule III and IV controlled substance from a misdemeanor to a felony. The illegal distribution of drugs such as hydrocodone products (Vicodin, Lortab, Anexsia and others), Ketamine, Valium, Xanax, Talwin and others are far more common than other drugs. Current law makes it a felony to obtain these drugs by fraud, but only misdemeanor if they are sold on the streets. Savvy drug users know that increased amounts of Schedule III drugs will give the same effect as smaller amounts of schedule II drugs. The reduced scrutiny and penalties for violations involving Schedule III drugs often result in drug seekers obtaining those drugs instead of Schedule II drugs.

A third recommendation is to require a customer to produce photo identification when obtaining any Schedule II drug. The name on the identification would have to match the name used on the “sign out log” maintained by the pharmacy. This procedure would allow accurate identification and create a record of who is picking up a Schedule II drug and eliminate most situations involving identity fraud. By state law, pharmacists may currently ask for identification, but are not required to do so.

Agents assigned to this unit have a higher caseload than in any other area of the Bureau of Criminal Investigation. Because there is a need to increase resources available to the State Police Drug Diversion Unit additional agents are being requested across the state. In addition to conducting investigations, these agents are heavily involved in training police officers and health care professionals in the investigation and prevention of this type of crime.

The Department of State Police also feel that any legislation enacted should not hinder access to medication by persons who have a true legitimate medical need for the drug. In addition, the Department feels that any legislation should not be “product specific” but rather relate to a drug Schedule or class of drug. Simply changing the name of the drug could easily circumvent any legislation directed toward a brand name.