

TRAINING BULLETIN

Los Angeles Police Department

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"PHARMACEUTICALS"

INTRODUCTION

Officers often equate the "drug problem" with those drugs that are produced illicitly, such as cocaine, PCP, and heroin. However, the "drug problem" also includes the diversion of legally manufactured drugs into the illicit market. A federal survey of the U.S. population estimates that the nonmedical use of prescription drugs is comparable to, or greater than, the use of cocaine or heroin. Only marijuana is used more than pharmaceuticals. Nonmedical drug-use means using more than prescribed, more often than prescribed, for reasons other than prescribed, or without a prescription.

BACKGROUND

In 1973, the California legislature adopted the Uniform Controlled Substance Act (UCSA) to replace the Narcotic Act under Division Ten of the Health and Safety Code. The UCSA places narcotics and dangerous drugs into five controlled substances schedules and closely follows the Federal Controlled Substances Act adopted in 1970.

These acts regulate the manufacturing and distribution of narcotics, depressants, stimulants, hallucinogens, and cannabis. They also establish methods for the legitimate dispensing of the drugs and set penalties for illicit use and trafficking. Drugs are placed into five Schedules based on the following factors:

- medical use,
- potential for abuse, and
- safety or dependence liability.

Schedule I drugs have the highest potential for abuse, Schedule V the lowest. Those pharmaceutical drugs, which are the most

commonly abused fall under the narcotic, stimulant, or depressant category of drugs and are usually found in Schedule II, III, or IV. **NARCOTICS** (Pharmaceutical products that include natural and semi-synthetic opiates and synthetic opioids.)

Physicians prescribe narcotics to deaden pain, control coughing, and stop diarrhea. Most illicit users take these drugs to experience euphoric effects, to avoid pain, and to suppress withdrawal symptoms. Some examples of pharmaceutical narcotics are Codeine, Hydromorphone, Pentazocine, Meperidine, and Propoxyphene.

- CODEINE is extracted directly from opium or refined from morphine. Since it is not as strong as morphine, it is generally used for relief of mild to moderate pain (often combined with aspirin or acetaminophen) or to control severe coughs. It is also one of the most widely abused prescription drugs. Codeine is sometimes abused in combination with glutethimide (Doriden), a non-barbiturate depressant. This combination, known as "loads" or "sets," is taken orally and results in a heroin-like high.
- HYDROMORPHONE (Dilaudid) is a short acting, semi-synthetic opioid that is refined from, and eight times more potent than, morphine. It is used medically for the treatment of moderate to severe pain. Illegally diverted Dilaudid is attractive to cocaine users (as a substitute for heroin) for the drug combination known as a "speedball."
- PENTAZOCINE (Talwin NX) is prescribed for chronic pain. It comes in tablets or as an injectable liquid. Talwin NX acts as a weak opioid antagonist (a drug that counters the effects of opioids) as well as an opioid agonist (a drug that mimics the effects of opioids). This drug was frequently combined and injected with an antihistamine drug ("T's" and "blues") for the heroin-like high. Reformulation of Talwin NX by its manufacturer has almost stopped this problem, although some abusers still take the combination orally or abuse Talwin NX by itself.
- MEPERIDINE (Demerol) is a short-acting opioid that is one of the most widely used analgesics for moderate to severe pain. It is usually injected, though it can be taken orally. Demerol causes more sedation and euphoria than morphine but less constipation and cough suppression. It is the opioid of choice for abuse in the medical community.

- PROPOXYPHENE (Darvon, Darvocet, Wygesic) is used for the relief of mild to moderate pain and is usually prescribed by dentists. It is taken orally, and the effects last four to six hours.

STIMULANTS

Physicians prescribe stimulants for use in the treatment of obesity, narcolepsy, and attention deficit/hyperactivity disorders. Most prescription stimulants are either amphetamines or amphetamine congeners. Illicit users take stimulants to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, produce prolonged wakefulness, and to "get high."

- *AMPHETAMINES come in several different types: amphetamine, dextroamphetamine, and methamphetamine. The effects of each type are almost indistinguishable, the major differences being the method of manufacture and the strength. Some examples are:*

AMPHETAMINE (Benzedrine)
DEXTROAMPHETAMINE (Dexedrine)
METHAMPHETAMINE (Desoxyn)
AMPHETAMINE/DEXTROAMPHETAMINE (Biphphetamine)

- *AMPHETAMINE CONGENERS are stimulant drugs, which produce many of the same effects as amphetamines, but are not as strong. They are also chemically related to amphetamines. Some examples are:*

METHYLPHENIDATE (Ritalin) and PEMOLINE (Cylert) are prescribed most often to deal with attention deficit/hyperactivity disorder in both children and adults.

PHENMETRAZINE (Preludin) is prescribed for obesity.

DEPRESSANTS

Depressants are usually prescribed to diminish the possibility of neurotic reactions in unstable patients, to control anxiety, to induce sleep in chronic insomniacs, and to control hypertension and epilepsy. They are also used as mild tranquilizers and muscle relaxants. Illicit users take these drugs to produce a state of intoxication that is similar to

alcohol intoxication. Heroin or cocaine abusers will also use depressants to augment their "high" or to alter the side effects associated with over-stimulation or narcotic withdrawal.

There are six major subcategories of depressants (other than alcohol): barbiturates, non-barbiturates, anti-anxiety tranquilizers, anti-depressants (mood elevators), anti-psychotic tranquilizers (major tranquilizer), and combinations of the other five subcategories. The most commonly abused depressants fall into the following three categories:

- **BARBITURATES**

- SECOBARBITAL (Seconal)
 - AMOBARBITAL (Amytal)
 - PHENOBARBITAL (Luminal)
 - AMOSECOBARBITAL (Tuinal)
 - PENTOBARBITAL (Nembutal)

- **NON-BARBITURATES**

- GLUTETHIMIDE (Doriden)
 - GAMMA HYDROXYBUTYRATE (GHB) - taken off the market in 1990
 - METHAQUALONE (Quaalude) - taken off the market in 1984
 - CHLORAL HYDRATE (Noctec, Felsule)

- **ANTI-ANXIETY TRANQUILIZERS**

- DIAZEPAM (Valium)
 - CHLORDIAZEPOXIDE (Librium)
 - CLONAZEPAM (Klonopin)
 - ALPRAZOLAM (Xanax)
 - FLUNITRAZIPAM (Rohypnol)

MISUSE AND DIVERSION

Prescription drugs are frequently misused and diverted to abuse from legitimate prescribing practices. One pattern of illicit use results when different physicians treat a patient for multiple medical complaints and each prescribes a different drug, which is then dispensed by different pharmacies.

Another form of diversion is smuggling drugs which are legal outside the United States. For example, Rohypnol is a legal pharmaceutical drug in Mexico, but not the in U.S.

Other examples of illegal prescription drug sales include:

- A licensed pharmacy which sells prescription drugs illegally (over-the-counter without prescription).
- A non-licensed retail facility selling prescription drugs illegally (selling prescription drugs not prescribed by a California licensed doctor).
- A non-licensed retail facility or a licensed pharmacy selling misbranded prescription drugs over-the-counter (i.e. Spanish, Russian, or Asian labeled drugs).
- A non-licensed clinic/medical facility selling or dispensing prescription drugs.

BUSINESS AND PROFESSIONS CODE

The Business and Professions Code provides a number of useful enforcement sections.

- 4051 It is unlawful for any person to manufacture, compound, furnish, sell, or dispense any dangerous drug or dangerous device, or to dispense or compound any prescription unless he or she is a registered pharmacist.
- 4059 No person shall furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.
- 4060 No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.
- 2053 Unlawful practice (of medicine) without certificate or authorization from certificate under other law; penalty.

RESOURCES FOR IDENTIFICATION OF PILLS

- The Physicians' Desk Reference (PDR)
- California Poison Control System - (800) 876-4766
- DEA Logo Index Guide (available at Narcotics Division)
- Local DEA office - Diversion Unit
- Department of Consumer Affairs, California Board of Pharmacy

RESOURCES FOR INVESTIGATION OF ILLEGAL PHARMACIES/DRUG DIVERSION

- California Department of Consumer Affairs
Medical Board, Pharmacy Board, Dental Board,
Veterinary Board
- California Department of Health Services
Food and Drug Branch
- Drug Enforcement Administration
Diversion Unit (licensing issues regarding doctors
and pharmacies)

FIELD TRAINING SERVICES UNIT
CONTINUING EDUCATION DIVISION