April 27, 2011

00:10:08 Sean Fearns: Good morning everyone and welcome. My name is Sean Fearns. On behalf of all of us on the staff here at the DEA Museum, we want to welcome you, and for many of you welcome back to our latest in our spring lecture series. And a special welcome, too, to those that are joining us from perhaps around the world, and indeed around the United States, as we are webcasting the museum lecture series live. And no pressure to our speaker, for a global audience.

00:10:36 Today we talk about a topic that is literally ripped from the headlines. It's hard to miss. Stories these days about the ravages of prescription drug abuse and diversion that are happening around the world. It is one of our fastest growing drug epidemics in the United States, and a major DEA priority. Let me talk to you just briefly about our guest speaker. It's Special Agent Robert Hill.

00:10:59 Robert Hill started his professional career with the city of Dearborn, Michigan Police Department in Dearborn, in August of 1988. A quick side note, he has the distinction of being the first African American hired by that department. He began his DEA career shortly after that in 1989, with his first assignment in the Detroit Field Division.

00:11:21 Following that, he has had posts in Belize, in the Belize Country Office, then back to the Detroit Field Division as a Group Supervisor, then here to headquarters as a Staff Coordinator in the Latin America and Caribbean section. And now, to his current position as the Section Chief for Pharmaceutical Investigations within the Office of Diversion Control.

00:11:44 Today Special Agent Hill -- and he goes by Bobby, to be a little bit less formal. Bobby will give us an update on prescription drug abuse and the diversion issue with a special look at DEA's latest efforts. And I think Bobby will also be talking to us about a very special program the DEA is

sponsoring this coming Saturday for a nationwide pill take-back event. So, please take moment and welcome Special Agent Robert Hill.

00:12:16 Hill: Morning. As you see, we're going to talk about prescription drug abuse, how it's America's newest epidemic. Quick background on the Office of Diversion Control. The Office of Diversion Control mission is to prevent, detect, investigate the diversion of pharmaceutical controlled substances, as well as listed chemicals from legitimate channels.

00:12:38 In addition to that, while ensuring that there is an adequate and uninterrupted supply of controlled substances to meet the legitimate medical, commercial, and scientific needs. And the system is a closed system, so as you see, it starts from the foreign manufacturer and it goes to the importers to manufacture distributors, practitioners, hospitals, pharmacy clinics, to patient, then out, which we're going to talk about.

00:13:08 Within this system, DEA currently has 1.3 million DEA registrants. And those registrants are individuals or organizations that have said they want to either handle controlled substances or dispense. Just to give you some background, these are the top products that prescriptions are done with.

00:13:34 I usually go with the top five just to show people what they are. The first one, hydrocodone is a pain reliever. The next one, symvastatin, that's for cholesterols. The next one is for blood pressure. The next one is for thyroids. The next one is for blood pressure. As you see, those are the top five prescription drugs that we are using as a society.

00:13:58 And then some of the other drugs that are on here, we'll be talking about, but just to give you an overall view. Let me give you some quick facts. Prescription drug abuse has always been around. It affects everyone from every walk of life. It doesn't matter what race you are, what gender you

are, what your educational background is, what your occupation is, it affects everyone.

00:14:27 And that's why it is becoming the nation's fastest growing drug problem, and it's been labeled as an epidemic by the Center for Disease Control, as well as ONDCP. If you look at some of the facts that we have here, and this was a study that was released in July of 2010. If you see in 2007, which is the latest, there was over 27,000 unintentional overdose deaths. Over 18,000 of them were males, 9600 of them were females. If you look at that number, that tell one person dies every 19 minutes from an unintentional drug overdose.

00:15:09 And the opiates that were involved, which is what I'm going to talk about later, they're the most overdose deaths, as you see, almost two times the rate of cocaine, a little over five times the rate of heroin. That shows you how this is becoming a problem because as a country, here in America, we have an insatiable appetite for prescription drugs. Whatever the ailment is, somebody wants to take a pill; doctor wants to prescribe something.

00:15:39 And this is a chart just to show you how those deaths went. And as you see, the opioids are at the top of it. This is the breakdown of those 27,000 deaths by the age bracket. And as you see, the 45 to 54-year-olds are the highest number, but we also have numbers for our young Americans, 15 to 24. And it steadily increases up until it reaches that peak at age 54.

00:16:15 These are some people that are very well known, who have died from prescription drug overdose. These are people that are well known that have had some type of prescription drug abuse.

00:16:42 And, the one that I have over here to your right, Jack T. Camp, Jr., the reason I have this up here is how I talked about early, how this affects

everyone from every walk of life. Mr. Camp, a Senior Federal Judge in the Northern District of Georgia.

00:17:03 As you see, on October the 10th, he was arrested. He was arrested while trying to purchase Roxicodone. He had two illegal guns on him, and he also had some other white powdery substance in his vehicle. November 18th of 2010, he pled guilty. The first part of his plea, he had to resign from being a Federal Judge. The next one he pled guilty to one felony and two misdemeanors, involving the distribution of controlled substance.

00:17:32 And March 10th, he was sentenced. He was sentenced to six months in jail, pay $1000.00 fine, and 400 hours of community service. This is somebody we would be working with, so it affects everybody. Another thing that's very significant about this judge, several years ago, the WWE wrestler, Chris Benoit, who killed his family in Georgia. He killed his wife, killed his kids and then committed suicide, this was the judge that sentenced the doctors to ten years that were supplying him.

00:18:11 Okay, to address this issue, there have to be in effect, a four-pronged approach. We have to look at education. We have to look at enforcement. We have to look at monitoring, and we have to look at proper medical disposal. And I'm going to talk to you about each one of those. This was just released on April the 19th of 2011 by the ONDCP. This is the new Prescription Drug Prevention Plan.

00:18:38 And this is what we're mandated, to use this approach. Education. Education is the key. We have to educate young kids, their parents, society as a whole, as well as the healthcare professionals. That's where we have to start. Enforcement. DEA, we're a law enforcement agency. That's our main bread and butter.

00:19:04 We have to make sure that we have the tools to go out and do our job, as well as go after those individuals either as an individual or an organization, whether they are DEA registrant or non-DEA registrant, that are involved in the elicit distribution of controlled pharmaceuticals.

00:19:23 One of the things that DEA has done to address this issue, we have expanded our tactical diversion squads. Our tactical diversion squads are groups that we have throughout the United States, that work in a cooperative effort with other federal, state and local law enforcement. And our mission for the TDSs, is to identify, target, investigate, arrest, and then assist with an effective prosecution of those individuals.

00:19:59 And what I mean, an effective prosecution, that could be either an administrative action, a civil action, or criminal action. Monitoring. Prescription drug monitoring programs, those are databases that our state ran where the state is able to track who is writing prescriptions, who is getting them filled. That is a big key to stop a lot of this abuse that is going on.

00:20:28 In addition to that, we want to make sure that every state has a prescription drug monitoring program, and then if they have one, it needs to be enhanced where they're sharing that information with other states. And last, proper medical disposal.

00:20:46 We have to have a way for the people that have unwanted controlled substances, that they can have a legitimate way of getting rid of them, in an environmental safe way as well. This presentation is going to address every issue that's been mandated by us to deal with.

00:21:09 Quick abuse facts. 2009, 7 million Americans used prescription-type psychotherapeutic drugs for non-medical purposes. Basically, they were abusing them during a one time period. From 2002 to 2009, you see what

the increase was for adults, 18 to 25, in the rate of non-medical use. When we're talking about abuse, we're talking non-medical use. And as you see, it was from 5.5 to 6%. And it was driven primarily by the pain relievers.

00:21:43 And also, as you see from this study, for the adults from 12 to 17, you see the rate of non-medical use for the prescription drug. It was at 4% in 2002. It kind of slightly dropped a little bit and stayed steady. 2009, you see it was up to 3.1, but it stayed kind of steady with that small margin.

00:22:05 Youth risk behavior. This was a study that was done. It was released in June of 2010. This was, for the first time, that they asked high schoolers about their habits, pretty much, with prescription drugs. And if you see, they basically had 20%. Overall, one in five students admitted about taking prescription drugs that was not prescribed to them. And then, these were the drugs that popped up, that Adderalls, the Oxycontins, the Percocets, the Ritalin, the Vicodin and the Xanax. And we'll talk about all these, too.

00:22:41 Then this is a chart to show you. In 2009, for individuals that were 12 years or older, you see 21.8 million people were involved in illicit drugs; 16.7 in marijuana, and the next one, the pain relievers, 7 million. You see that's higher than cocaine, that's higher than heroin, that's higher than the hallucinogens and the inhalants. That's why this is labeled an epidemic.

00:23:15 There, this is just a chart to show you in a different chart, how it goes, with the non-medical use over the time frame, and look at the age we're starting at, 12 years old, seventh graders. And you see the pain relievers are over everybody.

00:23:38 Now, this chart shows you the initiation of drug use, the first time they decided to use drugs. It's obvious marijuana is still the largest use, almost

60% from that study. But then look, what is the next, the pain relievers at 17%., prescription drugs.

00:24:04 Let me give you some facts about teens and their attitudes. Every day, approximately 2500 teens are starting to get involved with prescription drug use for the first time, the initiation factor. And the reason why they're getting involved, as you see, many teens are mistakenly believing that the pharmaceuticals are safer than the street drugs. And here's what they're telling them, "They're only medicines." They can be obtained from their doctors, their friends, or their family members.

00:24:32 It's not necessary to buy them from a traditional drug trafficker, which means they don't have to go wherever they go, either the inner city or somewhere that they probably don't belong, and try and score drugs. And then, we're in the Information Age. If they see a drug that they're thinking about trying, they can go on the Internet. They can Google it. They can go to chat rooms and find out the information, how to use it, what are the effects, what not to mix it with. And so, that's making them feel invincible.

00:25:06 Teens and their attitudes. This study was just released on April 6th of this year, and for 2009 and 2010, you see the teens that have used the pain relievers in an abuse, non-medically, their perception over the past year on the availability of prescription drugs, 38% of them believe prescription drugs are everywhere; 47% believe it's easier to get than the illegal drugs; 51% said they can get it from their own medicine cabinet.

00:25:42 And the other 49% said they can get it from a friend. So, that's the thought process now, of the generation. Some of the drugs are concerns we're going to talk about. These are pain relievers, with a few stimulants that are also involved because these are the drugs of concern that we're

seeing. You have the hydrocodone, the oxycodones, the methadones, the fentanol, the Adderall, and the cough syrups.

00:26:08 But before I go on talking about them, one of the messages we have to make sure that people understand is, whether it's a prescription drug or an over-the-counter drug, if you're taking it the way it's not prescribed to take, or the way you have not been authorized to take it, that's abuse.

00:26:27 If you're giving it to someone who doesn't have that prescription, or not supposed to legally have that drug, that's illegal. And abusing these drugs are just as bad as abusing any type of street drug. And that's what we have to make sure people understand.

00:26:49 Hydrocodones. This is a very popular drug. As you saw in the chart that I showed you, it's the most prescribed drug in the United States. This drug, as you see, it has a structure that's related to codeine, but is equal to morphine in the opiate-like structure. Some of the brand names, Vicodin, Lortab, Loricet and Norco. On the street, and when we're giving you street prices, these are illicit street prices that we are either getting from intelligence or current investigations that are going on.

00:27:27 Two to ten dollars a tablet. Obviously, the price is going to depend on the region and the availability. In some regions of the country, if it's available more readily, the prices are going to be down. If it's not, the prices are going to be high. It's just like normal economics, supply and demand.

00:27:46 The next drug, oxycontin. It's a controlled release, Schedule 2 of oxycodone. Some of the street slang -- obviously, this isn't DEA, this is what we hear out on the street. Hillbilly heroin, OCs, Oxys, and the strengths it is available in, as you see in the milligrams. The effects are the same. It's similar to morphine, and it has the potential for abuse and dependency.

00:28:14 The picture at the top is the old formula. Because of so much abuse that was going on with this drug, they wound up changing the formula to make it tamper-proof. However, as you're going to see, people that are interested in having an appetite for drugs, they are able to circumvent any system, and they were able to circumvent this system.

00:28:38 Street prices, for this, it's going -- dependent on the region again -- and when I give you guys these, this is an overall, this is not to any particular region. So, it's going to vary. But you're seeing the prices are going for $25.00 to $80.00. On average, what it goes for is $1.00 a milligram. Now, if you're in some areas where it's very popular, like the Appalachians, they're getting 150% for milligram. So, an 80 milligram tablet there is going for $120.00.

00:29:07 Obviously, it has the very addiction, the crime, and the fatal overdoses because of this abuse, which we'll talk about later. But one of the things about this drug, it has a controlled release. So, when you take it, basically, it's feeding you the release for up to 12 hours, where you're not getting it instantaneously, so it lasts over a long duration.

00:29:34 The cocktails. The first two drugs that I talked about are very popular and are the main drugs for cocktails. And then we're going to talk about some of the others.

[No audio 29:43 to 29:56]

00:29:56: -- preferred method when you're using oxycodone or hydrocodone, is the Holy Trinity. And the only -- the regular way is when you're using it, if you're using not a Schedule 2, it's called the Trinity. But all of them want that Schedule 2, they want that to get the Holy Trinity. And what you're doing is you're taking your main drug, which is either going to be a oxy or

a hydro. You're also going to have Xanax or Valium, which is a benzo, and then you're also going to have a non-controlled, which is a muscle relaxer, which is the Soma.

00:30:32 And that's the cocktail that we're seeing. So, depending on the region that you live in, in the United States, if you're down in southern Florida, the main cocktail is with the oxy. If you're in Houston or Los Angeles, is the hydros. And then I'm going to show you some numbers. But one of the things also, is that tramadol.

00:30:56 Tramadol is a non-controlled opiate. So, if they cannot get their hands on oxycodone or hydrocodone, they'll mix that Tramadol in there for the same effect. And currently, right now, we're in the process of initializing controlled procedures for Tramadol, as well as Soma.

00:31:18 That cocktail is pretty much what you see, the prescription written, by these pill mills and the pain clinics, for people that are involved in the illicit diversion.

00:31:34 Okay, I'm going to talk to you about heroin versus oxycontin, and you're going to see why all this comes together, and why we can't ignore what's going on with prescription drug abuse. Heroin is a Schedule 1. We k now there is no acceptable medical use for heroin. Oxycontin is a Schedule 2, which has acceptable medical use, but it also has the potential for abuse.

00:32:01 And if you look at it, you will see, one is from morphine, the one is thebaine, which is basically a constitute of the opiate. But the one thing about the thebaine is, it's not a depressant, it's more of a stimulant.

00:32:17 And if you look on Purdue's Web site, Purdue Pharma is the manufacturer of the oxycontin. They tell you right on their Web site what it contains,

what schedule it is, and the abuse. They even go further, and they tell you it can abused in a similar manner as any legal illicit drugs.

00:32:38 Oxycontin is just a controlled pharmaceutical form of heroin. How the oxycontin or the oxycodone is abused, it can be smoked, which is the most preferred method.

00:33:00 Sometimes it's broken down and people are shooting it up just like they do heroin. But this is the most common method, where they're actually burning it and getting the effects from it.

00:33:15 Now, remember I talked to you about the new oxycontin OPs that Purdue introduced last August of 2010, so that they could try and cut down on the abuse that was going on with their old formula. This is stuff that we pulled up off chat rooms, where people are talking about how they can get it, or if it's not any good, or if it's not working. But they've basically found a way to defeat it.

00:33:51 And as you see, they go through a lot of things. People try to get their highs from it. Circle of addiction. The abusers of these pain relievers, they usually start off with the hydrocodone. It's not that strong, but it starts them off.

00:34:18 Those are the Vicodin, the Lortabs, and the Loricets. Then, when they can't sustain the pleasure that they want, the high that they want, they move to something a little stronger. They move to the oxycodones the Percocets, the Percodan and the Roxicodones. Remember, the Roxicodone was the one that the judge was arrested for trying to buy.

00:34:41 Then when they need something a little bit stronger, or the effects are not holding them as well, they go to the oxycontin. Remember, you have the longer effect that's stronger. And then what winds up happening is,

because of depending on what region you're in, you're paying anywhere from $25.00 to as much as $140.00 for one tablet. Usually, it becomes economical and they can't afford that anymore, so they turn to street heroin that will give them the same effects, and you can buy street heroin in Anywhere, USA, for $10.00.

00:35:20 That's why we're seeing a huge increase in heroin abuse throughout the United States. If you sit down and you talk to these abusers, they will tell you they got started with prescription drugs, and it went in this cycle. They needed something stronger and stronger and stronger, and then it got to a point where it became a matter of economics, then they turned to street heroin.

00:35:44 We saw it here just about four years ago, with the issue that went on in Centerville, with all those high schoolers. And this is what they tell you. I got this from an article back in October. St. Georges, Utah. You see right what they tell you in the article. Good place to raise a family, retire, wholesome image, new-found heroin problem. And when they talk to -- interviewed on lady, she told you.

00:36:20 She was hooked on prescription drugs, couldn't afford it anymore, a matter of economics, she turned to street heroin. So, when people think it's just a prescription drug, it's really not that bad, a doctor prescribed it, sooner or later, they're going to hit that circle of addiction, and then you're going to have a quality of life issue no matter where you live, because they're going to turn to illicit street drugs.

00:36:48 Methadone. Methadone is a Schedule 2, pretty much used for narcotics treatment. Well, obviously, abusers start finding ways to use it. You have a lot of doctors, at first, that were starting to use it to treat pain, but because of the toxicity of it, it stays in the body a long time and the body doesn't break it down, so the more you take in, the higher the toxic level

becomes, until your body just can't handle it anymore and usually goes into an overdose.

00:37:18 But we're also seeing that. part of the reason is, price is cheaper for insurance. Doctors feel they know how to convert it, from if they have you on an opioid, to bring you over to methadone and the conversion's not right, and people are dying from it. And as you see, the overdose and the deaths has tripled since 1999, just from methadone abuse and use.

00:37:46 And what we're talking about here, I'm not talking about the traditional methadone that are used at the narcotics treatment where you think of it in the liquid form, where people are, you know, going every day to get their dosage. These are the tablet forms, but the liquid form is also abused, too.

00:38:10 Fentanol. Fentanol is a Schedule 2, another pain reliever. As you see, it's 100 times more potent than morphine. So, right there, you know you already got a problem. And some of the trade names, the [unintelligible], the Duragesic, the Fentor, and it's the same thing. It's a very strong drug for killing very severe pain, and addressing it and dealing with it.

00:38:41 But people also are starting to abuse it. And as you see, on the street, it's very expensive, $25.00 to $40.00 for the patch or the lollipop. The patch is pretty common. What you'll see a lot of time, people are abusing it, they'll just put the patch on them, and the obviously the body is absorbing it in over time. But then what we're starting to also see, too, because of the patch, you have people that are starting to dumpster dive at like nursing homes, where this is probably because they figure they can go in there and get the patch and there may be some left over.

00:39:13 This is what the lollipop looks like. This lollipop was originally started for infants, so that way if they needed to take the drug, they would suck on it as a lollipop and the body would absorb it.

00:39:33 Adderall. Adderall is an amphetamine that's used for addressing ADHD, Attention Deficit Disorder. If you look at it, it has the properties and the effects of amphetamine, and the abuse right now that we're seeing a lot is on college kids, on college campus. Basically, the nickname, street name of it, is College Crack. And what it does is, if you don't have ADHD, they claim it helps you focus.

00:40:09 So, they're using it when there are midterms, finals, that's what they're using it for. And as you see, $5.00 to $10.00 a pill, and most of the abusers, as you see, they're five times more likely to abuse other prescription drugs, as well as eight times more likely for the benzos, which are the Xanax because that's a stimulant, so then they have to have something to bring them down to counteract it.

00:40:38 So, if they're always taking one, they're taking the other. And it's funny, I have a niece that's in college, and when I talk to her about this, she just tells me how prevalent it is on the college campus. It's almost like walking around candy.

00:41:03 Some of the cough syrups. The Promethazine with the codeine, the purple drink. This became very popular in the hip hop community, especially in the southeastern part, Atlanta, the southwest part, Houston, Texas. This was very popular with that culture. And when see them, a lot of time, when you see them walking around with the cups and stuff, that's what they're drinking. They're basically drinking a Schedule 5.

00:41:33 It's a cough syrup with codeine in it, and what they do, they mask the taste, and they sip on it all day, just gives them a mellow high. And as you see, it's commonly sold in the pint boxes. And here's what they're mixing it with, the Sprite, the vodka, the rum, the grape juice. They'll put the Jolly Ranchers candy in there to make it sweet, to take away the bitter

taste. And then sometimes, they'll take the hydrocodones that we just talked about. They'll crush them up, and they'll also put that in there.

00:42:03 But the one thing about this drug, and if you guys remember, the cornerback from the San Diego Chargers, when he was arrested, and this is what he was shipping in his spare time when he wasn't playing games in the NFL. He was sending it back home. Well, the profit margin for each pint is anywhere from $250.00 to $600.00 a pint. So, it's a huge profit margin because they're getting so cheap, as you see.

00:42:34 They're only paying $8.00 to $10.00 a pint for it. But on the street, look what it's selling for.

00:42:49 Some of the methods of diversion. We have the customers and the drug seekers. We have the employer pilfering. We have the practitioners and the pharmacists, the pharmacy thefts, the pain clinics and the Internet. I'm going to talk about a lot of them in brief, but I'm really going to talk about the pain clinics, because right now, that is the number one way where drugs are being diverted in the United States right now.

00:43:16 Internet pharmacies, we have to address this. Obviously, there's the Internet, everybody does commerce on the Internet. People are used to using the Internet. They want to do transactions, not being face to face. Well, because of what was going on, on the Internet, with drugs being sold over the Internet for no valid, acceptable, medical reason, it was becoming a problem.

00:43:42 So, Congress passed the Ryan Haight Online Pharmacy Protection Act of 2008. It was enacted on October 15th. It became in force and effective April 13th. And what this pretty much does, it just amends 841 of the Controlled Substance Act, with Title 21. It's making it illegal under

Federal Law to deliver, distribute, dispense a controlled substance by the means of the Internet, except for where authorized.

00:44:15 And what that means is, which I'll talk about, but pretty much, if you are a normal standard, brick and mortar pharmacy, and you want to provide drugs over the Internet, you have to have a modified DEA registration, which, as of -- I'll go to the next slide -- but as of last week, when I pulled the numbers, we had 12 applications that were pending, but none have been approved by DEA since this has been in effect.

00:44:44 Also what this law does, it also makes it illegal under the federal law to use the Internet to advertise the sale. So, basically, if you're facilitating this act, you're in violation of the law. To offer the sale and distribute -- basically anything that has to do with the selling -- the advertising or the selling or the facilitating of the selling.

One of the key things -- because what was an issue with these Internet pharmacies is they were not having a face to face visit with the license or DEA registrant to basically show that this was a medical need. So, this law pretty much said, there has to be a one time in person medical evaluation by the prescribing practitioner. That's the person that's writing the prescription. Obviously it has to be a legitimate purpose and then also it has to be a valid.

00:45:37 Basically, as you see, if it's a schedule two like an oxy, you have to have the written prescription. It has to be an original -- no copies. Then if it's a three, four or five, it can be filled out and provided with an original also.

But what I was telling you about the Internet pharmacy law with the modification with DEA -- since this law has went into effect -- for Internet pharmacies in the US -- because obvious we have no control over anyone outside of the US unless they're an importer -- they have to have

approval to have a modified DEA registration, which, as I showed you, as of last week, there was only 12 pending and none had been approved. You have to register that location, where it purchases, stores and dispenses the prescription drugs as well as you have to comply with special Web site requirements. So, if anybody is out there purporting that they are in DEA compliance, they can't be because we haven't gave anybody a modified registration.

00:46:48 Then some of the statutory changes, where it just increases the penalty for the drugs through the schedule three through fives -- and another key point is that a state jurisdiction can charge someone under the Ryan Haight Act. Then as well as the import violators and pharmacies, we can also go after them if people are sending drugs into the United States because if a drug is already readily available in the United States, it's illegal per se to even send something to the United States.

00:47:24 Doctor shopping -- doctor shopping is a technique where you just have individuals that are going around, visiting as many doctors as they can, trying to obtain drugs for nonmedical use. Basically, they're trying to get more than what's acceptably needed by them, if they have a reason at all. These are some of how they go out and they work. They target physicians. What I'm talking about here are the individuals right now. I'm going to show you how this is so well-organized, you have individuals doing it and you have structured organizations that are doing it.

00:48:04 What they do -- they obtain the prescription from multiple doctors, physicians. They just go around and see every doctor. If you have doctors that only want cash, that's what they go see -- and they all know. Word of mouth, they know who to go see. Then as you see the physician is willing to prescribe the controlled substance over a period of time with little or no followup -- just, you give me money, I write.

They also know which pharmacies to target. Sometimes you have the physicians that'll tell you, go to this pharmacy right here. They'll take care of you when they see my script. So, obvious they're in cahoots. They know that because basically this is their job -- meaning, the doctor shoppers. They utilize multiple pharmacies to fill it and the pharmacies are known to dispense without asking questions because usually they're getting a kickback also from the prescriber or the doctor that wrote the script and sent them to their place. They're in cahoots together.

00:49:09 What should happen -- if it is a legitimate pharmacy, they have to use their own due diligence. So, if they see you have people steady coming from the same doctor with the same cocktail, none of them live in the area, they live out of state -- they're supposed to use their due diligence and not fill that and then report that practitioner to DEA if they think there's some suspicious activity doing on. But if you're getting a kickback or you're in cahoots with that doctor, you're going to just fill it where you're almost having that closed system because it's you two together so if neither one of you tell -- how's it going to get exposed?

00:49:52 Now these are the more structured trafficking organizations. The first ones I talked about were individuals, but these trafficking organizations, they are very good at what they do -- or they think they're very good at what they do. And you'll see what they'll do. They'll go out and they'll recruit people to obtain it. They'll go around, they'll go to homeless shelter, they'll go just picking up people off the street. They'll have lieutenants or whatever that'll go out and recruit people. Then what they do is they give them the money, they drive them to where they need to go. They may have a vanload of people -- seven or eight people -- and they take them to each doctor and all seven or eight people will hit the doctors, getting a script written. That's what they go around and do. After they do that, then obvious they all go to the pharmacy.

00:50:42 Now once it all gets together, the person that was the organizer of that, what they'll usually do is, they'll either split some of the drugs with them or they just pay these individuals $100 for every place you get a script. When we talk to the investigators that are out there, investigating the case and the people they talk to, these people say that these organizers would almost do it like a junket. Hey, I got a van, I got a bus. We're going to round up 25 people. I'm going to drive you here. I'm going to pay for your lunch. I'm going to pay for your food. I'm going to give you $100 every time you get it. It's like a junket and they'll go for three or four days. If they go out of state and just hit as many of these places as they can, then they bring the drugs back to their area where either they're selling it -- obvious they're using some of it, but now the people of that community have quality of life issues they need to deal with. That's just more of what I just talked about, about how well-organized and how they're structured and they go do this.

00:51:56 Fake scripts -- that's another way of diversion. Obvious you'll have some that'll either steal the paper that is needed, make copies of it -- or the easier way -- you find a practitioner, you just steal their scripts. Then you write what you want. You go to the pharmacy, you get it filled. That's a big problem right there too -- also under the stolen and forge. So, you have both of them, the way they're done. You have some that are making them. You have some that are just taking the easier route and stealing them.

00:52:37 Obvious you have theft. You're seeing a lot of theft that's going on because obvious people want to break in and they want to get their hands on either the oxys or the hydros -- especially over in the northwest region. For awhile, there was just a rash of pharmacies being broken into and that's what people were breaking into them for. They were breaking into them to steal these drugs. Obvious if it's a schedule two, the restrictions

are going to be tighter, but we've even seen some where they were just going in, committing armed robberies while the place was open.

00:53:22 Pain management clinics -- right now this is the most prevalent way of illicit diversion for pharmaceuticals. When I'm talking about pain management clinics, I'm talking about these pain management clinics that are not operating in an acceptable medical practice. We're talking about the rogue pain clinics where they're operating under the disguise of doing pain management, but really their whole goal is just to write scripts and make as much money as they can. That's what I'm talking about. I'm not talking about the legitimate pain management clinics. We're talking about the rogue ones.

00:54:00 We've identified, pretty much, three major hubs -- which I'm going to talk about and you'll see up here. We've identified three major hubs where this type of activity has been flourishing -- southern Florida, Houston, Texas and Los Angeles area. Then I'm going to go over some of the different structures and characteristics of each area, about what's going on there.

In Florida, obvious you have the heavy concentration in the Tri-County area -- Miami-Dade, Broward, Palm Beach. What they do is, you have an office visit and they were dispensing at the same location. Some of this is starting to change, which you will see from the operations that we're been doing and from our effects as an agency, but this is when this all started, while we were addressing the issue.

00:54:52 Pretty much all these businesses are primary cash. They don't accept any insurance and as you see, they're charging you anything from $200 to $300 for an initial office visit. Some of them will charge you $150 or $200 for a followup. Some of them -- I guess if they felt nice, they

wouldn't charge it. It'd just depend. There was no set structure, but this was some of the common practices that they were usually doing.

Then after you pay -- and when you look at this, when you go over these dollar figures and you will see why you are having these practitioners -- this is all money. This has nothing to do with acceptable medical practices. $200 to $300 for an initial visit -- so you're paying that as soon as you walk in the door, haven't seen anybody.

00:55:42 Then after the practitioner sees you -- remember the cocktail slide that we went over? You're going to pay $725 to about $1,000. On average it's going to be $725 to $950. Depending on if the drugs are readily available, it's lower. If it's not, it was higher. That's what you're going to pay for that cocktail. So, you see, before you've walked back out, you're out a minimum of $1,000.

Then what they would do is, part of the cocktail, you were getting your script filled if they were dispensing on site. What they would do to convince you to dispense on site -- they would basically have this up on the wall. If you go to a pharmacy that's not related to us, that's what you're going to pay per pill -- and you see they were averaging, getting anywhere from 180 to 210 dosage units every time they got a cocktail. You see that -- or they tell you, if you fill it in house with us, it's a lot cheaper. So, obvious, people trying to save money, they want to maximize their profits or whatever they're doing, they're going to get it filled inside.

00:56:54 When they wrote that cocktail, this is what the average -- we were seeing anywhere from 180 to 210 dosage units. They would give them 120 oxys, 60 Xanax and 30 Somas. But the one thing that was kind of unique about it -- if you notice, I said out of state customers. I don't call them patients because they were not there for any legitimate reason. But if you look at

it, all their customers, they were from everywhere but Florida. Kentucky, Georgia, as far up here as Maryland, Massachusetts, North and South Carolina, Ohio, Tennessee, Virginia, West Virginia. Now I don't know about you guys, but I don't usually drive 1,200 miles to go see a doctor. This is where most of their customers were from.

00:57:52 Like I talked to you about with the doctor shopping, how they would have these structured organizations, how they would bring people down there and just visit as many doctors as they could during that timeframe. That was Florida and their main cocktail was using the schedule two, using the oxys. These are some of the ads that are in the Florida papers -- just telling you they dispense on site. My doctor don't accept competitor coupons. Giving you a discount for your first visit.

00:58:32 In some of these, when we wind up talking to -- when the operation was going on -- there would even be -- when you would go in these places, you would have -- like, the receptionist would be telling people, don't talk to anybody in here standing next to you because they could be a DEA undercover. Usually I don't get told that when I go to my doctor. That just shows you how blatant this was.

So, these were a lot of ads that were in their local papers and there were tons more. I just took out some just to show you how much of a problem and how this was going out there.

00:59:09 Then this is how people would line up before they open. This is outside several pain clinics. Again, I don't usually go to my doctor office and grab a seat on the ground, waiting for them to open.

When you look at this from the surface, you had to know there was something not right there. This is not normally acceptable medical practices. Even more, to show you why you would have practitioners

getting involved in this -- then again, I don't have a medical degree, but if I had one, I wouldn't be on Craigslist looking for a job -- just me personally. But look -- physician needed -- start immediately. But look at what they're saying. Great compensation -- $12,000 plus a week. That's what they were paying their doctors. We had some of these where the doctors were making over $1 million a year. You have some of them where you'll see they even advertise or they'll tell you, we give you a bonus. The more prescriptions you write, the bigger the bonus you get every week. Again, not normal for acceptable practices.

01:00:42 But you notice, they tell you that the doctor needs a dispensing license. He needs a DEA registration because they want to do it right there -- or if you don't have one, you can get one. Got to be eligible to get one or you're no use to them. Here's another one in Miami, paying them $500 an hour.

01:01:12 Now one of the things -- and how you can put this in the context -- this is with oxycodone and this is from last year, from January to December 2010. Remember, we just talked about the three areas that we said were flourishing with pain clinics. These are dosage units that DEA is able to track from practitioners that are ordering drugs. Florida, as you see, is the number one state -- 44,900,000 dosage units that practitioners ordered. Now I went a little further and I check -- what if they had some -- let's check and see what the pharmacies are ordering in Florida. The pharmacies for 2010 ordered 421 million dosage units, just for the state of Florida. So, you figure for the state of Florida, you're talking about 466 million dosage units, just for the state.

01:02:15 But even if you don't put the pharmacy numbers in, just look at the next state -- Georgia. They just had over 1.4 -- we'll round it up and give them 1.5 million. So, look at the huge difference. Then if you want to move

over to Kansas, they only had 422 dosage units they ordered for the whole year. That's every doctor in that state.

So, when you look at this, it just doesn't look right if you really look at it, just on the surface. But with everything going on in Florida, Florida realized they had a problem besides the enforcement efforts that were going on. The state of Florida decided to pass the Florida Pill Mill Bill, which took effect October 1st, 2010. Basically what it did is, it said that all pain clinics had to be registered with the state of Florida. As of April 1st, they had 860 pain clinic facilities in the state of Florida. They changed it. It's got to be owned by a licensed physician. Prior to that, you could walk out of jail and go open up your own pain clinic. Now you can no longer be a convicted felon and you must be a licensed healthcare, undergo annual inspections and have all practicing physicians complete some kind of pain medicine or pain management training. But that doesn't take effect, you see, until July of 2012.

01:03:57 But the big thing that was good about this law, that really helped -- it prohibits the physicians or the facility from advertising. Remember those ads that I showed you? Because you'd be down there, you'd even have people have them on the back of their cars. You'd be sitting at the red light and it'd be on the back windshield -- pain clinic.

Then another one, what they did -- to stop the cocktails, where they were getting the large number, from 180 to 210 dosage units -- now they only can provide prescriptions to only last you for three days. So, that's been the biggest help.

01:04:39 From talking to our other offices -- Georgia, since it's the bordering state -- what we've been told down in Georgia is, first they were starting to get the pain clinics to move because of everything that was going on. Addressing them, looking at them, enforcement operations. They said

right now they have about 36 of them that are in Georgia as of last week, but what our office in Georgia's telling us is that yeah, the enforcement operations had a great effect on them. It scared them, it displaced them -- but the biggest reason they're moving is because they can't write for no more than three days. So, they go to another state where they can go back to giving a whole large cocktail. But we're on top of that issue too so we'll be addressing that.

01:05:29 West coast -- remember, one of the three areas I talk about. Los Angeles, we're seeing the same thing. Obvious because of the large number of registrants, we're seeing pretty much everybody off that west coast coming from as far north as Seattle that we're seeing -- and they operate similar to the pain clinics in Florida. The only difference -- the primary drug is hydrocodone instead of oxy. We're seeing people traveling from all over, basically off that west coast.

01:06:03 Then Houston -- same thing, similar to Florida. There, before a law was passed, most of their owner were non-DEA registrants -- people were convicted felons, people that just decided they wanted to get into pain clinic business because they see it's a lot of money involved. So, that's what they were doing. They were getting a lot of their customers coming from neighboring states -- Arkansas, Louisiana, Mississippi -- that's where they were getting a lot of them from. Because they were in the southwest and they were using a lesser schedule of drugs, they were charging a little bit less for their visits. They were charging pretty much $85 to $100.

01:06:42 But one of the things was, the prescriptions were being filled in Texas, but then they were driving them back to these other states. That's going to be a very key point with something I'm going to show you later. So, what they would do is, they would get it filled there and then if they were going

back to whatever state they were from, then they would make sure they would transport it back to whatever area they were going to.

They were doing the same thing -- remember when I talked to you about the pharmacies? There, their doctors were more -- they didn't do a lot of dispensing in Houston and we still haven't figured out why, but what they would do is they would write the scripts and then send you to a pharmacy that was in collusion with them. So, they were keeping it more of a closed system, where it would be hard to detect what actions were going on. They would do the same thing, but you notice too, their prescriptions were a little bit cheaper, also because of the drug.

01:07:46 Texas, to address this issue, they passed some legislation in September of 2010 that basically addressed these issues. They said that pretty much this bill wanted to make sure that the clinic owners were medical directors for physicians that practice in the state -- no more of somebody just saying they're a medical director, but they don't have a medical license. So, they started using that. They made sure your certification was good for every two years. You would only have a grace period. They set up new restrictions. So, they started addressing this issue too.

01:08:22 Here's the one thing I want you to look at. Remember when I talked about California -- Los Angeles and Houston being the area that hydrocodone was really big for their pain clinics? If you look at them here on the chart, California, you see they had over 28 million dosage units of hydrocodone for the one year of 2010. Texas, which was number 10, only had basically a little over a million. But I dug a little further. I looked at what the pharmacies were doing. For the state of California, the pharmacies ordered approximately 775 million dosage units for one year. That's what the pharmacies ordered. For the state of Texas, the pharmacies ordered over one billion dosage units in a one year time frame.

01:09:22 So, when you look at the numbers here, when you look at Texas and you figure, they only had a million dosage units that the practitioners ordered -- you think, that's not a lot -- but when you look and see that the pharmacies there ordered over a billion dosage units for just a one year time frame, that's an awful lot.

Talk to you about a couple of DEA operations that have been targeting prescription drug abuse and those registrants or individuals that have been involved with the illicit distribution of it. Operation Pill Nation was done by the Miami field division tactical diversion group. This investigation initiated February 14th of 2010. What it was, it was an operation with the Miami field division in conjunction with the office of diversion control here in headquarters, where we were going to investigate all those that were involved with the illicit pain clinics.

01:10:23 DEA -- obvious they were working with other federal, state and local law enforcement agencies to investigate and target and subsequently prosecute these individuals. When I say prosecute, again, I mean either administratively, civil or criminal.

During the course of this operation, when it started, over 11 tactical diversion squads from other field divisions throughout the United States were deployed down to Florida to help with this investigation. During the time that they were down there, there was approximately 360 undercover buys that were done during this operation.

01:10:58 On February 23rd -- and that day was not the whole takedown day because while all this was going on for that year, DEA was also doing administrative actions, arresting people. So, there were enforcement activities that was going on. February 23rd of this year was when we had

the first round of the takedown. With that operation, over 500 law enforcement personnels from throughout the United States were down there helping out.

01:11:32 The results, so far up until this month from that operation, we've had the surrender of 83 DEA registrations. 71 of them were physicians, eight were pharmacies, four were distributors. Now when you look at this number, when you look at this number, this number, people look at it and they think it's high, but it's really not. You have to remember, DEA has over 1.3 million registrants. This is a very small number of people that are involved in illicit activity. Suspension orders -- 63 of them. Order to show cause is six. We closed down 38 clinics. 32 doctors were arrested and their employees. The big thing -- asset seizures. Over $16 million was seized in assets from that operation.

01:12:29 That's some of the articles that hit the papers the next day, after the takedown occurred. Houston, Texas -- another big case that took place regarding one [of the TDSs]. Pretty much you had a husband and wife team that were running two pain clinics. This was their locations where they were running them. You see the main drug they were distributing out of the cocktail was the hydro, the Xanax and the Soma. They were also, during the time frame of a little bit over nine years, billing insurance for over $52 million for services that weren't rendered.

01:13:16 That case was taken down on January 10th. The first phase, they had a seizure of approximately $700,000 -- large jewelry, safety deposit box, but they identified financial accounts that the husband and wife had totaling $27 million. We're talking about brokerage accounts and everything.

From this whole operation, 125 financial accounts and assets were seized that totaled over $41 million, just that the husband and wife had. We're

not talking property here -- we're talking cash, US currency. They wind up pleading guilty and as you see, February of this year, the husband got 180 months, the wife got 90 months.

01:14:04 Prescription drug monitoring program -- this is one of the best ways to address this issue. If people know that they're being tracked and that there's a system for it, they will shy away from this behavior or they'll try and find another way, which will be on top of it. But as of right now, all states in the region either have an operational prescription drug monitoring program, legislation that's been passed or ones that have them just waiting to go up and be operational.

01:14:34 Also, on March 14th of this year, the House introduced the Pill Mill Crackdown Act of 2011 because of all these issues that are going on. It's basically legislation aimed at stopping the proliferation of these pill mills and it's enhancing the penalty from 10 years to 20 years and a fine from $1 million to $3 million. Raising hydrocodone, the drug we talked about in the cocktail, as a schedule three -- raising it to a schedule two.

01:15:06 Then also one of the thing they put in here is that the assets that are seized from these individuals can be used for the prescription drug monitoring programs, to help keep them running.

Bottom line -- this is why all these pill mills are in operation. Money -- that's the bottom line. This was from the takedown in Florida. Here, here -- that was over $2.4 million in the guy's house. Then what are they doing with their money? That's what he was buying with them. Of course, we seized them all, but that's what he was buying with them. Think about it. You look at those cars right there -- almost $2 million worth of cars and he paid cash for all of them.

01:16:00 Emerging trends -- some of the trends that we're seeing. We're starting to see that traditional street gangs are starting to get involved in the distribution of controlled pharmaceuticals. Reason why -- no dependency on anybody. It's prevalent. They already have the distribution channels [that they're a polydrug]. And it's easy to support.

Opana extended release -- this is the drug that we're starting to get intel on. It's starting to replace the oxycodone in the cocktail. It has a better effect, people aren't familiar with it yet, but those that are in the abuse world -- if you go on the Internet and you start looking about it, they tell you this is better than the oxys. So, we're starting to keep an eye on this because obvious it has the same effects, but they say it's stronger. It gives them their high longer. When we talk to cases that are going on out there -- different individuals and companies, they're saying, yes. They're starting to see it.

01:17:07 Spice and K2 -- been a big theme. Synthetic marijuana -- we're starting to see that a lot. Basically it's being advertised as an alternative to some of the stimulants out there -- cocaine and methamphetamine.

But one of the big thing is -- DEA, we used our emergency authority to schedule five of the main ones that were involved with this and on March 1st, the final order was published. So, as of March 1st, now they are controlled substance -- schedule one.

01:17:46 Bath salts -- we're seeing this a lot now. Balt salts are starting to come out, being sold over the Internet. Head shops, party stores -- basically they're selling in the 200 to 500 milligram packages. Alternative to methamphetamine and coke and they say it's three to 10 times stronger when it's snorted. The two drugs that are pretty much being used in it -- the MDVP and the [methprethadone] is currently under review right now for emergency scheduling.

01:18:21 That's what they look like in the packages, but last week I was on the Internet and because of everything that's going on, I found a limited edition. So, you see, they're marketing everything.

Some other emerging trends -- we're seeing steroids in the dietary supplements. When you're going into the GNC and you're buying these dietary supplements -- thinking it's helping you out with your health and everything -- we're starting to see that they've been laced with steroids and a lot of professional athletes that you're seeing having all these problems -- a lot of them are alleging that they were taking these dietary supplements and they didn't know they were laced with steroids. We're starting to see that a lot.

01:19:16 The biggest thing with that is, as you see, they're not regulated. So, it's hard to control them. Anybody can put them out, but unless you identify a problem, then that's when the FDA tries to regulate them.

Human growth hormone -- HGH -- we're seeing that a lot as an emerging trend. Obvious this is a hormone that's secreted by the body. It's naturally occurring. It's essential obvious for growth. Pretty much the only licit use for this is for poor growth in children. In adults, they'll use it sometimes to treat AIDS or if you have a shortage of HGH. Pretty much, it's a drug for children. You see the illicit side -- antiaging, enhancing athletic performance, body building purposes.

01:20:05 The one thing it does, it changes the body composition. It reduces the fat and increases the muscle mass. Usually it's used with other performance-enhancing drugs, preferably steroids. The abusers -- aging adults, athletes, bodybuilders. We're also starting to see a lot of celebrities are using it.

Where's this available and how it's obtained -- physicians. When you have physicians that are willing to write you a prescription for off label use -- meaning, no acceptable medical practice -- you're seeing that. The black market, the Internet, wellness and antiaging centers, where you see all these centers now -- when you go in and the guy that's 80 years old, but he's got the body like Superman -- that's an HGH clinic.

01:20:57 Another one we're seeing -- DXM, the cough syrups. We're seeing a lot of abuse with the cough syrups. It gives you a hallucinate high, but what we're seeing is, people are taking it and they're mixing it -- almost like the purple drank, but they're putting other things in it -- Skittles and everything like that and they're using that. They just walk around and sip on it and then it gives them a hallucinate effect. You see, the more you do it by the milligrams, it shows you what the behavioral symptoms are.

01:21:34 Another thing that we're seeing -- obvious DEA has no authority over anything if it's not a controlled substance, but we're seeing a lot of counterfeit pharmaceuticals. That's why, first of all, you shouldn't be buying anything over the Internet or from anybody if you don't know what it is, but we realize even though we have no authority over this -- we are working in a cooperative effort with other federal agencies -- meaning CBP, FDA. We've been working with them on a monthly basis since April of 2009, helping them address this issue -- because, first of all, we are a law enforcement agency. It affects the public and it also provides intel on what's going on out there in the world of pharmaceuticals.

01:22:22 Take back -- last year, we did our first take back. Did it on September 30th so that people could have a way of getting rid of their unwanted or unneeded or expired drugs. It was very successfully. We had it in over 4,000 locations, 3,000 law enforcement. We collected over 242,000 pounds nationwide of unwanted or unused prescription drugs -- basically 121 tons. Because of this, a couple of days later -- four or five days later,

Congress passed the Safe and Secure Disposal Act, which makes it the law that you can have a way for the ultimate user to dispose of that, from that success.

01:23:10 Our second national take back day, which is going to be this Saturday, April 30th -- currently we got 14 formal partners. Those are the companies and partners that are advertising with us. One of the focus we didn't do last year that we're also going to include in this year's take back is the long term care facilities and the Native American Indian communities. As of this morning, we have over 5,200 locations and approximately 3,800 law enforcement agencies that are going to be helping.

01:23:46 In addition to that, this Friday, we're going to be having a federal workday take back for the national capital region. So, here at the DEA building, DOJ, ONDCP and several other federal agencies, from 10 to two you're going to be able to come to work and get rid of your unwanted prescription drugs. Saturday is the official day before federal employees. Friday, we're also going to be doing it on the workday.

01:24:18 Now I want everybody to just listen to this.

Danny Bonaduce: -- prescription drugs -- say Vicodin, which seems to be the most popular these days -- if it says, take one every six hours and you take six of them, five of them were recreational. It doesn't matter who prescribed them. If you take more than when prescribed or take one that was prescribed to somebody else, that is now a recreational drug. There's no difference. The only good difference between street drugs and pharmaceutical drugs is quality control. There is no difference. The fact that it makes everybody --

01:24:50 Female Voice: You know what you're talking about, because you've had your own battles with prescription drugs. How easy were they for you to get?

Danny Bonaduce: Not only are they easy to get -- one of the reasons I believe that they have become so popular is, once you get a connection -- that's somebody who either works in the chemical or pharmaceutical plant and is in charge of keeping stock and they can move whole crates of, say Vicodin or OxyContin out -- or a bad pharmacist or you've gone doctor shopping -- what the thing is there is, your supply never dries up.

01:25:23 Say with street drugs, like cocaine, you could be in real need of your cocaine and make a million phone calls and hear the worst thing you ever want to hear -- Danny, the whole town's dry. I don't know what happened. Maybe give me a call on Wednesday.

With pharmaceuticals, that never happens. Once you have your connection, you're supplied forever.

Robert Hill: Better than anybody could say it. A person that had a problem with it -- you noticed everything we talked about, he addressed from his usage. I thought that was very good.

01:25:56 One of the other things -- if you have any questions, I'll answer any questions, but if you guys want to really see documentaries on the problem that's going on in America with prescription drug abuse, go to either one of these Web sites.

You got the OxyContin Express, which really addresses the issues that are going on in Florida. That came out in 2009 and that is a very good documentary. The one on A&E Intervention came out two weeks ago and it addresses the issue that is going on in southern Ohio, in the

Appalachian areas. If you look at either one of those, you will get a complete understanding of why this is the newest epidemic and how it affects everybody. Thank you.

01:26:47 Sean Fearns: We've got just a couple of minutes for questions for Special Agent Hill. What I'm going to ask is for Vince and Jason to be available with the microphones. We just have one microphone? Okay, Vince, do you have it? Jason has it.

If you could wait just a moment for the microphone to come by -- that way not only will the other members of the audience hear your question, but also those that are watching on the webcast. So, who has a question for Special Agent Hill?

01:27:19 Female Voice: How are the drugs disposed of in the national take back day?

Robert Hill: Once the drugs are collected, they're taken to a facility, which is usually an incinerator and then they actually destroy the drugs right there, in the presence of an actual special agent who's with them.

Female Voice: Who is the maker of the new drug that's coming out?

01:27:50 Robert Hill: Opana ER -- extended release. I'm still doing research on it. We just had a meeting yesterday and we had been hearing things about it the last couple of weeks. We've been talking to some of the enforcers out there, some of the groups and everything. They're starting to see it so we're going to start really diving into it.

But yesterday, I was having a meeting with Purdue Pharma and we even asked them about it and obvious we brought it up and they were like, yeah, we're hearing the same thing.

01:28:25 Yes?

Female Voice: [unintelligible].

Robert Hill: It's going to be on the Web site where you can see it. One of the things that I don't do is I don't give out my presentation. The reason why is, we try and keep it as most current as possible. So, the presentation that you saw today -- if I'm giving a presentation next week, it may be completely different from today because I try to use the most current, updated information at all times.

01:28:56 Yes?

Female Voice: I've had a couple of calls about disposing of syringes. Is that included with the take back day?

Robert Hill: No, that's not included with the take back. Syringes and liquids are not included with the take back.

Sean Fearns: I want to take this opportunity to thank Special Agent Hill for his time this morning and if anyone has any additional questions here in the audience, please feel free to come forward. If you haven't taken the opportunity to see the DEA Museum's exhibit, "Good Medicine, Bad Behavior," all about prescription drug abuse and the office of diversion control, I urge you to do that.

01:29:39 Catie Drew, our Museum Educator, has a small token of our appreciation for you, Bobby, for your time today -- and again, thank you all very much for coming and have a good day.

End of recording.