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"You've Got Drugs!" Prescription Drug Pushers on the Internet

A CASA White Paper

February 2004

Background research provided by:
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“You’ve Got Drugs!” Prescription Drug Pushers on the Internet

Accompanying Statement of Joseph A. Califano, Jr.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University is in the process of conducting a landmark study on the diversion and abuse of prescription drugs in America. The study of this critical national problem will not be completed until late this year.

In the course of our work, Beau Dietl & Associates volunteered to help CASA address the availability of controlled, dangerous and addictive prescription drugs like Percodan, OxyContin, Valium, Xanax, Ritalin and Adderall on the Internet. Our findings are alarming: these drugs are as easy for children to buy over the Internet as candy. Anyone--including children--can easily obtain highly addictive controlled substances online without a prescription from Internet drug pushers. All they need is a credit card.

Of the 157 sites selling controlled prescription drugs on the Internet (January 15 through January 22, 2004):

- Ninety percent (141) did not require any prescription:
 - 41 percent (64) stated that no prescription was needed,
 - 49 percent (77) offered an “online consultation.”
- Four percent (7) required that a prescription be faxed.
- Two percent (3) required that a prescription be mailed.

- Four percent (6) made no mention of prescriptions.

State and federal law regulating Internet pharmacies has not kept pace with technology. Since it will take time for Congress and law enforcement to determine the most effective legislative and enforcement strategies, we consider it our responsibility to release these findings before completion of our exhaustive report in order to alert parents, teachers and other caregivers to this immediate threat. A particular burden falls to parents to protect their children from prescription drugs pushers on the Internet.

I would like to thank Bo Dietl and his professional colleagues at Beau Dietl & Associates for their donation of their time and talent in conducting this research and for their cooperation in the design and execution of this survey protocol. This White Paper was prepared under the direction of Susan E. Foster, M.S.W., CASA's Vice President and Director of Policy Research and Analysis.



“You’ve Got Drugs!” Prescription Drug Pushers on the Internet

For two years, The National Center on Addiction and Substance Abuse (CASA) at Columbia University has been engaged in an unprecedented national study of the diversion and abuse of controlled prescription drugs. This exhaustive examination was prompted by a growing number of reports of prescription painkillers, depressants and stimulants being diverted for purposes of abuse, particularly among young people.

During the course of CASA’s study, we became concerned by the astonishing availability of controlled, dangerous, addictive prescription drugs through the Internet. At CASA’s request, Beau Dietl & Associates (BDA) volunteered to undertake a systematic examination of the availability of such substances on the Internet. Analysts of the White Collar Division of BDA conducted an Internet search during a one-week period from January 15 through January 22, 2004.

The findings are so alarming that CASA and BDA considered it their obligation to release this information prior to the completion of CASA’s comprehensive study, in order to alert parents, teachers and other caregivers of this immediate threat, particularly to our children and teenagers.

- During the one-week period of analysis, BDA identified a total of 495 Web sites offering Schedules II-V* controlled

* The Controlled Substance Act (CSA) assigns drugs with the potential for abuse to one of five categories or “schedules,” depending on the drug’s medical usefulness, its potential for abuse and the degree of dependence that may result from abuse. Schedule I substances have no currently accepted medical use in the U.S. and are not available by prescription, and include illicit drugs with a high potential for abuse such as heroin and marijuana. Schedule II through V substances have accepted medical use and varying potentials for abuse and dependency, with Schedule II drugs having the highest abuse potential and

prescription drugs; 68 percent were portal sites--Web sites that act as a conduit to another Web site which sells the drugs, and 32 percent were anchor sites where the customer purchases the drugs.

- Controlled prescription drugs available online include opioids (pain killers), central nervous system depressants (benzodiazepines and barbiturates) and stimulants.
- Only six percent of the sites selling the drugs required a prescription to either be mailed (two percent) or faxed (four percent).
- There were no mechanisms in place to block children from purchasing these drugs.
- Of the sites selling drugs, 47 percent indicated they would be coming from outside the U.S., 28 percent indicated that the drugs would be shipped from a U.S. pharmacy and 25 percent did not indicate where the drugs would come from.

While legitimate online pharmacies can provide access to medications for patients who need them, this snapshot of the wide availability of controlled, dangerous, addictive drugs on the Internet reveals a wide-open channel of distribution. This easy availability has enormous implications for public health, particularly the health of our children, since research has documented the tight connection between availability of drugs to young people and substance abuse and addiction.¹

Schedule V the lowest abuse potential of the controlled substances. Schedule II includes drugs like OxyContin and Percodan; Schedule III includes drugs like Vicodin and Lortab; Schedule IV includes drugs like Xanax and Valium; and Schedule V includes drugs like codeine-containing analgesics.

CASA's Study of the Diversion and Abuse of Prescription Drugs

The issue of Internet availability is one part of CASA's extensive study of the diversion and abuse of controlled prescription drugs. The objectives of CASA's research are:

- To examine the scope and nature of the problem of prescription drug diversion and abuse by reviewing the prevalence, long-term trends and the populations most affected.
- To explore the various methods and means by which prescription drugs are diverted for misuse, including fraudulent prescriptions, doctor shopping, pharmacy theft, patient distribution, Internet sales and international sales.
- To identify and explain the roles of the key players in the diversion problem, including physicians, dentists, veterinarians, pharmacists, patients, pharmaceutical companies, federal agencies including the Drug Enforcement Administration (DEA) and the Food and Drug Administration (FDA), and state and local law enforcement.
- To review current methods of diversion control through supply reduction (law enforcement and policy) and demand reduction (education, prevention and treatment).
- To develop recommendations for reducing the abuse and diversion of prescription drugs which recognize the balance between the legitimate medical uses for these drugs and the need to limit diversion and abuse.
- To lay out an agenda for future research.

As part of this study, CASA is conducting the first national survey of physicians and pharmacists to determine how diversion occurs at the healthcare provider level and to understand the attitudes, experiences, perceptions and recommendations of physicians and pharmacists about this problem.

To help guide this research, CASA has convened a National Advisory Commission on the Diversion and Abuse of Prescription Drugs, chaired by Alan I. Leshner, PhD, Chief Executive Officer of the American Association for the Advancement of Science and former Director of the National Institute on Drug Abuse (NIDA). (The other Commission members are listed in Appendix A.) As part of this study, CASA hosted a national conference on substance abuse and pain on February 27, 2003, to explore how to balance control of diversion and abuse with assuring adequate treatment for pain.

Major funding for this work has come from Purdue Pharma, LLP who provided an unrestricted grant to CASA. WellPoint Health Networks Inc. is funding the national survey of physicians and pharmacists, and the National Institute on Drug Abuse, National Development and Research Institutes, Inc., Ortho-McNeil Pharmaceutical, Inc. and Endo Pharmaceuticals, Inc. provided funding for the conference. None of these funders has had any involvement in the conduct of this research or preparation of this report.

Prescription Drug Abuse on the Rise

Most people who use prescription drugs use them appropriately and responsibly and benefit from them. However, prescription drugs can be dangerous when abused and Americans are abusing them at alarming rates.*

* The closest measure of abuse comes from the National Survey on Drug Use and Health which asks: "have you taken a prescription drug not prescribed for you or only for the experience or feeling it causes?"

The most commonly abused prescription drugs are opioids such as Percodan, OxyContin and Vicodin; central nervous system depressants such as Valium and Xanax; and stimulants such as Ritalin and Adderall. Each of these drugs is addictive.² Research suggests that the abuse of opioids (pain relievers) is as prevalent as heroin and cocaine abuse combined.³ In 2002, an estimated 14.7 million adults reported abusing opioids, stimulants, sedatives or tranquilizers.⁴ The number of people who report each year that they began abusing prescription pain relievers has increased from 500,000 in the 1980s⁵ to about 2.4 million in 2001.^{† 6}

Of special concern is the rise in the number of teens and young adults abusing these drugs. The most dramatic increases in the abuse of prescription medications have occurred among 12- to 17-year olds and 18- to 25-year olds. Young girls are even likelier to abuse these drugs than young boys.⁷

Although there are many ways these drugs can get into the hands of people who use them for purposes of getting high--theft, burglary and robbery; tampering, forging and counterfeiting prescriptions; doctor shopping, indiscriminate prescribing, and illegal sales of prescriptions and pharmaceuticals⁸--an exploding method of illegal distribution occurs over the Internet.

The Internet--A Growing Source of Drugs

Because of reports of ready access to these drugs online and the dramatic increase in the incidence of teens and young adults abusing these substances, CASA examined the availability of controlled prescription drugs over the Internet.

Beau Dietl & Associates (BDA) produced a report in October of 2003 on the availability of all forms of prescription drugs online.⁹ That report explored the ease with which one can both set up an online pharmacy and acquire a full range of prescription drugs online, frequently without a prescription. That report

† These are the most recent available data.

also documented the involvement of convicted felons in the ownership and promotion of online pharmacies. CASA teamed with BDA in January 2004 to look specifically and in depth at the availability of controlled, dangerous, addictive prescription drugs on the Internet. BDA researchers devoted one week to this task, using Internet search engines and email advertisements to identify sites. (See Appendix B, Methodology.)

The BDA Analysis

At CASA's request, BDA researchers documented the number of Internet sites dispensing the following controlled substances:

- **Opioids:** Codeine (Schedule II or III versions), Diphenoxylate (Lomotil), Fentanyl (Duragesic), Hydrocodone (Vicodin), Hydromorphone (Dilaudid), Meperidine (Demerol), Oxycodone (OxyContin, Percocet), and Propoxyphene (Darvon)
- **CNS Depressants:** Benzodiazepines including Alprazolam (Xanax), Chlordiazepoxide hydrochloride (Librium), Diazepam (Valium), Estazolam (ProXom), Lorazepam (Ativan), and Triazolam (Halcion); and barbiturates including Mephobarbital (Mebaral), Pentobarbital sodium (Nembutal), and Secobarbital (Seconal)
- **Stimulants:** Amphetamine-dextroamphetamine (Adderall), Dextroamphetamine (Dexedrine), Dexmethylphenidate HCl (Focalin), and Methylphenidate (Ritalin)

For each site, dispensing patterns were identified including:

- Dispensing controlled substances without any consultation or prescription,

- Dispensing controlled substances with an online "doctor consultation,"
- Dispensing controlled substances with a valid prescription.

Analysts attempted to determine whether a site places any controls on the ages of the users and/or whether or not a site even asks the user's age. They also sought to document from where the site advertised the drugs would be shipped, whether from the U.S or another country.

Findings

During the one-week period of analysis, BDA identified a total of 495 Web sites offering Schedules II-V controlled prescription drugs. Seventy-three percent were Schedules II and III; 41 percent of the drugs examined were those with the highest potential for abuse (Schedule II).¹⁰

Of the sites advertising these controlled, dangerous, addictive prescription drugs:

- Sixty-eight percent (338) were portal sites. Portal sites do not sell drugs to those accessing their Web sites. They act as a conduit to another Web site which sells the medications. This is often done automatically and immediately; at other times it requires a customer to click a link. Portal sites often use this technique to funnel more traffic to a particular sale site.

Many portal sites use *frames* in order to appear to keep the Web site address unchanged. A frame can be constructed to encompass an entire Web page so that content from a different site can appear unbeknownst to the viewer. Another common type of portal site requires a monthly subscription fee. These sites offer links to sites selling drugs to customers. The cost of the subscription varies, but it is generally \$20-\$40 a month.

- Thirty-two percent were anchor sites where the customer actually purchases the drugs.

Once at an anchor site, a customer ordering a drug is not transferred to another site at any point during the transaction. At an anchor Web site, the customer places an order for drugs and pays the Web site; the pharmacy fills the order and ships the drugs to the customer. The pharmacy may be operating the Web site or the Web site may send the order to the pharmacy. Often, different Web sites may be using the same pharmacy to fill prescriptions. The operator of the anchor Web site may not be geographically near the actual pharmacy.

According to BDA analysts, there is great fluidity in these Web sites--many spring up or disappear overnight. While BDA did not actually place orders for drugs as part of this investigation, other evidence gathered by CASA suggests that once a credit card number is entered the order will be processed. To illustrate this point and track specific online pharmacies, DEA task forces and police departments have purchased controlled substances over the Internet. For example, as part of an investigation, the Orlando DEA Task Force purchased OxyContin over the Internet without a prescription. The Web site in question required the purchaser to check a box saying that medical records would be sent, but charged the credit card and sent the order of OxyContin without ever receiving such records. One month later this online pharmacy automatically charged the same credit card and sent a refill order without a request. Similarly, the Lake Mary Florida Police Department purchased and received Vicodin without a prescription. While they were asked to forward a prescription, they did not, yet they still received the drug.¹¹

Controlled, Dangerous, Addictive Prescription Drugs Available Online

Benzodiazepines are the most frequently offered controlled prescription drugs on the Internet; 144 Web sites sold these drugs. Of the benzodiazepines, the most frequently offered were alprazolam (generic), diazepam (generic), Xanax and Valium.

The second most frequently offered class of controlled prescription drugs was the opioids or painkillers. A total of 103 sites sold drugs like fentanyl, hydrocodone and oxycodone.

Forty-seven sites sold stimulants such as Ritalin and Adderall, and two sites sold barbiturates.

Prescriptions Not Required

Of the anchor sites selling the drugs (157), only six percent (10 sites) indicated on their sites that they required a prescription prior to selling the drugs. Ninety percent did not require a prescription; 41 percent indicated that no prescription was needed and 49 percent offered an "online consultation." Four percent (6 sites) made no mention of prescriptions.

Q: Do I need a prescription?

A: Instead of a traditional physical exam by the physician, the patient is allowed to decide for himself depending on the symptoms what's right for him.

--pharmacourt.biz

Four percent (7 sites) indicated that they required a faxed prescription from the patient rather than the physician, thus increasing the possibility of fraud. Only two percent (3 sites) required that a prescription be mailed. Of these three sites, one required the original prescription be mailed by the patient's doctor and indicated they would call the doctor; a second required the original prescription from either the doctor or the patient and indicated they would call the doctor. BDA's experience with its previous

Anchor Sites Selling Controlled Prescription Drugs on the Internet, January 15-22, 2004

- 90 percent (141) did not require a prescription
 - 41 percent (64) stated that no prescription was needed
 - 49 percent (77) offered an "online consultation"
- 4 percent (7) required that a prescription be faxed
- 2 percent (3) required that a prescription be mailed
- 4 percent (6) made no mention of prescriptions

study suggested that these confirmations with physicians were rarely made. The third Web site simply required a mailed copy of a prescription.

Available to Children

The BDA analysis determined that there were no mechanisms in place to block children from purchasing these drugs.

Location of Anchor Sites

Of the 157 anchor sites, 28 percent (44) indicated on their Web sites that the drugs would be shipped from within the U.S. Twenty-five percent (40) gave no indication of from where the drugs would come. The remaining 47 percent (73) indicated they would be coming from outside the U.S. Twenty-six percent (41) simply stated that they would come from an international location while others listed specific locations including Mexico, Australia, Central America, Sweden, Canada, Peru, South America, India, British Virgin Islands, Europe, Latin America, New Zealand and Asia.

Drugs for the Asking

This extensive availability of controlled prescription drugs online poses a menace to our nation's health and a challenge for law enforcement. Access to controlled substances over the Internet is a fairly new phenomenon and laws and regulations have yet to catch up with this new trend.

While the Internet can provide easier access to medications for individuals who need them for legitimate purposes, the opportunities for abuse by drug pushers are legion. New online pharmacy Web sites regularly spring up on the Internet and many of them vanish before they can be traced. Computer technology readily allows for Web sites to go up, move or be taken down in a short period of time, making it difficult to track, monitor or shut down those sites that are operating illegally. For example, two weeks after the BDA analysis, CASA replicated the analysis with several controlled prescription drugs and found that new sites had

been created and that others had posted notices that they were no longer offering the same drugs.

Regulation and Control

Because the diversion of prescription drugs for non-medical purposes is difficult to track, it is difficult to stop. The regulation and monitoring of prescribed drugs involves many governmental and nongovernmental agencies, and there is substantial variation in practice across states.

The licensing and regulation of pharmacists and clinicians have traditionally taken place at the state level.¹² Internet pharmacies, however, transcend state laws¹³ making it difficult not only to identify online pharmacies but also to take action against those that are engaging in illegal practices.¹⁴ States clearly cannot solve this problem without federal help.

In response to safety concerns about Internet pharmacy practices, federal agencies including the U.S. Drug Enforcement Agency, the U.S. Food and Drug Administration, the U.S. Bureau of Customs and Border Protection and the Federal Trade Commission have increased efforts to tackle the problem of rogue online pharmacies. To date, however, federal law and regulatory practice have not yet caught up with Internet technology and no new legislation has been enacted.¹⁵

Next Steps

The findings from this analysis clearly show that despite federal and state attempts to intervene there is no effective control of the Internet distribution of controlled, dangerous, addictive prescription drugs. This lack of control threatens the health and safety of millions of Americans--including our children--and demands immediate attention.

In CASA's forthcoming report on the Diversion and Abuse of Prescription Drugs, we will make specific recommendations for changes in federal and state law and regulation. However, until more effective legislative and enforcement

practices are in place, a special burden falls to parents. CASA and BDA are releasing this report to alert parents, teachers and all those who have a responsibility to supervise children of this immediate threat so they can take action to protect our children and teenagers from Internet prescription drug pushers.

Appendix A

The CASA National Advisory Commission on the Diversion and Abuse of Prescription Drugs

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Appendix B

Methodology

Beau Dietl & Associates reported the following methodology in conducting its research:

Database Information

The database created for this report contains detailed records for all 495 Web sites uncovered during the week the research project was in motion. Each record contains the following information: distinction between anchor and portal sites, prescription requirements, advertised country of origin and the drugs offered by the Web site.

Customer Emulation

Throughout this investigation, we attempted to duplicate the approach that an individual seeking to order prescription drugs might use. At all times, we asked ourselves the following question: How would a typical individual, such as a senior citizen, approach the search to buy a controlled substance over the Internet? What would a customer think when viewing this Web page?

Target Drugs

Client supplied a list of drugs they were interested in researching. The list included only controlled substances Schedules II-V; primarily Schedules II and III. Each investigator was assigned several of these drugs to research.

Web Site Discovery

The goal of the investigation was to uncover as many Web sites as possible involved in the sale of the target drugs. To this end, we employed the following approaches:

Method 1--Internet Search

We searched the Internet using several popular search engines such as *google.com* and “*meta*” search engines, i.e., engines that search several

search engines at once, such as *dogpile.com*, *hotbot.com*, etc. Combining the word “buy” with the drug being investigated (e.g., “buy Valium”) narrowed the number of hits obtained and excluded potential informational pages.

The domain names from the resulting hits were added to the master database created for this purpose unless it was obvious they were of no interest to this investigation, such as news articles or technical or academic papers.

Method 2--Email Advertisements

Another method used was to pull Web sites from any email advertisements, a.k.a. spam, most of us receive on a daily basis. One investigator was assigned the task of researching the Web sites inferred by these emails.

Web Site Investigation

Once a Web site was identified as a seller of a drug, investigators looked for the following information important to the investigation:

Site Classification: Portal vs. Anchor Sites

Based on our experience with research previously undertaken, we have realized that it is important to consider the relationship between what users see on the screen when a Web site is accessed and which Web servers are actually being accessed.

For example, net surfers may think they are visiting only one site when in fact they constantly keep being forwarded to a separate site. Or the page they are visiting may appear to be selling pharmaceuticals when actually it doesn't but is linked to other Web sites that do. Bearing those distinctions in mind, we categorize Web sites as either *anchor sites* or *portal sites*. An anchor site is one that sells drugs directly to the potential buyer while a portal site only refers the potential buyer to the anchor site.

Site Classification: Advertised Country of Origin

Web sites exist in cyberspace and not in the real world. It is therefore important to define what is meant when discussing the “location” of a Web site selling drugs. First, one can mean the location the Web site advertises as to the origin of the drugs it sells; second, the physical location of the computers holding the Web site data; third, the location of the business or individual running the Web site; or fourth, the location from where the drugs are actually shipped.

The second definition provides little information because data in the Internet can be transmitted from anywhere in the world. The third presents a host of problems because registration information for a Web site can be intentionally or unintentionally inaccurate. And even if accurate, it does little to help us understand the origin of the drugs as the Web site operator can again exist anywhere in the world separate from the location the drugs are shipped from. The fourth definition would by far be the most accurate since the postage and return address would provide all the information one requires. However, that information is available only when drugs are ordered, something we were not asked to do.

The first option is the only remaining possibility. Thus, we relied on information provided by the Web site as to the country from which the drugs were to originate.

We looked for:

- Text in the body of the Web page that outright stated the source of the drug(s);
- Graphics, such as a country's flag, that might lead a visitor to believe the drugs were from a certain location; or
- The title of the site itself would lead a visitor to believe the same.

Site Classification: Dispensing Pattern

Given the information provided by each Web site, investigators were able to determine each site's prescription requirements. This was done by either browsing through each site looking for such sections such as "FAQs" or "How to Order" or by beginning the ordering process and noting if and when a prescription requirement was requested. The dispensing patterns of all the Web sites discovered fell into these categories:

- **Pre-written prescription.** Some Web sites required that the patient submit a prescription already written by a doctor. In most cases, this was to be done via fax (thus allowing an individual to use the same prescription at several sites). Occasionally, a site required the original prescription to be mailed. Both cases were noted in the master database.
- **Online consultation.** Other Web sites did not require a prescription. However, they required answers to a questionnaire that was often referred to as an "online consultation." These sites asked the patient to fill out some form of medical questionnaire. Occasionally, a consultation fee was charged for this service.
- **No prescription.** Several sites made no mention of any type of prescription requirements and neither did they include a medical questionnaire. Other sites advertise that no prior prescription was needed.

Site Classification: Drugs Available

Investigators noted any target drugs available at the Web site, even if a particular drug was not one assigned to them. If an investigator discovered a Web site selling their assigned drug and it was already entered into the database by another investigator, he/she checked to be sure the assigned drug was recorded.

Site Classification: Other Information

Investigators also noted any other information they thought might be of interest to the investigation. Investigators also copied samples of text from the Web sites and took occasional screenshots.

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