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## Prescription drug abuse on the rise

*By Sam Hemingway  
Free Press Staff Writer*

Vermont health and law enforcement officials are scrambling to confront a problem of prescription drug abuse in the state that, in some cases, has turned deadly.

"Prescription drugs used to treat pain are very effective and important," said Deputy Health Commissioner Barbara Cimaglio. "Used improperly, they can be addictive and dangerous."

Cimaglio said 67 people in Vermont died this year as a result of a drug overdose through Sept. 30. The 67 deaths involved cases where people accidentally or intentionally ingested fatal amounts of illicit drugs, prescription drugs or alcohol.

Cimaglio said it was unclear how many of the 67 drug overdoses were connected with abuse of prescription medications but that, in 13 of them, methadone was listed as the cause of death. Methadone is a prescription pain reliever often used to help treat narcotic addiction.

Other prescription medications police say are being diverted and abused in large quantities include OxyContin, a powerful pain medication, and Suboxone, a buprenorphine-based drug often prescribed to treat addiction to opiates, particularly OxyContin.

"We are buying 'bupe' off the street on a daily basis now," said Maj. Tom Lesperance, criminal division head for the Vermont State Police, describing the work of undercover drug informants.

Among the efforts under way to address prescription drug abuse is a program to educate physicians about the problem and a plan to have state substance-abuse experts visit hospital emergency rooms around the state.

"We're aware there have been deaths due to prescription drug abuse and we decided to reach out to the docs as quickly as possible," said Todd Mandel, medical director for the Health Department's office of alcohol and drug abuse programs. "We've done five hospitals so far and have one or two presentations set up for December."

Mandel said the government will also conduct four seminars around the state in coming months on prescription drug abuse and send a book and packet of information on prescription drug abuse to all doctors and dentists when they file their applications to renew their licenses with the state.

"We realize that a lot of the drug diversion is coming from the family medicine cabinet," he said. "These medications are extremely important and we don't want to throw the provider out with the bath water, so we're making sure the presentation is done in a respectful way."

Separately, the offices of the state Attorney General and Secretary of State will convene an all-day seminar Thursday in Waterbury called Drug Diversion 101 to look at the criminal side of the issue, including a discussion on doctor-shopping by patients with an opiate dependency.

"There seems to be less of a stigma with pill cases compared to heroin cases when we take the cases to court," Lesperance said. "We're not seeing the same type of sentences for the pill-diversion cases and some of these drugs are as dangerous as heroin."

Vermont ranks among the top four states in three prescription drug categories, according to 2007 figures for prescription medication sales collected by the Drug Enforcement Administration's Office of Diversion Control.

The state ranks first in the nation in sales of buprenorphine, third in hydromorphone and fourth in methylphenidate. Buprenorphine primarily is marketed as Suboxone, hydromorphone as Dilaudid and methylphenidate as Ritalin.

All three drugs are capable of being crushed from their tablet form and used by addicts to experience a high.

"Most of those involved in abusing opiates did not start out intending become addicted," Cimaglio said. "I'm thinking of the young user who has a couple of drinks and then decides to 'have a little fun' and pops a few pills thinking they're probably safe because they're manufactured in a pharmaceutical company plant."

Peter Lee, chief of alcohol and treatment services at the state Health Department, said he suspects the buprenorphine figure is so high because of the state's slowness in permitting establishment of methadone clinics in Vermont.

"Buprenorphine was the alternative," Lee said. The state opened its first methadone clinic in

2002 but there is still no clinic in southern Vermont. Health officials also suspect buprenorphine usage may be high in Vermont because of the success of Suboxone, a buprenorphine-based medication, in treating OxyContin addiction.

Mandel and Lee said they don't know why sales of hydromorphone and methylphenidate are so high. Lesperance said he understands that Dilaudid, a potent pain medication that uses hydromorphone as its base ingredient, is viewed as an alternative to heroin by heroin addicts.

Ken Libertoff, executive director of Vermont Association for Mental Health, said he thinks the reason sales of methylphenidate, or Ritalin, are high is because doctors in Vermont too frequently prescribe a drug to treat anxiety and attention deficit disorders in children.

"Many of these doctors are general practitioners or pediatricians who will concede they lack experience in mental health treatment or in prescribing psychotropic drug medications," Libertoff said.

Libertoff said the state needs to take a hard look at why the medical community seems so quick to prescribe a sometimes powerful drug to address a patient's problem, even for children.

"No one has dealt with or answered that yet," Libertoff said. "We think it reflects a larger condition in society, which is that marketing by pharmaceutical companies has been so highly effective it's influenced even the physician community."

Investigating the diversion of prescription drugs is tricky, law enforcement and health officials say, because the drugs involved were manufactured and sometimes obtained legally before ending up in the hands of drug abusers.

Under a prescription-drug monitoring program now being set up by the state Health Department, the department will soon be able to track the course of a drug prescription from doctor to pharmacy to patient. Only in rare instances will the police be told what the Health Department finds out.

"The reporting process provides that only in cases where someone got something they shouldn't have gotten will we be informed, and that the information will be provided by the Health Commissioner to the Public Safety Commissioner," Lesperance, the Vermont State Police criminal division chief, said.

Lesperance said that, to date, there have been few major criminal investigations in Vermont involving prescription drug diversion, but that a Lyndonville woman was recently implicated in a major case still awaiting trial in North Carolina.

According to an 81-count indictment on file in federal court in Charlotte, N.C., Kathleen Giacobbe of Lyndonville ran an Internet company called YourOnlineDoctor.com that illegally handled 65,000 prescriptions for powerful, highly addictive medications, including 3 million doses of hydrocodone, a drug often marketed as Vicodin.

Giacobbe was indicted on charges that, between 2004 and 2006, she conspired with a North Carolina pharmacist, a Wisconsin doctor and two other people to run the illegal prescription drug operation.

Court papers said YourOnlineDoctor.com agents would take drug requests from customers, make up a prescription order using a copy of the doctor's signature, and have the order filled through the North Carolina pharmacy.

Giacobbe faces an April 2009 trial in the case.

Contact Sam Hemingway at 660-1850 or e-mail at [shemingway@bfp.burlingtonfreepress.com](mailto:shemingway@bfp.burlingtonfreepress.com)

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