

# The Illegality Of Legal Drugs

By Kyle Martin Hernando Today Published: August 22, 2008

Spring Hill - Here's a tip: Just because prescription drugs are legal doesn't mean their abuse carries the same immunity.

Sounds simple, but it's the root of a growing problem in our community, says Art Waskey, a former undercover detective at the sheriff's office.

**Controlling that problem goes back to the two main sources of painkillers: doctors and pharmacies.**

Start with doctors. Say you visit Dr. X on Tuesday and complain of back pain. He prescribes 90 tablets of Roxycodone. Without insurance, the cost of filling the prescription and the doctor visit costs in the neighborhood of \$200.

The street value of those tablets: \$900. Cha-Ching. There's \$700 profit.

Repeat the process with doctors Y, W and Z on Wednesday, Thursday and Friday. Vary your pattern by filling prescriptions at "mom-and-pop" pharmacies in Tampa.

By week's end, a dealer has made a tidy sum of \$3,000.

Here's the kicker. If a similar dealer is pulled over with a bagful of marijuana or crack cocaine, an arrest is automatic.

"Everything about that is illegal," Waskey said.

But pull over a dealer with a valid prescription and it's a different situation. Remember, painkillers are not illegal — just their abuse.

Now that's not to say anyone can drive around with a grab bag of prescription pills. If nothing else, it will pique law enforcement's interest and probably prompt further investigation.

Acquiring pills by "doctor shopping" is illegal. The law calls it "withholding information from a medical practitioner," meaning not telling Dr. Y that you're also getting pain pills from Dr. X. It's a third-degree felony and punishable by up to five years in prison.

That's one of the charges against Steven Alfano, 47, the Spring Hill man charged with third-degree murder in connection with the overdose death of his teenage son. Investigators say he acquired methadone from two different doctors within a 30 day period on four occasions.

## Monitoring Prescriptions At A Statewide Level

Waskey and others believe that part of the solution is for Florida lawmakers to **implement a prescription monitoring program similar to ones in 38 other states.**

Kentucky put its program, called the Kentucky All Schedule Prescription Electronic Reporting (KASPER), into place in 1999.

It works like this: Every dispenser of a controlled substance reports what was given to whom at least every eight days. The substances are labeled using the uniform schedule system, I through V, with schedule I narcotics carrying the highest risk of abuse or harm, such as heroin, mescaline and LSD. Oxycodone, methamphetamine, cocaine and amphetamines fall under schedule II. Kentucky monitors schedules II through V.

So, to replay our previous scenario, if an addict visits Dr. X on Tuesday, Dr. W will know about it a week later, if not sooner.

"That's what's wonderful about it," said Dave Sallengs, manager of the KASPER program in the office of inspector general. "Maybe we can catch addictions a lot earlier."

Account holders cannot browse the system arbitrarily; they are limited to a profile of the person requested. Law enforcement can only access the system if they have a "bona fide" investigation, Sallengs said.

Kentucky has sent five different delegations to Florida to provide insight on building the system. But legislation to establish a prescription drug monitor has failed for seven years, according to the Governor's Office of Drug Control.

## Over Prescribing Leads To Epidemic

Sallengs said a common fear when the program began was that it would create a "chilling" effect on painkiller prescriptions. But the number of records in the system has actually increased from 7.2 million in 2000 to 10 million in 2007, Sallengs said.

In Dr. Steve Gelfand's opinion, over prescribing pain medicine is one of the principle reasons behind the growing number of addicts in the country.

Gelfand, a rheumatologist in Cookeville, Tenn., says drugs like OxyContin debuted as a way to ease the suffering of **terminal cancer patients** and people with **severe pain**.

But over zealous advertising by drug companies has given the public and doctors the impression that "anyone with pain is a candidate" for narcotics, Gelfand said.

Among the estimated 75 million people with "chronic pain" in America, probably less than 10 percent are in true need for opiates, said Gelfand, who suggests other drugs and therapies to ease lower back pain and tension headaches.

Often pains are psychogenic, meaning the aches stem from mental conditions such as depression. Stress management and behavioral therapy are better routes than medication, but they are "ignored or downplayed by exuberance over opioids," Gelfand said.

The reason these drugs work so well and likely cause such strong withdrawal symptoms is because they act on the pleasure centers of the brain. There's a close relationship between emotional and physical pain, so a euphoric feeling often accompanies the numbing pain.

So if there are alternatives to painkillers, then why are doctors over prescribing them?

The hype surrounding the drugs is one reason. Secondly, it's easier for a doctor with a waiting room full of patients to write a prescription than take 30 minutes and root out the source of the problem. Gelfand also blames ignorance on the part of doctors about the potential harm and side effects these drugs can cause.

"There are very few studies that show long-term use is either safe or effective," Gelfand said.

## **The Extreme**

An addict desperate to stop the torment of withdrawal will eventually go to extremes without intervention, Waskey said.

Extreme means robbing a pharmacy and violent behavior towards loved ones.

"It really is a shame," Waskey said. "They don't care about their family or their kids."

Reporter Kyle Martin can be reached at 352-544-5271 or [kmartin@hernandotoday.com](mailto:kmartin@hernandotoday.com).