The Abington Police Department's Prescription Fraud Enforcement Program (PEP)

1.) What was the problem?

Inadequate, ineffective enforcement of prescription fraud and prescription drug abuse at the street level, as well as decreased confidence in local law enforcement among pharmacists, an important segment of the local business community.

Obtaining prescription drugs by fraudulent means has long been an enigma to law enforcement officers. Who should investigate such crimes? Locally, police officers had negligible experience with prescription fraud cases, and were generally unfamiliar with prescription drugs and criminal statutes that dealt specifically with prescription fraud enforcement.

Consequently, when pharmacists called the police department to complain about a fraudulent prescription scam, they were usually referred to the county drug enforcement team. The county unit, however, generally targeted "street" drugs such as cocaine, methamphetamine, marijuana, and heroin. Pharmacists that took the time to call the county unit were usually referred to either the U.S. Drug Enforcement Administration (DEA) or the Pennsylvania Attorney General's Office Bureau of Narcotics Investigation (BNI).

Unfortunately, BNI had only a handful of prescription fraud investigators across the state, making for a less than optimal response to the pharmacist confronted with an ongoing prescription fraud scam. DEA simply did not deal with the smaller quantities associated with street level prescription fraud abuse, preferring to investigate large scale operations or corrupt

doctors and pharmacists. Ironically, DEA usually recommended that the pharmacist call the local police or the county unit.

In essence, pharmacists with enough professionalism and civic spirit to take a stand against prescription fraud were rewarded with a classic bureaucratic "run around," being shuffled from one level of law enforcement to the next. Each agency in turn would offer legitimate reasons as to why they weren't the appropriate resource to handle the problem. Consequently, very little was being done about prescription fraud, and pharmacists, frustrated by the systemic failure to deal with the situation, simply gave up. Many stopped filing official complaints. Instead, they adopted informal solutions, such as simply refusing to fill suspicious prescriptions, or claiming they were out of stock of the particular drug sought by the abuser.

2.) For whom was it a problem?

The systemic failure to adequately address prescription fraud at the street level affected a broad cross-section of the community - pharmacists, physicians, law-abiding patients, and law enforcement officials.

3.) Who was affected by the problem and how were they affected?

Clearly, pharmacists were most directly affected by the problem. Their major concerns were issues of public safety and professional standards.

As previously noted, most pharmacists had simply lost confidence in the response of the criminal justice system, and had adopted informal solutions to deal with the problem. They remained concerned, however, that the lack of an adequate law enforcement response meant that there was also very little deterrent effect on prescription fraud abusers. The pharmacists

uniformly felt that a proactive enforcement approach would make their jobs safer by keeping drug abusers away from the pharmacies.

In addition, pharmacists are liable to administrative sanctions from government regulatory agencies for improperly dispensing prescription drugs. Fewer prescription fraud artists on the streets meant that the pharmacists were less likely to become entangled in borderline transactions that could jeopardize their professional licensing.

The proliferation of prescription fraud also jeopardized the delicate confidence between doctor and patient. By its nature, prescription fraud requires the bogus employment of a doctor's name as the prescribing physician. Often this takes the form of some trickery played upon the doctor, such as a patient who calls during non-office hours, complaining of severe pain, and requesting an emergency prescription. Doctors who have been victimized by such a scam report that they are subsequently less likely to prescribe for patients in similar circumstances. This of course means that legitimately suffering patients may be turned down for off hour prescriptions, enduring their pain because prescription abusers have made doctors "gun shy."

The lack of adequate response to prescription fraud abuse also presented a problem the Abington Police Department, which suffered a loss of public confidence (at least among the pharmaceutical community) in its ability to deal with the problem.

4.) How did the department handle the problem in the past?

In the past, the department generally referred the complaint to county, state, or federal drug enforcement agencies. These agencies, unfortunately, either did not have resources to handle street level prescription fraud cases, or the cases did not meet their minimum guideline requirements.

5.) What information was collected about the problem?

Information on this problem was collected from four primary sources: pharmacists, police officers, state and federal investigators, and prescription fraud abusers.

While gathering the information about Abington's prescription fraud problem, I visited each of the fifteen **pharmacies** then doing business within the township's borders (this number has since increased to seventeen). I met with pharmacists, and sought their input. It was through these contacts that I learned of the lack of confidence in the justice system's ability to deal with prescription fraud which has already been described.

The pharmacists also complained that there was no reliable way to share information about ongoing prescription fraud scams among pharmacies, especially competing pharmacies. It seemed clear that the police department could serve a key role in providing an information sharing program.

In addition, the pharmacists were only too happy to demonstrate the subtleties of prescription writing, such as the Physician's I.D. number, which often trip up prescription fraud suspects.

One of the most important things we learned from the pharmacists, however, was that prescription fraud suspects are highly mobile, frequently crossing jurisdictional lines in search of their drug of choice. This point was a key consideration in the subsequent decision to offer the services of the program on a countywide basis.

During information collection, I also met with local police officers and investigators, finding that they were generally unaware of most pharmaceutical drugs and laws that controlled them. Even trained drug investigators dealt mainly with cocaine, marijuana, and other "street" drugs, and were not acquainted with Dilaudid, Percocet, Codeine, and other frequently-abused

prescription drugs. Since the officers would usually be first on the scene at a fraud in progress, it was vital that they have a working knowledge of what they were enforcing.

In addition, I also consulted with representatives of DEA and BNI to locate resources, make contacts and determine what response was appropriate for local law enforcement.

Some of the most fertile sources of information were the prescription fraud abusers themselves. I made it a point to interview them at length, and learned much about their various scams.

6.) Were there any difficulties in getting the information?

Very few, I found that while most pharmacists were receptive, a few seemed uninterested in the program. This "I don't want to get involved" attitude appeared to stem from philosophical causes, such a lack of confidence in the justice system (which we were later able to change by demonstrating commitment & success) to practical considerations, such as the expense of sending pharmacists to court to testify'. A few of the arrested abusers, however, invoked their Miranda rights, making a debrief impossible.

7.) What were the goals of the problem-solving effort?

- *To obtain 90% compliance among pharmacies with the program (i.e. - getting them to call when a suspicious prescription was presented.*
- *To make police officers, as first responders, proficient in prescription fraud arrest & prosecution techniques.*
- *To link the prescription fraud program in with the police department's community policing initiatives.*

- *To successfully interact with State & Federal agencies with prescription fraud responsibilities, creating a cooperative interaction between the various levels of law enforcement.*

* *To accomplish all of the above in a cost-effective manner while simultaneously maintaining our commitment to more "standard" types of drug law enforcement.*

What strategies were developed to reach those goals?

- *Pharmacies:* demonstrating commitment and consistency by immediate response to in-progress frauds, and rapid turnaround on suspicious information. That is, quickly disseminating prescription fraud information to area pharmacies.
- *Police Officers*: the program was explained to supervisors and officers, and copies of relevant pharmaceutical drug laws were distributed in order to familiarize the officers with the mission and how best to accomplish it.
- *Link to Community Policing Strategy:* In order to give the Patrol Division an increased sense of ownership in the program, a decision was made to have the bulletins hand-delivered by the beat officer, rather than mailed or faxed to the pharmacies. This also provided a regular chance for positive interaction between the pharmacy staff and the officers.
- *Strategy for State/Federal Tie-in:* Positive Professional contacts were made with DEA and BNI investigators and administrators. For example, myself and a senior BNI agent jointly conducted a prescription fraud seminar for local police officers, and we routinely shared intelligence with DEA.

What agencies helped the police department in achieving the goal?

Since 1991, when the program began operations, the following agencies and organizations have helped the Abington Police Department achieve its goals:

- *Pennsylvania Attorney General's Office, Bureau of Narcotics Investigation (BNI)*: BNI promoted the countywide expansion of the program under the umbrella of its Montgomery County Drug Task Force, and provided training and expertise.
- *DEA* provided investigative assistance on major cases, as well as information and intelligence sharing.
- *Montgomery County Drug Task Force:* this 43 agency multi-jurisdictional task force provides the countywide framework under which PEP currently operates. Member agencies provide the intelligence for the information sharing program, distribute the alert flyers to their pharmacies, and conduct joint fraud investigations.
- *Montgomery County Pharmacists Association:* This professional organization of registered pharmacist was helpful in spreading the word about the program among its countywide membership. The president of the organization, an Abington pharmacist, was also instrumental in lobbying the Attorney General's Office for the countywide expansion of the program.
- *PA Bureau of Professional and Occupational Affairs:* Although not charged with arrest powers, BPOA investigators perform site inspections at pharmacies throughout the state. They were instrumental in both spreading the positive word about the Abington program, as well as funneling back intelligence on prescription fraud scams.

- *Merck Pharmaceutical:* Merck was the largest of several corporate sponsors of the program that emerged in 1994. Recognizing that PEP's desktop publishing needs had grown beyond the hardware capabilities of the police department, I was able to persuade a consortium of corporate sponsors to donate funds to equip a desktop publishing workstation at which the monthly pharmacy alerts are produced. Other corporate sponsors include Rite Aid Corporation, Gary's Pharmacies, Inc., and Canon USA.

Was **the** goal accomplished?

Resoundingly, yes. Once in place, the program began yielding positive results almost immediately, and has shown no sign of stopping. Prior to 1991 when the program began, the department averaged one prescription fraud arrest per year. Since 1991, that has increased to an average of one - two per month, with additional arrests made by other agencies based in part on intelligence developed locally. Several vehicles have also been seized from violators under Pennsylvania's asset forfeiture statutes.

In addition, Abington P.D. beat officers have logged hundreds of visits to local pharmacies while dropping off PEP flyers. The officers seem to enjoy meeting the merchants on their beats, and the pharmacists clearly appreciate the additional uniformed presence in their pharmacies. The 90% pharmacy participation goal was met in the program's first year.

The program has been recognized by the DEA with an April, 1994 award for Outstanding Contributions to Drug Law Enforcement. In addition, DEA featured the PEP program in its *Diversion Quarterly* magazine, which is distributed to DEA offices worldwide.

Articles about the program have appeared in *Police Magazine* (Nov. 1993), *Pharmacy Times* (Oct., 1993), *The Pennsylvania Pharmacist* (Feb., 1994), and *Drug Topics.*

In addition, information about the program has been provided to nearly two dozen agencies across the country that directly requested it. Details of the program have also been made available at two locations on the Internet - the CompuServe SafetyNet Forum, and the CopNet Home Page on the World Wide Web (http://copnet.uwyo.edu).

Surely, PEP's most outstanding feature is that it offers a great deal of "bang for the buck." For an investment of just a few hours monthly in preparing the alert bulletins, the program has yielded outstanding results in both prescription fraud enforcement and in fostering the spirit of community policing among beat officers.