

DISCUSSION AND DETERMINATION

1) CONTROLLED SUBSTANCE DIVERSION IN PHARMACIES

As most of you are aware, DEA Form 106 (“Report of Theft or Loss of Controlled Substances”) must be submitted to our office when a theft or loss of controlled substances occurs. Many of the losses reported are very troubling to staff with respect to the amount of drug being reported (both in quantity and in costs) and quite astounding. See the following pages for some examples. A discussion may be worthwhile.

2) BOARD INITIATIVE: PRESCRIPTION DRUG ABUSE EDUCATION

President Foster and Board staff would like for the Board to discuss a possible Board of Pharmacy Initiative involving Prescription Drug Abuse Education. Given the current focus on prescription drug abuse, coupled with the obvious need for education, not only of our youth, but of our practitioners as well, such an initiative might be worthwhile.



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (include ZIP Code) 1425 W. Lake Mead Las Vegas, NV		ZIP CODE 89106	2. Phone No. (include Area Code) 702-638-1685
3. DEA Registration Number 2 lr. prefix: BL 7 digit suffix: 8208743		4. Date of Theft or Loss 3-24-11	5. Principal Business of Registrant (Check one) 1 <input checked="" type="checkbox"/> Pharmacy 5 <input type="checkbox"/> Distributor 2 <input type="checkbox"/> Practitioner 6 <input type="checkbox"/> Methadone Program 3 <input type="checkbox"/> Manufacturer 7 <input type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hospital/Clinic
6. County in which Registrant is located CLARK	7. Was Theft reported to Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Name and Telephone Number of Police Department (include Area Code) 702-296-4542 Rick Wallace, Task Force	
9. Number of Thefts or Losses Registrant has experienced in the past 24 months one	10. Type of Theft or Loss (Check one and complete items below as appropriate) 1 <input type="checkbox"/> Night break-in 3 <input checked="" type="checkbox"/> Employee pilferage 5 <input type="checkbox"/> Other (Explain) 2 <input type="checkbox"/> Armed robbery 4 <input type="checkbox"/> Customer theft 6 <input type="checkbox"/> Lost in transit (Complete Item 14)		
11. If Armed Robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. Purchase value to registrant of Controlled Substances taken? \$ 7,646.69	13. Were any pharmaceuticals or merchandise taken? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:			
A. Name of Common Carrier		B. Name of Consignee	
C. Consignee's DEA Registration Number		D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No		F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____	
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products? NDC 00591-0540-05			
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers. N/A			
17. What security measures have been taken to prevent future thefts or losses? Employees responsible for theft have been terminated.			

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA-106 (Nov. 2000) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	6 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pints
1. Hydrocodone 10/Apap 500	Hydrocodone	10 mg / 500mg	17, 783
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Title

Date

R. Scepens

4-11-2011



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

OMB APPROVAL
No. 1117-0001

Complete this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

1. Name and Address of Registrant (Include ZIP Code)		2. Phone No. (Include Area Code)	
1600 N. Buffalo, Las Vegas, NV		702-804-5511	
ZIP CODE			
89128			

3. DEA Registration Number	4. Date of Theft or Loss	5. Principal Business of Registrant (Check one)	
2 hr. prefix: BC 7 digit suffix: 6595889	4-13-2011	<input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Practitioner <input type="checkbox"/> Manufacturer <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Distributor <input type="checkbox"/> Methadone Program <input type="checkbox"/> Other (Specify)	

6. County in which Registrant is Located	7. Was theft reported to Police?	8. Name and Telephone Number of Police Department (Include Area Code)
Clark	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Detective Rick Wallace 702-296-4524 DEA Tactical Drug Diversion Squad

9. Number of Thefts or Losses Registrant has Experienced in the Past 24 Months	10. Type of Theft or Loss (Check one and complete items below as appropriate)		
1	<input type="checkbox"/> Night Break-in <input type="checkbox"/> Armed Robbery <input checked="" type="checkbox"/> Employee Pilferage <input type="checkbox"/> Customer Theft <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Lost in Transit (Complete item 14)		

11. If Armed Robbery, was Anyone:	12. Purchase value to Registrant of controlled substances taken?	13. Were any pharmaceuticals or merchandise taken?
Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____	\$5,073.63	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number
D. Was the carton received by the customer?	E. If received, did it appear to be tampered with?	F. Have you experienced losses in transit from this same carrier in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?
N/A

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.
N/A

17. What security measures have been taken to prevent future thefts or losses?
Employee has been terminated. Cameras have been installed at many angles. Mandatory bag check enforced.

<p>PRIVACY ACT INFORMATION</p> <p>AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513). PURPOSE: Report theft or loss of Controlled Substances. ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosure of information from this system are made to the following categories of users for the purposes stated: A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.</p>	<p>In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>
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Form DEA-106 (October 2009) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen Express Quantity in Dosage Units, or Milliliters for Liquids
Exemplan Desoxyn Demerol Robitussin A-C	00974-3377-01 09009-1181-30 00891-3674-28	Methamphetamine Hydrochloride Meprobamate Hydrochloride Codeine Phosphate	5 mg 50 mg/ml 2 mg/tab	Tablets Vial Liquid	300 160 ml 5676 ml
1. Hydrocodone/Acepr 10/500	0521-0510-05	Hydrocodone 10mg	10mg	Tablet	8853
2. Hydrocodone/Acepr 10/325	0521-0853-05	Hydrocodone 10mg	10mg	Tablet	1197
3. Norco 10/325	52544-534-01	Hydrocodone 10mg	10mg	Tablet	200
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Sign and Print Name _____

Title Supervisor

Date 4-27-2011

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal regulations require registrants to submit a detailed report of any theft or loss of controlled substances to the Drug Enforcement Administration. This form is filled out consistent with your entries in the fields on the previous pages. You should print this form and save it for your records. This form was submitted through the Internet, please do NOT send a copy to DEA.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant 10250 W CHARLESTON LAS VEGAS, NV 89135		2. Phone No.	Amendment Key / Date Submitted 6V0M2X67DIYE / 01-14-2011 15:51:52
3. DEA Registration Number BA7467536	4. Date of Theft / Loss Dec 21, 2010 Amendment # 0	5. Registrant's Principal Business CHAIN PHARMACY	
6. Registrant's County CLARK	7. Theft Reported to Police? Yes	8. Name and Phone of Police Dept. Las Vegas Metropolitan PD 702-828-3111	
9. Number of Thefts / Losses Registrant Has Experienced in Past 24 Months? 0		10. Type of Theft / Loss Employee Pilferage	
11. Killed / Injured Due to Armed Robbery	12. (Purchase) Value of Controlled Substances \$7,006.00	13. Pharmaceuticals or Merchandise Taken? No	
14. The following applies when Type of Theft / Loss (Box 10) is "Lost In Transit":			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Did the Customer Receive the Carton?	E. Was Carton Tampered With?	F. Theft or Loss From This Same Carrier in the Past	
15. What identifying marks, symbols or price codes were on the labels of these containers that would assist in identifying them?			
16. Numbers of Official Controlled Substances Order Forms (DEA-222)			
17. What security measures have been taken to prevent future theft / loss? Only pharmacist's will have the authority to make adjustments to the perpetual inventory.			
18. Filer Name, Title, Phone: Stuart Koszer, Pharmacy Manager (702)838-7548			

The following is a list of the controlled substances that were lost or stolen:

NDC Number	Trade Name	Quantity Lost	JAN 19 2010
00591034905	HYDROCODONE-APAP 5-500 TABLET	277 TABLET	
00591054001	HYDROCODONE-APAP 10-500 TABLET	67,569 TABLET	
00591085301	HYDROCODONE-APAP 10-325 TABLET	170 TABLET	
00603158558	PROMETHAZINE-CODEINE SYRUP	5,868 ml	
00781108901	ALPRAZOLAM 2 MG TABLET	754 TABLET	
00781220101	TEMAZEPAM 15 MG CAPSULE	351 CAPSULE (HARD, SOFT, ETC.)	
00781531801	ZOLPIDEM TARTRATE 10 MG TABLET	182 TABLET	

STATEMENT

I, Bradley Bruce, hereby make this statement voluntarily to CVS at 5/6/10 at 2:20pm S:

I understand that I am making this statement of my own free will without any threat, promise, or coercion.

Address: 1174 Exposition Ct Henderson NV 89002

Phone: DOP: AGE: SSN:

Q= Question by: BRADLEY CURTIS

A= Answer by: Bradley Campbell

Q. What is your current title and length of service at CVS/pharmacy?

A. Pharmacy Sales Associate hired 10-17-09

Q. WHAT WAS DISCUSSED WITH LOSS PREVENTION TODAY?

A. The fact that due to pressure of money of living of my ex person decisions, the taking of pills from this pharmacy.

Q. HAVE YOU STOLEN DRUGS FROM THE PHARMACY?

A. Yes.

Q. WHAT DRUGS HAVE YOU STOLEN FROM THE PHARMACY?

A. Hydrocodone 10/50mg Alprazolam 2mg

Q. WHEN DID YOU BEGIN STEALING DRUGS FROM THE PHARMACY?

A. I'm guessing it was in about like Feb. or early March.

Q. WHEN WAS THE LAST TIME YOU STOLEN DRUGS FROM THE PHARMACY?

A. Like 4-15 days ago I took a bottle of Xanax

Q. IN TOTAL, HOW MANY BOTTLES OF XANAX/ALPRAZOLAM AND HYDROCODONE HAVE YOU STOLEN FROM THE PHARMACY?

A. I'm guessing, and I know this would be a bottle or week maybe two occasionally. I'm assuming I took approximately

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: DATE: 5/6/10 TIME: 2:12pm

WITNESS: DATE: 8-6-10 TIME: 2:45pm

WITNESS: DATE: 8-6-10 TIME: 2:45pm

STATEMENT

12-15 bottles total. ~~Number~~ ^{type} or exact # of each ~~type~~

Q. How Many Bottles of Drugs Did you Take A Month Since February?

A. Previous answer aside, I took at least one bottle a week, on some occasions, took so with 4 weeks/month, my rough estimate is like 36-38 bottles total.

Q. What were you doing with these stolen drugs?

A. ~~was~~ Selling them for \$1.00/pill to a kid my brother knows named ^{Quigley} Quigley or Squigs. I don't know much about him other than that. He had a cricket plane but I do know his # is no longer working. Said he'd let me know when he get a new one, that was on Sunday.

Q. How much in total did you make by selling the stolen drugs to the above mentioned person?

A. Figuring the price I said, it would be on the high end, \$3500 but occasionally, I sold a bottle for \$50, so I'll just take it on the chin and stick w/ \$3800.

Q. Why were you stealing drugs from CVS/pharmacy?

A. Because I have tons of money ^{loan} ~~loan~~ pressure coming from my Mom. My 4 kids & I stay at her & she wants money constantly & is constantly telling me to move out ^{immediately} ~~immediate~~ knowing that I am broke.

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promise leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: _____ DATE: 8-6-10 TIME: 3:00pm

WITNESS:  DATE: 8-6-10 TIME: 3:00pm

WITNESS:  DATE: 8-6-10 TIME: 3:00pm

STATEMENT

A) Yes I have an addiction I went to rehab in February 2011 and relapsed a month later because I couldn't handle the pain in my legs which is why I started taking drugs in the first place. I have also been weak willed to saying no. My addiction has completely consumed my life.

Q) HOW MANY TABLETS PER DAY ARE YOU CONSUMING?

A) I take about 30 to 40 hydrocodone a day I take took the Singular for my nephew because he lost his Medicaid and I would Provigil maybe once a week if I was exhausted. The suboxone was to see if it would take the withdrawals away so I could stop.

Q) WHAT IS THE TOTAL NUMBER OF HYDROCODONE YOU HAVE TAKEN FROM CVS SINCE SPRING 2010?

A) In the recent months I've been taking the 10:325 hydrocodone around 900 a month for about six months. In February I was in rehab and before that (so from when I started in Spring 2010 to February) the count was much different because my addiction wasn't as bad. I was taking the 10:500 then about ⁴⁰⁰⁻⁵⁰⁰ a month. My guess is about 5,400 tablets of the 10:325 and 4,500 tablets of the 10:500. The Provigil was about 30-40 of the 100 mg and the 200mg. The Singular 5mg was about 10-15 pills and the ADHD C2 meds were I'm not sure what it was Adderall or Amphetamine salts and I have no idea what the milligrams were but it wasn't more than 10 pills.

Q) PLEASE EXPLAIN IN DETAIL HOW YOU REMOVED THE STOLEN DRUGS FROM CVS?

A) I had a plastic bag in my pocket and I would empty some of the bottle into the bag then hid it in the bathroom until I went home and I would put it in my shirt or my pants and leave.

Q) WHEN WAS THE LAST TIME YOU HAVE STOLEN DRUGS FROM CVS?

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: [Signature] DATE: 10-3-11 TIME: 3:39pm

WITNESS: [Signature] DATE: 10-3-11 TIME: 3:39pm

WITNESS: [Signature] DATE: 10-3-11 TIME: 3:39pm

