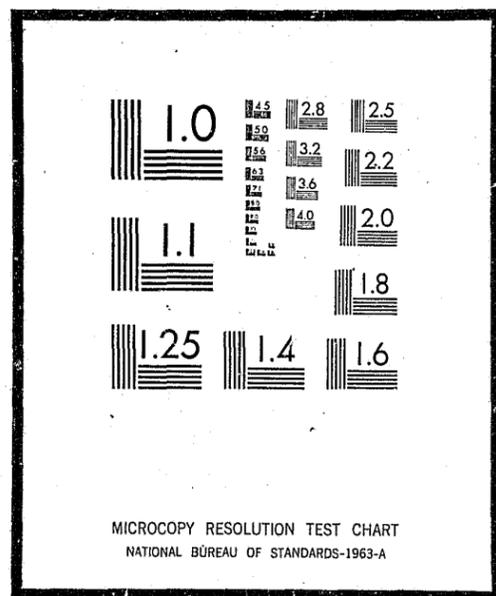


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# ABUSE OF MEDICAL PRESCRIPTIONS FOR DANGEROUS DRUGS

A REPORT TO THE  
ILLINOIS GENERAL ASSEMBLY



BY THE  
ILLINOIS LEGISLATIVE INVESTIGATING COMMISSION

300 West Washington Street, Chicago, Illinois 60606

Telephone (312) 793-2606

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THIS REPORT IS RESPECTFULLY  
SUBMITTED PURSUANT TO HOUSE  
RESOLUTION 285 ADOPTED BY  
THE ILLINOIS HOUSE OF REPRESENTATIVES ON MAY 8, 1973,  
AND AMENDED ON JANUARY 9,  
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HOUSE RESOLUTION 285  
Introduced by Representative  
Bruce L. Douglas

On May 8, 1973, the Illinois House of Representatives adopted House Resolution 285.

"WHEREAS, It is generally agreed that widespread abuses of medical prescriptions in the State of Illinois have led and are leading to the illegal acquisition of certain types of drugs; and

"WHEREAS, Recent revelations in the press have implicated some physicians and pharmacists as alleged illegal sources of such drugs, and disclosed alleged illegal cooperative arrangements between such people; and

"WHEREAS, Present laws and law enforcement processes have not succeeded in diminishing the extent of this type of activity; therefore be it

"RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE SEVENTY-EIGHTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that the Legislative Investigating Commission is directed to undertake an investigation of the field of misuse of medical prescriptions and to report to the General Assembly by September 1, 1973, pursuant to the provisions of the Illinois Legislative Investigating Commission Act."

On January 9, 1974, House Resolution 285 was amended to extend the reporting date to the General Assembly, from September 1, 1973, to September 1, 1974.

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CHARLES SIRAGUSA

STATE OF ILLINOIS  
**LEGISLATIVE INVESTIGATING COMMISSION**  
300 WEST WASHINGTON STREET  
SUITE 414  
CHICAGO, ILLINOIS 60606  
TELEPHONE: AREA CODE 312  
793-2606

TO: HONORABLE MEMBERS OF THE GENERAL ASSEMBLY

This report represents our findings, conclusions and recommendations pursuant to House Resolution 285, sponsored by Representative Bruce L. Douglas, and adopted by the Illinois House of Representatives on May 8, 1973.

House Resolution 285 instructed the Commission to investigate the field of misuse of medical prescriptions which has led to the illegal acquisition of certain types of dangerous drugs. The Resolution further mandated the Commission to investigate allegations that some physicians and pharmacists are illegal sources of such drugs.

Illinois has probably the third largest drug addiction and abuse problem in the United States, after New York and California. The drug problem in Illinois relates primarily to the "hard drugs," namely heroin and cocaine, as well as marihuana, hashish, and the hallucinogens.

The mandate from House Resolution 285 directed the Commission to concentrate on the abuse of dangerous drugs which include the barbiturate depressants and the amphetamine stimulants; these drugs also represent a serious addiction and abuse problem in Illinois. Our investigation, therefore, was directed solely at this phase of the general drug problem.

The Commission disseminated a questionnaire to every Police and Sheriff's Department in Illinois. It was designed to obtain essential data concerning the abuse of medical prescriptions for dangerous drugs. The survey was unsuccessful because many departments failed to respond, and others responded inadequately. The only significant evaluation that could be reasonably made was the probability that dangerous drugs are most abused by persons from 18 to 25 years of age.

The Commission's investigation principally involved the undercover evidential purchases, from physicians, of medical

prescriptions for dangerous drugs (controlled substances). Two of our undercover investigators made most of these evidential purchases. However, on some occasions other Commission investigators, as well as the Executive Director, made additional undercover purchases.

It would have been impossible for the Commission's relatively small investigative staff to conduct undercover operations throughout the State of Illinois. Therefore, we decided to restrict our investigation to the Chicago area and to certain other populous downstate areas.

In the Chicagoland area we succeeded in identifying about 100 physicians suspected of illegal medical prescription practices. Our undercover agents had sufficient time to approach only 19 of these physicians. Of that number, the agents made evidential purchases of 38 prescriptions from a total of 13 physicians, from July through December, 1973.

The downstate undercover investigation disclosed that there were 21 suspect physicians, a dozen of whom were approached by our agents. Of that number, we succeeded in making evidential purchases of 14 medical prescriptions, from January through March, 1974, from seven physicians: three in Springfield, one in Rock Island, two in Rockford, and one in East St. Louis.

Upon the completion of the Chicago area undercover investigations, Commission agents, assisted by representatives of the Illinois Bureau of Investigation and the Bureau of Drug Compliance of the Illinois Department of Registration and Education, audited the records of certain pharmacies that had filled medical prescriptions issued by suspect physicians.

The first set of Chicago public hearings was conducted on December 6 and December 7, 1973. A total of 24 witnesses testified at those hearings, including Commission undercover agents, addicts, physicians, pharmacists, government officials and a representative of the Illinois State Medical Society.

The second set of hearings were held in Chicago on February 20, 1974, and the third set on July 15, 1974.

The same procedure was followed with respect to the downstate area undercover investigations. Pharmacies were audited upon the completion of undercover operations. Public hearings were held in Springfield on May 27, 1974.

Testimony was received from 12 witnesses, including our undercover agent, suspect physicians, and another member of the Illinois State Medical Society.

Chapter 10 of this report contains 48 specific conclusions and 21 recommendations, comprising the following areas:

Physicians;  
Pharmacists;  
Pharmaceutical Manufacturers;  
Illinois Department of Registration  
and Education;  
Law Enforcement;  
Scheduling of Drugs of Widespread  
Abuse; and  
Legislation.

#### Physicians

The Commission concluded that the abuse of medical prescriptions by physicians is a serious problem in the greater Chicago area, and to a lesser degree, in other large metropolitan areas of the State.

The fact that relatively few physicians are engaged in this illegal practice does not minimize the problem in light of the fact that just two Chicago physicians, namely Dr. Payming Leu and Dr. Valeriano Suarez, issued thousands of illegal prescriptions from which they profited an aggregate of almost \$2,000,000 a year.

The recent landmark convictions of these two physicians in federal court should materially improve the situation in the greater Chicago area where they had been operating "prescription mills" with virtual impunity. A Commission agent testified in federal court concerning several evidential purchases he made of medical prescriptions for controlled substances from Dr. Leu. Dr. Leu was sentenced on May 16, 1974, to five years in prison, after he was tried and convicted.

With regard to Dr. Suarez, the Commission submitted a detailed report of its investigation against him to the federal court, which was taken into account on May 21, 1974, when he was sentenced to five years imprisonment after his trial and conviction.

There were several other physicians in the Chicago area, Rockford, Springfield and Rock Island against whom the Com-

mission obtained evidence for court prosecution. Copies of our investigative reports and transcripts of our public hearings were furnished to federal and State prosecution authorities. Successful prosecution of these physicians should have a deterrent effect and reduce illegal prescription practices in Illinois.

Dr. Bruce F. Avery of Rockford was arrested on July 17, 1974, by the local police department and will be prosecuted by the Winnebago County State's Attorney. This will be the first State prosecution in Illinois of a physician on illegal prescription charges.

The United States Attorney in Chicago has indicated, in response to our suggestion, that prosecution will be initiated toward the prosecution in federal court of Dr. Charman F. Palmer of Lockport.

The United States Attorney in Springfield has indicated interest, in response to our suggestion, in the prosecution of Dr. William E. Farney of Springfield and Dr. Cornelius E. Kline of Rock Island.

Most of the physicians from whom purchases were made of prescriptions for controlled substances were principally motivated by greed, and they knowingly and willfully violated the law by not exercising the required good faith. In many instances Commission undercover agents specifically requested and received prescriptions for specific dangerous drugs.

Some of the physicians from whom Commission agents made undercover purchases of prescriptions appeared to be guilty of one or more of the following law violations when they: knowingly issued prescriptions to persons using false names; predated or postdated prescriptions to cover excessive dosages; failed to conduct any physical examinations, or conducted only very superficial examinations; complied with patients' desire for gratification; failed to determine whether any medical need was indicated; and generally did not exercise good faith or good professional practice.

In spite of the fact that the Illinois Department of Registration and Education has been lax in acting appropriately against physicians suspected of involvement in illegal prescription practices, we would recommend that the Illinois State Medical Society and county medical societies continue to refer such physicians to that agency, and also to State's Attorneys in Illinois.

The Illinois State Medical Society should notify drug manufacturers within Illinois and elsewhere to exercise greater discretion in supplying controlled substance drugs in wholesale quantities to those retail pharmacies which seem to be ordering inordinate amounts of particular drugs.

The Illinois State Medical Society should increase its efforts to educate its membership concerning the Illinois Controlled Substances Act and their responsibilities in complying with the provisions of the law pertaining to medical prescriptions.

#### Pharmacists

The Commission was unable to establish the existence of any illegal cooperative arrangements between prescribing physicians and dispensing pharmacists, in relation to controlled substance drugs.

We did not establish any "kickback" relationship whereby pharmacists give any portion of their proceeds on controlled substance prescriptions to physicians for knowingly filling such prescriptions in violation of law.

We were unable to establish that pharmacists are dispensing controlled substances over-the-counter without prescriptions, although this situation may very well exist in some isolated instances.

The Commission established that pharmacists in downstate Illinois are generally not involved in the illegal dispensing of controlled substances.

The situation in Chicago was radically different. Although relatively few pharmacies were involved in abusive practices, they accounted for the dispensing of an enormous amount of dangerous drugs pursuant to prescriptions, under circumstances which indicated a lack of good faith and possible violation of law.

We established that nine pharmacies in Chicago filled an inordinate number of such prescriptions under circumstances which indicated that monetary profit was the overriding motivation.

Based on our investigations which included audits of these pharmacies and their testimony at our public hearings we believe they were involved in one or more of the follow-

ing questionable practices in filling prescriptions in instances where: (1) recipients used false names, (2) prescriptions issued to one person for one drug were being filled prior to the expiration of preceding prescriptions, (3) recipients were obtaining prescriptions from more than one physician at a time for the same drug, (4) amounts of drugs called for were excessive to the extent that there was a presumption that recipients were illegally selling drugs obtained on prescriptions to other persons, (5) there were strong suspicions that the prescribing physicians were not exercising "good faith."

The Illinois Pharmaceutical Association should advise its membership of their responsibility to exercise all ethical and legal precautions in not filling medical prescriptions where they have reasonable grounds to believe such prescriptions for controlled substances were issued under questionable circumstances.

#### Pharmaceutical Manufacturers

The Commission finds that some manufacturers of controlled substances with a high potential for abuse and which are, in fact, so abused, engage in unethical and sensational advertising practices in professional trade magazines which unnecessarily emphasize the profits which can be accrued by dispensing pharmacists.

We were advised by authorities in Peoria that manufacturers of controlled substances allot an excessively large supply of samples to their salesmen. Much of these samples are given to physicians but many of them are also discarded by the salesmen, and are often found and used by abusers. We were also advised that salesmen of manufacturing companies also give free samples to pharmacists who illegally dispense them without proper prescriptions. It is reasonable to assume that the same unfortunate situation exists in Chicago and other large metropolitan areas.

The Commission urges pharmaceutical manufacturers to correct these unfortunate situations.

#### Illinois Department of Registration and Education

This Department disregarded the provision of the Illinois Controlled Substances Act, adopted in 1971, which required it to register physicians engaged in prescribing

and dispensing of controlled substances, and we recommend prompt compliance.

The Department's Bureau of Drug Compliance has not performed systematic audit inspections of inventories and records of controlled substances of suspect physicians and pharmacists to determine abusive practices.

Under present Illinois law both the Department of Registration and Education and the Department of Law Enforcement share the responsibility for auditing triplicate and single medical prescriptions for controlled substances to detect suspected irregularities by physicians, pharmacists and other registrants. We recommend that this be the sole responsibility of the Department of Registration and Education, and we have included a provision to that effect in our proposed law (See Appendix A).

The Illinois Medical Practice Act and the Illinois Pharmacy Practice Act provide that the Department of Registration shall suspend and/or revoke licenses of physicians and pharmacists for any one of several reasons which include the illegal prescribing and dispensing of controlled substances. The Department has not adequately enforced those laws. For example, in the past, pharmacists have been convicted of felonies which constituted sufficient grounds for license revocation, but the Department only proceeded toward suspension and/or revocation on grounds of gross immorality.

In the future, proceedings should be promptly initiated, pursuant to the Illinois Medical Practice Act and the Illinois Pharmacy Practice Act, against physicians and pharmacists, towards suspension and/or revocation of licenses of those registrants involved in the illegal prescribing and dispensing of controlled substances, on one or more of the various grounds, and not just solely for "gross immorality," as has been the case in the past.

We realize that it is the responsibility of physicians and pharmacists to become acquainted with the provisions of the Illinois Controlled Substances Act. However, because of the complexity of that law, we recommend that the Department of Registration and Education disseminate to all physicians and pharmacists summaries of appropriate provisions of that Act.

As soon as the Rules and Regulations for the Illinois Controlled Substances Act have been promulgated by the Department of Law Enforcement, we recommend that copies be

promptly disseminated to all physicians and pharmacists by the Department of Registration and Education. We believe the latter bears the ultimate responsibility of keeping these registrants informed concerning medical prescriptions for controlled substances.

A representative of the Illinois State Medical Society testified at the Commission's public hearings that it and county medical societies in Illinois have in the past notified the Department of Registration and Education of physicians suspected of misusing medical prescriptions for obtaining drugs for abuse, and requests for action toward suspension and/or revocation of licenses went unheeded. In one instance that was so reported to that Department, it took eight years before any action was taken by that agency, and at that, only his privilege of writing prescriptions for controlled substances was revoked.

The Commission recommends that in the future the Department of Registration and Education be much more responsive than it has been in the past in acting upon cases of suspected illegal prescription practices reported to it by the Illinois State Medical Society and various county societies throughout the State.

#### Law Enforcement

There has not been an effective effort by State, county and local law enforcement officials to investigate and prosecute physicians and pharmacists for the abuse of medical prescriptions for controlled substances.

Although local, county and State law enforcement agencies in Illinois share the responsibility of enforcement of the Illinois Controlled Substances Act, the primary responsibility to detect abusive practices of physicians and pharmacists lies with the Illinois Bureau of Investigation (IBI) of the Department of Law Enforcement.

Local and county law enforcement agencies, and especially the Illinois Bureau of Investigation of the Department of Law Enforcement, should place a higher priority on the investigation of physicians and pharmacists who are criminally involved in violations of the Illinois Controlled Substances Act when they knowingly abuse the prescribing and dispensing of controlled substances, where there is no medical need, and where there is an absence of good faith.

The Illinois Department of Law Enforcement has not effectively implemented the provisions of existing State

law to monitor records of triplicate prescriptions for controlled substances in Schedule II, drugs having a high potential for abuse.

Although the Illinois Controlled Substances Act was adopted in 1971, that Department delayed until this year in promulgating rules and regulations.

Controlled substances included in Schedule II of the Illinois Controlled Substances Act must be declared by the Department of Law Enforcement to be "designated products" before those substances are subjected to the triplicate prescription requirement. Currently, the two most abused controlled substances in that schedule, Preludin and Ritalin, have unfortunately not been declared as "designated products." This has encouraged the continued widespread abuse of these specific substances.

Although registrant physicians and pharmacists have the primary responsibility to be acquainted with applicable provisions of the Illinois Controlled Substances Act, the Commission believes that the Department should have prepared and distributed copies of the Act to these professional persons.

#### Scheduling of Drugs of Widespread Abuse

Certain dangerous drugs that have been subjected to current widespread abuse should be subjected to stronger controls.

The Illinois Controlled Substances Act provides that certain drugs with a high potential for abuse, and included in Schedule II, require triplicate prescriptions. This has acted as an effective deterrent in discouraging the widespread abuse of certain particularly dangerous drugs.

The Commission recommends that the General Assembly resist efforts to amend the current triplicate prescription requirements.

Preludin and Ritalin are two stimulants of the amphetamine class that should be subjected to greater control by the State because our investigation has clearly demonstrated they have a high potential for abuse, and, in fact, are currently greatly abused. Although they are now included in Schedule II of the Controlled Substances Act, they are

not subject to triplicate prescriptions because the Illinois Department of Law Enforcement has not declared these two specific drugs as "designated products." That Department should take immediate steps to rectify this unfortunate situation by making them "designated products."

Tenuate is a stimulant controlled substance which is currently, and in our opinion, improperly classified in the Controlled Substances Act under Schedule IV. Its abuse is such that it should more logically be under Schedule III, and we recommend that the Department of Law Enforcement take prompt measures to accomplish this transfer.

Desoxyn, Dexamyl and Dexedrine are Schedule III drugs, requiring only single prescriptions, but which are currently being abused to a widespread degree. The Dangerous Drugs Commission should closely watch future trends of abuse of these particular drugs to determine the advisability of transferring them to Schedule II as "designated products," which would require triplicate prescriptions for those substances.

Under existing law, the power to classify new dangerous drugs into either one of the five Schedules, the power to transfer specific drugs from one Schedule to another Schedule, and the power to declare certain drugs as "designated products" rest with the Illinois Department of Law Enforcement. We believe these powers should be transferred to the newly created Dangerous Drugs Commission where it more logically rests, and we have incorporated such provision in our proposed Act (See Appendix A).

#### Legislation

The Illinois Controlled Substances Act does not contain adequate provisions to enable law enforcement authorities to effectively investigate and prosecute physicians and pharmacists engaged in the abuse of medical prescriptions for controlled substances.

Existing law is defective because it does not define the "good faith" that must be employed by physicians and pharmacists in prescribing and dispensing controlled substances.

The responsibility for the issuance and distribution of triplicate prescriptions forms for controlled substances in Schedule II, and the monitoring of this data to identify physicians and pharmacists possibly engaged in the abuse of such prescriptions, should be transferred from the Department of Law Enforcement to the Department of Registration and Education.

Existing law does not adequately identify the elements of a legitimate prescription for controlled substances and the responsibilities of physicians and pharmacists in the prescribing and dispensing of such substances.

The current law impedes the proper administrative inspections of controlled substances inventories and pertinent records of physicians and pharmacies by requiring State authorities to obtain court warrants.

The Department of Law Enforcement currently has the statutory responsibility for the scheduling of controlled substances, whereas it would be more logical to have this accomplished by the newly created Dangerous Drugs Commission. The Department of Law Enforcement also has the responsibility of supervising and controlling the triplicate prescription auditing program, whereas it is more logical to have this done by the Department of Registration and Education.

Members of this Commission introduced Senate Bill 1420 and House Bill 2571 (See Appendix A), to correct these deficiencies, during the 78th General Assembly. Since the bill was not acted upon, these bills will be reintroduced during the 79th General Assembly.

The Commission believes the enactment of that legislation will significantly reduce the widespread abuse of medical prescriptions, and urges your support.

Respectfully submitted,

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Rep. Joseph G. Sevcik

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Frank D. Savickas  
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James C. Taylor



STATE OF ILLINOIS  
**LEGISLATIVE INVESTIGATING COMMISSION**  
 300 WEST WASHINGTON STREET  
 SUITE 414  
 CHICAGO, ILLINOIS 60606  
 TELEPHONE: AREA CODE 312  
 793-2806

COMMISSION STAFF MEMBERS

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Chief Investigator	Howard O. Roos
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Chapter 1

OVERVIEW OF THE MEDICAL PRESCRIPTION ABUSE PROBLEM

A. Introduction

House Resolution 285, sponsored by Representative Bruce L. Douglas, and adopted by the Illinois House of Representatives on May 8, 1973, instructed the Commission to investigate the widespread abuse of medical prescriptions in Illinois that have led, and are leading, to the illegal acquisition of certain types of drugs. The Resolution further mandated the Commission to investigate allegations of the implication of some physicians and pharmacists as illegal sources of such drugs.

The Commission's interpretation of medical prescriptions coincided with that of the Resolution's sponsor, namely those prescriptions involving controlled substances.

It is a historical fact that Illinois has probably the third largest drug addiction and abuse problem in the United States, after New York and California. Furthermore, the drug addiction and drug problem relates primarily to so-called "hard drugs," namely heroin and cocaine. Equally serious drug problems relate to the use of marihuana and its derivative hashish, the hallucinogens, and finally to the abuse of the dangerous drugs which include the barbiturate depressants and the amphetamine stimulants.

Medical prescriptions are not permissible for the hard drugs, marihuana or its derivative hashish, or for hallucinogens. Therefore, the Commission decided that to fulfill the mandate of House Resolution 285, our task was to investigate the abuse by physicians and pharmacists of medical prescriptions that are written for depressants, stimulants, and narcotic drugs.

This chapter will include a discussion of the depressants, and the stimulants: their legitimate medical usage and the physiological and psychological effects when abused. Slang names commonly used by abusers are furnished. Also supplied are histories concerning the development of those drugs, and their impact when abused.

Another section is devoted to the extent of abuse of depressants and stimulants, including data furnished by the

United States Drug Enforcement Administration.

A brief section relates to the illegal traffic in depressants and stimulants, including diversions from legal channels.

The last section details the specific drugs, by trade name, in the categories of stimulants, depressants, narcotics, and non-controlled substances, obtained through prescriptions issued by physicians. These are the drugs especially preferred by abusers, as established through our undercover purchases of medical prescriptions from physicians, and by virtue of other facets of our investigation.

The discussion on each specific drug will include the Schedule under which it falls within the framework of the Illinois Controlled Substances Act, the type of prescription required by that law, the physiological and psychological dependence factors, warnings to physicians in prescribing such drugs, and overdose symptoms.

## B. Depressants

### 1. Introduction

Depressant drugs (sedatives-hypnotics) depress the central nervous system. The most widely abused among the depressants are the barbiturates.

There is a legitimate medical use for these drugs. They are prescribed in small doses to reduce restlessness, emotional tension and to induce sleep. Some depressants are valuable in the treatment of certain types of epilepsy.

### 2. The Depressant Abuser

The use of depressants can be, and is, dangerous when abused. Continued and excessive dosages of barbiturates result in slurring of speech, staggering, loss of balance and falling. Faulty judgment, quick temper, and a quarrelsome disposition are other consequences when excessive usage is made of depressants.

The abuser of a depressant drug such as the barbiturates exhibits most of the symptoms of alcohol intoxication with one important exception: there is no odor of alcohol on his breath. The depressant abuser frequently

falls into a deep sleep. In general, the depressant abuser lacks interest in activity, is drowsy, and may appear to be disoriented.

Overdoses, particularly when taken in conjunction with alcohol, result in unconsciousness and death, unless proper medical treatment is given to the user. The appearance of drunkenness without an alcoholic breath may indicate excessive use of depressant drugs. However, it is important to note that an unsteady gait and speech problems may also be signs of neurological disorders.

Therapeutic doses prescribed by physicians cause minimal amounts of psychological dependence. However, excessive doses taken over periods of time result in both physical and psychological dependence. Abrupt withdrawal from depressant drugs, particularly from barbiturates, can produce convulsion. They are exceedingly dangerous and can cause death.

### 3. Slang Names for Barbiturates

The "pill poppers" have developed their own special terminology. Barbiturates in general were known as "goof balls" and when they were dissolved in beer or other alcoholic drinks, the concoction was known as a "wild geronimo." Since alcohol and barbiturates are synergistic, the combination was found to produce a feeling not unlike heroin or morphine. One boy arrested in New York City for robbery while under the influence of a "wild geronimo" described the drink as "one that made you feel swell for a few hours after which it sends you into a sound sleep so that you could lie on a bed of hot coals and not feel it."

Barbiturates are currently known to drug abusers as "barbs," "candy," "goodballs," "sleeping pills," or "peanuts." Specific types are often named after their color or shape.

Pentobarbital Sodium in solid yellow capsule form is known by abusers as "yellow jackets" or "nimbies" (after a trade name of this drug). Secobarbital Sodium in red capsule form is called "reds," "pinks," "red birds," "red devils," and "seggy" (after trade names). Amobarbital Sodium combined with Secobarbital Sodium in red and blue capsule form is known as "rainbows," "red and blues," or "double trouble."

### 4. History of Barbiturates

Barbiturates were introduced into medicine in 1903 by

two German scientists. Their discovery, called Veronal, was offered as a controllable means of depressing the central nervous system to any desired degree from slight sedation to deep anesthesia. The barbiturates lend themselves to almost infinite chemical variation. In the past 50 years some 12,500 derivatives of barbituric acid have been synthesized.

As early as 1937, the American Medical Association took note of the "Evils from Promiscuous Use of Barbituric Acid and Derivative Drugs." According to the AMA report bearing the above title, these evils included habit formation, substitution of drugs for alcoholic beverages for drunken episodes and use of the drugs in suicides. Deaths from barbiturates rose alarmingly. During the 1940's, as production of barbiturates tripled, so did deaths attributable to barbiturate overdoses.

Approximately one half of these were accidental and about one half were suicidal. By 1949, approximately one quarter of all poisoning cases admitted to hospitals in the United States were due to acute intoxication from barbiturates. At the same time it was determined that sleeping pills caused more deaths, either by accidental ingestion or by suicidal intent, than any other chemical.

The Germans first recognized the fact that barbiturates can be addicting, including withdrawal symptoms consisting of convulsions and a psychosis resembling alcoholic delirium tremens. Dr. Harris Isbell at the United States Public Health Service Hospital in Lexington, Kentucky, subsequently concluded that "chronic intoxication with barbiturates is a true addiction."

### C. Stimulants

#### 1. Introduction

Stimulants include any of several drugs which act on the central nervous system, producing excitation, alertness and wakefulness. Medically accepted usages include the treatment of mild depressive states, overweight and narcolepsy - a disease characterized by an almost overwhelming desire to sleep. Stimulants of the amphetamine class have recently been used in the medical treatment of hyperkinesis - a disease which affects about three per cent of American elementary school children. This disease is characterized by poor attention in class, disordered behavior and intense physical and mental overactivity.

The synthetic stimulants such as the amphetamines, methylphenidate, phenmetrazine and other closely related drugs are potent and are the type that are abused.

#### 2. The Stimulant Abuser

Of all the synthetic stimulants, the amphetamines class is the one most frequently abused. The term "amphetamines" describes drugs which have a similar chemical formula. Both amphetamine and methamphetamine are included.

Because the body develops a tolerance to the amphetamines, in time, abusers must increase their dosages to obtain the psychic effects they desire. Tolerance to all the effects does not develop uniformly. Even a "tolerant" abuser can experience high blood pressure, abnormal heart rhythms, loss of appetite, excitability, talkativeness, trembling hands, enlarged pupils, heavy perspiration, and stereotypic compulsive behavior. In serious cases, a drug psychosis resembling paranoid psychosis develops. In addition, violent behavior may follow the use of amphetamines due to unpredictable mood changes and over-reaction to normal stimuli.

The abuser of such stimulants as amphetamine and related drugs is characterized by excessive activity. The stimulant abuser is irritable, argumentative, appears extremely nervous, and has difficulty sitting. In some cases, the pupils of his eyes will be dilated even in a brightly lit place.

Amphetamine has a drying effect on the mucous membranes of the mouth and nose with resultant bad breath that is unidentifiable as to specific odor such as onion, garlic, alcohol, etc. Because of the dryness of mouth, the amphetamine user licks his lips to keep them moist. This often results in chapped and reddened lips, which, in severe cases, may be cracked and raw.

Other observable effects: dryness of the mucous membrane in the nose, causing the abuser to rub and scratch his nose vigorously and frequently to relieve the itching sensation, incessant talking about any subject at hand, and, chain-smoking. Finally, the person who is abusing stimulant drugs often goes for long periods of time without sleeping or eating and usually cannot resist letting others know about it.

### 3. Slang Names for Amphetamines

As with other dangerous drugs, the slang names for amphetamines frequently are derived from the shapes and colors of capsules and tablets, their effects or their uses. Following are some examples. Amphetamine Sulfate in rose-colored, heart-shaped tablets is known as "peaches," "roses," "hearts," or "bennies." Amphetamine Sulfate in round, white, double-scored tablets is called "cartwheels," "whites," or "bennies."

Long-acting Amphetamine Sulfate capsules found in many colors are known as "coast-to-coast," "L. A. turnabouts," "co-pilots," or "browns." Amphetamine Sulfate in oval-shaped tablets of various colors is called "footballs" or "greenies." Injectable Amphetamine, in the jargon of the abuser, is called "bomvido," "jugs," or "bottles." Dextro-amphetamine Sulfate in orange-colored heart-shaped tablets is known as "hearts," "oranges," or "dexies" (after a trade name). Methamphetamine HCl is distributed in a variety of tablets, capsules and in powder called "speed," "meth," "cranks" or "crystal."

### 4. History of Amphetamines

Amphetamine was synthesized in 1927 by a California pharmacologist, George A. Alles. After noting that amphetamines might serve as a suitable substitute for ephedrine and might also be absorbed into the body by inhalation, Alles turned his patent rights over to a pharmaceutical manufacturer. There, a scientist found that amphetamine had a pronounced vasoconstrictive effect. He also recommended that the drug be used in its vaporous state for relieving congestion in hay fever, colds, and other respiratory infections. Thus, the Company introduced the Benzadrine inhaler in 1932.

The manufacturer's continuing research showed that obese patients taking the drug experienced an accompanying loss of appetite. Thus originated the idea of using the drug in weight reduction programs. Unfortunately, newspaper publicity concerning the stimulating actions of amphetamines led to notoriety and abuses. Students "cramming" for examinations learned they could stay awake by taking amphetamines. Thus was born a traditional vice of American college students.

The drug soon acquired a vogue for all sorts of conditions outside of the academic sphere. Truck drivers and night watchmen began using it to keep awake for their work. People from all walks of life began taking amphetamines as

a "pick-me-up" or as a "pep pill." Misuse brought about legal control in the United States, placing oral amphetamines into the prescription legend classification.

### D. Extent of Abuse of Depressants and Stimulants

In its 1973 pamphlet "Fact Sheets," the United States Drug Enforcement Administration stated that 95,897 active narcotic addicts had been recorded, or approximately one addict among every 2,170 persons. However, as of June 30, 1973, it was estimated that a narcotic addict population of 612,478 might be a more realistic figure. These figures pertain to users of opiates, principally heroin.

Most of the heroin addicts are from seven states. New York alone accounts for over 51 per cent of the addicts. The percentage shoots up to over 80 per cent with the addition of California, Illinois, New Jersey, Pennsylvania, Florida and Michigan. About 70 per cent of these addicts are between the ages of 18 and 30.

This federal publication stated that there was no reporting system concerning the extent of abuse of non-narcotic drugs such as marihuana, hallucinogens, stimulants and depressants. An unnamed Federal agency, based on representative surveys of the population, estimated that 12 to 20 million persons in the United States have tried marihuana at least once.

The federal report stated that lower per cents were reported for use of stimulants and depressants, but it did not furnish any numerical estimates.

### E. Illegal Traffic in Depressants and Stimulants

There is evidence that some barbiturates and stimulants appearing in the illicit traffic are produced clandestinely in the United States. There is also evidence of some clandestine production of these dangerous drugs in Mexico which are then smuggled to the United States.

The federal authorities also report that some registered manufacturers, under the cloak of legality, make quantities of dangerous drugs unlawfully and dispose of them through the black market trade.

Dangerous drugs intended for medicinal use have been diverted into the illicit drug trade by dishonest plant employees, by overproduction and by thefts from supplies

in warehouses, hospitals, and pharmacies.

There is also a significant amount of barbiturates and amphetamines in the illicit traffic obtained by abusers on medical prescriptions from physicians. This was the specific area of our investigative interest. We were not concerned with those abusers who use various pretexts and who feign symptoms of serious medical ailments to delude physicians into prescribing these dangerous drugs for them. Our investigation was directed at those physicians and pharmacists whose principal motivation in prescribing and dispensing dangerous drugs was greed and not "good faith" principles.

#### F. Drugs Preferred by Abusers

##### 1. Introduction

Several definite patterns emerged during the course of our undercover investigations and interviews of drug abusers. Certain specific controlled substances drugs, primarily in the stimulants and depressant categories, were preferred by abusers over other controlled substances. These abusers specifically asked for these drugs in obtaining prescriptions from physicians. Some physicians made futile attempts to substitute other drugs but almost invariably acceded to the abusers' insistence on the drugs of their choice. Other physicians offered no such resistance and willingly complied with abusers' demands for these specific drugs.

In addition to the foregoing substances that are regulated under the Illinois Controlled Substances Act of 1971, there are other drugs that are obtained by abusers through medical prescriptions but which are not regulated by this Act.

The following portions of this section describe the specific controlled substances (stimulants, depressants, and narcotics) and the non-controlled substances, by their trade names, that are abused. We have extracted most of the following language from the 1973 edition of the Physicians' Desk Reference To Pharmaceutical Specialties and Biologicals.

##### 2. Stimulants

(a) Biphetamine. This drug requires a triplicate

prescription and is listed in Schedule II of the Illinois Controlled Substances Act. Prior to October 1, 1973, it had been under Schedule III and required only a single prescription.

It is manufactured by the Prescription Products of Pennwalt Corporation of Rochester, New York.

The drug is composed of resin complexes of amphetamine and dextroamphetamine, and comes in capsules of different sizes and colors: 7-1/2 mg. (white), 12-1/2 mg. (black and white), and 20 mg. (black).

**Drug Dependence:** The drug has a significant potential for abuse. In view of its limited short-term anorectic (weight reducing) effect and rapid development of tolerance, it should be used with extreme caution and only for limited periods of time in weight reduction programs.

Tolerance and extreme psychological dependence have occurred. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression. Manifestations of chronic intoxication include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

**Dosage:** Regardless of indication, it should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia. For obesity one capsule daily, 10-14 hours before retiring. May be adjusted to individual requirements.

**Overdosage:** Manifestations of acute overdosage with this drug include restlessness, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

(b) Desoxyn. This weight-control drug requires a triplicate prescription and is listed in Schedule II of the Illinois Controlled Substances Act.

It is manufactured by Abbott Laboratories, North

Chicago, Illinois.

The drug contains methamphetamine hydrochloride, and comes in tablets of different sizes and colors: 5 mg. (white), 10 mg. (orange) and 15 mg. (yellow).

**Drug Dependence:** The drug has a significant potential for abuse. In view of its limited short-term anorectic (weight reducing) effect and rapid development of tolerance, it should be used with extreme caution and only for limited periods of time in weight reduction programs.

Tolerance and extreme psychological dependence have occurred. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression. Manifestations of chronic intoxication include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The psychosis, often clinically indistinguishable from schizophrenia.

**Dosage:** Is given orally, should be administered at the lowest effective dosage, and dosage should be individually adjusted. Late evening medication should be avoided because of the resultant insomnia. One 10 or 15 mg. tablet, once a day in the morning. When the conventional tablet form is prescribed, one 2-1/2 or 5 mg. tablet should be taken one-half hour before each meal. Treatment should not exceed a few weeks in duration.

**Overdosage:** Manifestations of acute overdosage with this drug include restlessness, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

(c) Dexamyl. It is a Schedule II drug, for weight-control, for which a triplicate prescription is required.

It is manufactured by Smith, Kline & French Laboratories, 1500 Spring Garden Street, Philadelphia, Pennsylvania.

The drug contains dextroamphetamine sulfate and amobarbital. It comes in spansule sustained release capsules of 10 or 15 mg.; tablets of 5 mg.; and in liquid elixir, each teaspoonful containing 5 mg.

**Drug Dependence:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

It has a significant potential for abuse. Tolerance and extreme psychological dependence have occurred. There are reports of patients who have increased dosage to many times that recommended. For these reasons, care should be used in the selection of candidates for Dexamyl therapy. Should dependence occur, gradual withdrawal of the medication is recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression and barbiturate withdrawal symptoms; changes have also been noted in sleep. Manifestations of chronic intoxication with this drug (as with all the amphetamines) include dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically undistinguishable from schizophrenia.

**Dosage:** Should be administered at the lowest effective dosage, and dosage should be individually adjusted. Time of administration should receive special attention, particularly with the spansule capsule form because of possible insomnia. Late evening medication should be avoided.

**Overdosage:** Excessive stimulation or excessive sedation may reach the point of shock. Symptoms of excess stimulation are: restlessness, dizziness, increased reflexes, tremor, insomnia, tenseness and irritability; also confusion, assaultiveness, hallucinations and panic states. Fatigue and depression usually follow central stimulation. Cardiovascular effects may include chilliness, pallor or flushing, sweating, palpitation, hypertension or hypotension, headache, extrasystoles and other arrhythmias, anginal pain, circulatory collapse and syncope. Gastrointestinal effects include nausea, vomiting, diarrhea and abdominal cramps. Severe poisoning may result in convulsion and coma.

(d) Dexedrine. It is a Schedule II drug, for weight-control, for which a triplicate prescription is required.

It is manufactured by Smith, Kline & French Laboratories of Philadelphia.

The drug contains dextroamphetamine sulfate, and like Dexamyl, it is prepared in 5, 10 and 15 mg. sustained release capsules, 5 mg. tablets, and elixir liquid, with each teaspoonful containing 5 mg.

**Drug Dependence:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

It has a significant potential for abuse. Tolerance and extreme psychological dependence have occurred. There are reports of patients who have increased dosage to many times that recommended. For these reasons, care should be used in the selection of candidates for Dexedrine therapy. Should dependence occur, gradual withdrawal of the medication is recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression and barbiturate withdrawal symptoms; changes have also been noted in sleep. Manifestations of chronic intoxication with this drug (as with all the amphetamines) include dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically undistinguishable from schizophrenia.

**Dosage:** Should be administered at the lowest effective dosage, and dosage should be individually adjusted. Time of administration should receive special attention, particularly with the spansule capsule form because of possible insomnia. Late evening medication should be avoided.

**Overdosage:** Excessive stimulation or excessive sedation may reach the point of shock. Symptoms of excess stimulation are: restlessness, dizziness, increased reflexes, tremor, insomnia, tenseness and irritability; also confusion, assaultiveness, hallucinations and panic states. Fatigue and depression usually follow central stimulation. Cardiovascular effects may include chilliness, pallor or flushing, sweating, palpitation, hypertension or hypotension, headache, extrasystoles and other arrhythmias, anginal pain, circulatory collapse and

syncope. Gastrointestinal effects include nausea, vomiting, diarrhea and abdominal cramps. Severe poisoning may result in convulsion and coma.

(e) **Preludin.** It is a Schedule II drug, for weight-control, but unlike other controlled substances in that schedule, Preludin only requires a single prescription and not a triplicate prescription.

It is manufactured by Boehringer Ingelheim Ltd., 33 West Tarrytown Road, Elmsford, New York.

The drug contains phenmetrazine hydrochloride, and belongs to the oxazine group of compounds. It is available in three dosage strengths and colors: pink, square, scored tablets of 25 mg.; white, round Enduret (prolonged-action) tablets of 50 mg., for once-a-day administration; and pink, round Eduret (prolonged-action) tablets of 75 mg. for once-a-day administration.

**Drug Dependence:** Tolerance usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase anorectic effect. Reports have indicated that tolerance and extreme psychological dependence have occurred. Patients have been known to increase the dosage of drugs of this type to many times the recommended dosage. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression as well as reversible changes noted on sleep. Manifestations of chronic intoxication is psychosis, often clinically undistinguishable from schizophrenia. Because of the effect on the central nervous system, it may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should, therefore, be cautioned accordingly.

**Dosage:** The maximum adult dosage is 50 to 75 mg. administered as one 25 mg. tablet, two or three times daily, one hour before meals or as one 50 mg. or 75 mg. Endurets prolonged-action tablets taken daily. The scored 25 mg. tablet permits adjustment of dosage to individual needs.

**Overdosage:** Acute overdosage of this drug may manifest itself by the following signs and symptoms: unusual restlessness, confusion, belligerence, hallucinations, and panic states. Fatigue and depression usually follow the

central stimulation. Poisoning may result in convulsions, coma and death.

(f) Ritalin. This is a Schedule II substance, although it only requires a single prescription. It is medically used to treat children with minimal brain dysfunction, and for narcolepsy (a condition characterized by brief attacks of deep sleep).

It is manufactured by Ciba Pharmaceutical Company, a Division of Ciba-Geigy Corporation, Summit, New Jersey.

The drug contains methylphenidate hydrochloride and is prepared in tablets of different sizes and colors: 20 mg. (peach, scored); 10 mg. (pale green, scored); and 5 mg. (pale yellow, scored).

Dosage: Administered orally in divided doses two or three times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response. Average dosage is 20 to 30 mg. daily. Some patients may require 40 to 60 mg. daily. In others, 10 to 15 mg. daily will be adequate. Patients who are unable to sleep if medication is taken late in the day should take the last dose before 6:00 p.m.

Drug Dependence: Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence of alcoholism, because such patients may increase dosage on their own initiative. Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

Overdosage: Signs and symptoms of acute overdosage, resulting principally from overstimulation of the central nervous system and from excessive synoatginunetic effects, may include the following: vomiting, agitation, tremors, hyperreflexia, muscle twitching, convulsions (may be followed by coma), euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and dryness of mucous membranes.

(g) Tenuate. This is a Schedule IV stimulant, used in weight-control treatment, requiring only a single prescription.

It is manufactured by Merrell-National Laboratories, a Division of Richardson-Merrell, Inc.

It contains diethylpropion hydrochloride, and is prepared in tablets of two sizes and colors: tenuate tablets of 25 mg. (blue) and tenuate dospan tablets in capsules of 75 mg. (white). The latter size is the one most abused.

Dosage: One 25 mg. tablet three times daily, one hour before meals, and in mid-evening if desired to overcome night hunger. One 75 mg. tablet daily, swallowed whole, in mid-morning.

Warning: Although this drug is generally safer than the amphetamines, it should be used with great caution in severe hypertension and severe cardiovascular disease. Although rat and human reproductive studies have not indicated adverse effects, this drug, like all medications, should not be used during the first trimester of pregnancy unless, in the opinion of the prescribing physician, the potential benefits outweigh the potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. It may cause insomnia, nervousness, dizziness, anxiety, and jitteriness. It should not be given to emotionally unstable individuals who are known to be susceptible to drug abuse.

### 3. Depressants

(a) Doriden. This is a Schedule III drug requiring a single prescription. It is useful in all types of insomnia. It is an orally effective non-barbiturate hypnotic.

It is manufactured by USV Pharmaceutical Corporation, Tuckahoe, New York.

This drug contains glutethimide, and it is prepared in the following sizes and colors: 0.5 gm. (white, scored) tablets; 0.125 gm. (white) tablets; and 0.5 gm. (blue and

white) capsules.

Dosage: To avoid overdosage, it is advisable to individualize the dosage. Not recommended for children under 12.

Physical and Psychological Dependence: Both physical and psychological dependence have occurred; therefore, caution must be exercised when prescribing medication for patients with a known propensity for taking excessive quantities of drugs. As with all hypnotic agents, good medical practice suggests the desirability of limiting repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors, convulsions, and delirium.

Overdosage: Ingestion of acutely excessive dosage of glutethimide can give rise to a life-threatening situation. The effects of this drug are exaggerated by concomitant ingestion of other hypnotics or sedatives such as alcohol, barbiturates, etc. and suicidal effects commonly involve multiple drugs of the sedative-hypnotic-tranquilizer types.

(b) Quaalude. This is a Schedule II drug, used as a sedative and hypnotic substance, to produce sleep or to produce daytime sedation. It requires a triplicate prescription.

It is manufactured by William H. Rorer, Inc., 500 Virginia Drive, Fort Washington, Pennsylvania.

This drug contains methaqualone, and it is prepared in white, scored tablets either 150 mg. or 300 mg.

Dosage: For sleep, 150-300 mg. at bedtime, a dose of 300 mg. may be required for patients being changed from another sedative-hypnotic. For day time sedation, 75 mg. is usually administered.

Warnings: The hypnotic dose should be taken only at bedtime, immediately before the patient retires, since the drug may produce drowsiness within 10 to 20 minutes. Because of lack of clinical experience with methaqualone in the pediatric age group, it is not recommended for use in children. The person using this drug must be warned against driving a car or operating dangerous machinery while on the drug. Pending longer term clinical experience,

quaalude should not be used continuously for periods exceeding three months.

Psychological and Physical Dependence: Psychological dependence has occasionally occurred with methaqualone; physical dependence has rarely been reported. Caution must be exercised in administering methaqualone to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative.

Overdosage: Acute overdosage may result in delirium and coma, with restlessness and hypertonia, progressing to convulsions. Spontaneous vomiting and increased secretions are common and may lead to aspiration pneumonitis or respiratory obstruction. Coma has occurred with acute overdosages averaging 2.4 gm. Death has occurred following ingestion of 8 gm. In other cases, patients have survived the ingestion of up to 22 gm. Most fatal cases have followed ingestion of overdoses accompanied by alcohol.

(c) Tuinal. This is a Schedule IV drug, used as a hypnotic, for which only a single prescription is required.

It is manufactured by Eli Lilly and Company, 307 McCarty Street, Indianapolis, Indiana.

This drug contains sodium secobarbital and sodium amobarbital, in different sizes and colors: 50 mg. (3/4 gr.), (No. 4, blue body, orange cap); 100 mg. (1-1/2 grs.), (No. 3, blue body, orange cap); 200 mg. (3 grs.), (No. 2, blue body, orange cap).

Dosage: 50 to 200 mg. at bedtime or one hour pre-operatively.

Warning: May be habit forming. Idiosyncrasy, in the form of excitement, hangover, or pain, may appear.

Overdosage: Symptoms are respiratory depression, depression of superficial and deep reflexes, constriction of the pupils to a slight degree (though in severe poisoning they may dilate), decreased urine formation, lowered body temperature, and coma.

#### 4. Narcotics

(a) Demerol. This is a Schedule II drug, requiring a triplicate prescription. It is a synthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine; the most prominent of these involve the central nervous system and organs composed of smooth muscle. The principle actions of therapeutic value are analgesia and sedation.

It is manufactured by Winthrop Laboratories, 90 Park Avenue, New York, New York.

This drug contains meperidine hydrochloride. It is prepared in injectable solutions, tablets and elixir. Five per cent solution (50 mg. per 1 ml.) vials of 30 ml.; ampules of 0.5 ml. (25 mg.); 1 ml. (50 mg.); and 1.5 ml. (75 mg.); ampules of 2 ml. (100 mg.); 1 ml. in 2 ml. disposable plastic syringes (50 mg. per ml.). Seven and one-half per cent solution (75 mg. per 1 ml.); 1 ml. in 2 ml. disposable plastic syringes. Ten per cent solution (100 mg. per 1 ml.), vials of 20 ml.; ampules of 1 ml. (100 mg.); 1 ml. in 2 ml. disposable plastic syringes (100 mg. per ml.). The half-filled syringes are designed to permit mixture with other compatible medication. For oral use there are tablets of 50 mg. and 100 mg. The elixir is non-alcoholic, banana-flavored, 50 mg. per 5 ml. teaspoon, bottles of 16 fl. oz.

**Drug Dependence:** It can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of meperidine, and it should be prescribed and administered with the same degree of caution appropriate to the use of morphine.

**Overdosage:** Serious overdosage with meperidine is characterized by respiratory depression, extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, particularly by the intravenous route, apnea, circulatory collapse, cardiac arrest, and death may occur.

(b) Robitussin A. C. This is a Schedule V drug, for which no prescription is required.

It is manufactured by A. H. Robins Company, 1407 Cummings Drive, Richmond, Virginia.

This drug contains in each 5 cc.: glyceryl guaiacolate, 100 mg., pheniramine maleate 7.5 mg. and codeine phosphate 10 mg. and 3.5 per cent alcohol. It is prepared in 4 oz., one pint and one gallon, and is a golden amber color.

**Dosage:** For adults, the dosage is one teaspoonful every three to four hours.

#### 5. Non-controlled Drugs

(a) Librium. It is a versatile therapeutic tranquilizing agent of proven value for the relief of anxiety and tension, manufactured by Roche Laboratories, Division of Hoffman-La Roche, Inc., Nutley, New Jersey.

The drug contains chlordiazepoxide hydrochloride, and is prepared in capsules and injectable forms. The capsules come in different sizes and colors and are taken orally: 5 mg. (green and yellow); 10 mg. (green and black); 25 mg. (green and white).

**Warnings:** Patients should be cautioned about possible combined effects with alcohol and other central nervous system depressants. Patients also should be cautioned against hazardous occupations requiring complete mental alertness such as operating machinery or driving a motor vehicle.

**Physical and Psychological Dependence:** Although such dependence have rarely been reported in persons taking recommended doses of librium, caution must be exercised in administering this drug to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative. Withdrawal symptoms following discontinuation of this drug include convulsions, and are similar to those seen with barbiturates.

**Overdosage:** Symptoms include somnolence, confusion, coma and diminished reflexes.

(b) Talwin. It is a potent analgesic, for the relief of moderate to severe pain. It may also be used as a preoperative or preanesthetic medication and as a supplement to surgical anesthesia.

It is manufactured by Winthrop Laboratories, 90 Park Avenue, New York, New York.

This drug is a brand of pentazocine, and is a member of the benzazocine series, also known as the benzomorphan series. It is prepared in ampules and multiple dose vials. The ampules are of 1 ml. (30 mg.) and 1-1/2 ml. (45 mg.).

Drug Dependence: Special care should be exercised in prescribing this drug for emotionally unstable persons and for those with a history of drug misuse. Such persons should be closely supervised when long-term therapy is contemplated. There have been instances of psychological and physical dependence on this drug in patients with such a history and, rarely, in patients without such a history. Abrupt discontinuance following the extended use of this drug has resulted in symptoms such as abdominal cramps, elevated temperature, rhinorrhea, restlessness, anxiety and lacrimation.

Overdosage: Clinical experience has been insufficient to define the signs of this condition.

(c) Valium. This drug is useful in the symptomatic relief of tension and anxiety states resulting from stressful circumstances or whenever somatic complaints are concomitants of emotional factors. It is useful in psychoneurotic states, manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation.

It is manufactured by Roche Laboratories, Division of Hoffman-La Roche, Inc., Nutley, New Jersey.

The drug, also called diazepam, is a benzodiazepine derivative, and is prepared in injectable form and in tablets. Tablets are scored and come in the following strengths and colors: 2 mg., white; 5 mg., yellow; and 10 mg., blue. Its nickname is "mother's little helper," derived because of extensive use by housewives.

Physical and Psychological Dependence: Withdrawal symptoms (similar in character to those noted with barbiturates and alcohol) have occurred following abrupt discontinuation of diazepam (convulsions, tremor, abdominal and muscle cramps, vomiting, and sweating). There were usually limited to those patients who had received excessive doses over an extended period of time. Particularly addiction-prone individuals (such as drug addicts or alcoholics) should be under careful surveillance when receiving this drug or other psychotropic agents because of

the predisposition of such patients to habituation and dependence. Since this drug has a central nervous system depressant effect, patients should be advised against the simultaneous ingestion of alcohol and other central nervous system-depressant drugs during Valium therapy.

Overdosage: Manifestations of overdosage include somnolence, confusion, coma and diminished reflexes. Respiration, pulse and blood pressure should be monitored, as in all cases of drug overdosage, although in general, these effects have been minimal following overdosage.

## Chapter 2

### ENFORCEMENT OF ILLINOIS LAW

#### A. Introduction

The abuse of medical prescriptions by physicians and pharmacists involves violations of the Illinois Controlled Substances Act of 1971, Chapter 56-1/2, Sections 1100, et. seq., Illinois Revised Stats., 1973.

This is a lengthy and complex law regarding narcotics and dangerous drugs. Consequently, this chapter will only summarize those provisions of that Act which pertain to the specific facet of abuse of medical prescriptions.

These provisions pertain to the classification of narcotics and dangerous drugs, the issuance of prescriptions by physicians, and dispensing of controlled substances by pharmacists. Another provision of this Act pertains to registration by the Department of Registration and Education of physicians and pharmacists and others to manufacture, distribute or dispense controlled substances.

This chapter further cites pertinent sections of the Medical Practice Act and the Pharmacy Practice Act that relate to the suspension or revocation of licenses of physicians and pharmacists engaged in the abuse of medical prescriptions.

Finally, it includes an overview of the criminal enforcement of the Illinois Controlled Substances Act by State and local police authorities, and the actions of the Illinois Department of Registration and Education with regard to suspension or revocation of physicians' and pharmacists' licenses.

#### B. Illinois Controlled Substances Act

##### 1. Schedules

In categorizing the drugs to be regulated, the Act reflects general emulation of the federal law by placing drugs to be regulated under one of five separate schedules. The classifications of narcotics, depressants, stimulants, and hallucinogens are not used. In fact, some schedules contain more than one such classification.

There are three criteria which determine in which of the five schedules a particular controlled substance is placed:

- potential for abuse;
- current accepted medical use; and
- accepted safety for use in treatment under medical supervision.

(a) Schedule I. Into this category fall controlled substances which have a high potential for abuse, have no currently accepted medical use, and lack accepted safety for use in treatment under medical supervision. Heroin is the most important drug in this category. These drugs can not be obtained through medical prescriptions, under any circumstances.

(b) Schedule II. These are controlled substances that have a high potential for abuse but do have current medical use in treatment but with severe restrictions, and where abuse may lead to psychological or physiological dependence. Significant examples are morphine and the synthetic opiate, demerol.

Through an amendment to the Illinois Controlled Substances Act of 1971, those Schedule II drugs which are "designated products," can only be obtained on triplicate prescriptions. Physicians obtain those triplicate forms from the Illinois Department of Law Enforcement. The physician retains one copy of the prescription for his own records, and gives the patient two copies who then presents them to a dispensing pharmacist. The pharmacist retains one copy for himself, and forwards the other copy to the Department of Law Enforcement.

The system of triplicate prescriptions was designed so that the Department of Law Enforcement can identify, and determine the degree of abuse, if any, of those physicians who may be writing an inordinate number of prescriptions.

Those substances which contain narcotics, natural or synthesized, or which contain any quantity of amphetamine, methamphetamine, or methaqualone, or which are otherwise determined to be "designated products" come under that category requiring triplicate prescriptions.

The Commission's investigation disclosed that the following "designated products" Schedule II controlled

substances, requiring triplication prescriptions, are being currently abused:

Bimphetamine	Dexamyl
Demerol	Dexedrine
Desoxyn	Quaalude

During our investigation we also established that the following Schedule II drugs, which are not "designated products" and only require a single prescription, have been abused:

Preludin  
Ritalin

It would appear that these specific drugs should become "designated products" requiring triplicate prescriptions because they have a high potential for abuse and apparently require as much State control and regulation as for the above mentioned "designated products."

(c) Schedule III. These controlled substances have a potential for abuse less than Schedule I or II substances; have currently accepted medical use in treatment; and abuse may lead to moderate or low physiological dependence or high psychological dependence.

Only a single prescription is required from a physician.

The Commission's investigation indicated that the following Schedule III substances have been abused:

Doriden  
Tuinal

(d) Schedule IV. These are controlled substances which have a low potential for abuse but less than drugs in schedule III; have currently accepted medical use in treatment; and abuse may lead to limited physiological dependence or psychological dependence, and less than drugs under Schedule III.

Miltown and other tranquilizers ordinarily come within this classification.

The Commission established, however, that Tenuate, a Schedule IV drug, is being abused, and perhaps should be moved upward to Schedule III.

(e) Schedule V. These are controlled substances which have a low potential for abuse, but less than drugs in Schedule IV; have currently accepted medical use in treatment; and abuse may lead to limited physiological or psychological dependence, less than Schedule IV.

## 2. Prescriptions

Section 1312(a) states:

"A practitioner in good faith may dispense Schedule II controlled substances to any person upon an official prescription form, and Schedule III, IV, or V controlled substances to any person upon a written prescription of any practitioner dated and signed by the person prescribing on the day when issued and bearing the name and address of the person for whom. . .the controlled substance is dispensed. . ."

Section 1312(b) of the same Act states as follows:

"In lieu of a written prescription required by this Section, a pharmacist may dispense Schedule III, IV or V controlled substances to any person upon a lawful oral prescription of a practitioner, which oral prescription shall be reduced promptly to writing by the pharmacist. . ."

The term "practitioner" includes "any physician, dentist, . . .pharmacy, or other person licensed. . .to dispense. . .controlled substances in the course of professional practice or research." Further, the term "dispense" includes the "prescribing of a controlled substance."

## 3. Registration

Section 1303 requires the Illinois Department of Registration and Education to register physicians and pharmacists to distribute or dispense controlled substances. Section 1304(a) states that such registration may be suspended or revoked upon a finding that the registrant:

"(1) has furnished any false or fraudu-

lent material information in any application filed under this Act, or

(2) has been convicted of a felony under any law of the United States or any State relating to any controlled substance; or

(3) has had suspended or revoked his Federal registration to manufacture, distribute, or dispense controlled substances; or

(4) has been convicted of bribery, perjury, or other infamous crime under the laws of the United States or of any State, or

(5) has violated any provision of this Act of any rules promulgated hereunder, whether or not he has been convicted of such violation."

## C. Illinois Medical Practice Act

The Medical Practice Act, Chapter 91, Section 16a, states:

"The Department of Registration and Education may revoke, suspend, place on probationary status, or take any other disciplinary action as the Department may deem proper with regard to the license, certificate or state hospital permit of any person issued under this Act or under any other Act in this State to practice medicine, to practice the treatment of human ailments in any manner or to practice midwifery, or may refuse to grant a license, certificate or state hospital permit under this Act or may grant a license, certificate or state hospital permit on a probationary status subject to the limitations of the probation, and may cause any license or certificate which has been the subject of formal disciplinary procedure to be marked accordingly on the records of any county clerk upon any of the following grounds."

A total of 15 separate grounds are listed, including conviction of a felony in Illinois State Court or Federal Court.

Theoretically, physicians involved in the writing of medical prescriptions for no valid medical purpose or

need can be the subject of revocation or suspension proceedings by the Department of Registration under the specific grounds of:

"Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public."

D. Illinois Pharmacy Practice Act

The Pharmacy Practice Act, Chapter 91, Section 55.7-6 states that the Illinois Department of Registration and Education shall:

"Refuse to issue or renew, or revoke or suspend, any license or certificate of registration issued under the provisions of this Act or of any prior Act of this State when such registration is satisfactorily shown to have been obtained by fraudulent means, or when the applicant for or holder of such license or certificate has been convicted in this or any other state of any crime which is a felony under the laws of this State or convicted of a felony in a federal court, or is found to be guilty of gross immorality, or is found to have wilfully violated any of the rules and regulations promulgated for the administration of this Act, or to be addicted to drugs to such a degree as to render him unfit to practice pharmacy in this State."

E. Enforcement Overview

1. Introduction

One purpose of our investigation was to determine how many physicians and pharmacists were successfully prosecuted on criminal charges for violation of those provisions of the Illinois Controlled Substances Act that pertained to the sale of medical prescriptions for controlled substances. In that regard we also determined that such criminal enforcement could be strengthened by amending the Illinois Controlled Substances Act.

Another purpose of our investigation, with regard to the enforcement situation, was to determine whether any controlled substances registrations, required under that

Act, were suspended or revoked because of the abuse of medical prescriptions, by the Illinois Department of Registration and Education.

We also wished to determine what civil actions had been taken by the Illinois Department of Registration and Education to suspend or revoke licenses of those physicians and pharmacists on the basis of criminal convictions, or on other grounds, both of which pertained to the abuse of medical prescriptions, pursuant to powers vested in that department through the Medical Practice Act or the Pharmacy Practice Act.

2. Criminal Enforcement

(a) Convictions of Physicians and Pharmacists

Within the past several years, neither any local police department or sheriff's department in Illinois has ever developed a successful criminal prosecution against a physician for illegally prescribing a prescription for controlled substances.

The only law enforcement agency to develop a successful criminal prosecution in Illinois against a physician during these past years has been the Illinois Bureau of Investigation. This occurred on March 25, 1974, with the conviction in State Court, at Peoria, of Dr. Rudolph D'Elia for unlawful possession of controlled substances, and failure to keep proper records. He received two years probation.

The United States Drug Enforcement Administration advised us that with regard to federal prosecutions of physicians, in Illinois, on specific charges of prescribing controlled substances illegally, there have only been two such instances within the last five years. They involved the recent landmark conviction of Dr. Valeriano Suarez in federal court in Chicago on March 31, 1974, for the sale of prescriptions for controlled substances to undercover federal officers.

On May 21, 1974, Dr. Suarez was sentenced to five years in prison, followed by two years of special parole, on 18 counts of a 33 count indictment, to run concurrently, for "knowingly, willfully and intentionally dispensing tablets containing narcotic drugs and controlled substances, and also conspiring to do so in violation of Title 21, United States Code, Sections 841 (a)(1) and 846."

The Assistant United States Attorney who prosecuted Dr. Suarez contemplated the use of testimony of a Com-

mission agent who also made undercover purchases of medical prescriptions from Dr. Suarez. But, it was decided not to use the testimony of our agent. However, the Commission did submit a written report to the United States Attorney, of its findings concerning Dr. Suarez. This was made available to the federal court for its evaluation prior to imposition of sentence.

The other federal prosecution in Chicago was against Dr. Payming Leu who, on May 10, 1974, was found guilty, after trial, on 19 of 30 counts for "knowingly and intentionally dispensing controlled substances pursuant to a prescription not written in the course of professional practice, in violation of Title 21, United States Code, Sections 841 (a)(1) and 846." On May 16, 1974, he was sentenced to serve total imprisonment of five years.

A Commission agent testified at this federal court trial concerning two undercover purchases of prescriptions for controlled substances made direct from Dr. Leu.

With regard to pharmacies, there have been seven criminal cases prosecuted in Illinois State courts, since 1972, involving controlled substances.

(1) Ben Katz, Silvis, Rock Island, was convicted for the illegal sale of controlled substances.

(2) Richard Golden, Highland Park, was arrested for the illegal sale of controlled substances. He admitted making the sale but was not convicted.

(3) Larry Kepley, Charleston, was convicted for the illegal possession of marihuana.

(4) John Edwards, Maywood, was convicted for the illegal sale of controlled substances.

(5) Lawrence Fisher, Chicago, an apprentice pharmacist, was convicted for the illegal sale of controlled substances.

(6) John North, Champaign, was convicted for the possession of marihuana.

(7) Donald Pollack, Highland Park, was convicted for the illegal sale of controlled substances.

In addition to the above State cases, there was one federal prosecution of a pharmacist. Norman Tankel was

convicted in federal court for illegal sale of controlled substances.

A co-defendant in the federal prosecution of Dr. Valeriano Suarez, mentioned above, and also convicted on March 31, 1974, after trial, was Clifford T. Green, 36, 8300 South Hermitage, Chicago, owner and operator of the Afro-American Pharmacy, 2400 West Madison Street, Chicago, for "knowingly and willfully conspiring to distribute narcotics and controlled substances" by filling prescriptions written by Dr. Suarez with knowledge that they had been issued without a medical purpose and in false and fictitious names. He was sentenced on May 21, 1974, to three years in the penitentiary, to be followed by two years special parole. Also convicted was Henry G. Furt, 60, 500 East 63rd Street, Chicago, an apprentice pharmacist employed by Green, who was sentenced on May 21, 1974, to one year in prison and special parole of two years.

(b) Inadequacies of Illinois  
Controlled Substances Act

During the course of our investigation it became apparent that there was a serious problem in Illinois involving the abuse of medical prescriptions for controlled substances by physicians and pharmacists without a meaningful, corresponding effort by State, county and local law enforcement officials to investigate and prosecute these practitioners.

The law enforcement community in Illinois contended that the Illinois Controlled Substances Act did not go far enough to provide it with sufficient legal basis to proceed criminally against these practitioners.

The Act states that "good faith" must be exercised in prescribing and dispensing controlled substances. However, the Act does not define what constitutes good faith, although the Illinois Department of Registration and Education (which does not have criminal enforcement responsibility) claims that the federal definition of "good faith" could have been the criteria for State enforcement of the Illinois Controlled Substances Act.

Title 21, U.S.C., Section 306.04a, entitled "Purpose of Issue of Description" states the following:

"A prescription for a controlled substance to be effective must be issued for a legitimate

medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances."

The record of controlled substances enforcement by State authorities in Illinois, and specifically by the Illinois Bureau of Investigation, indicated, however, that this criteria was never adopted with regard to the investigation and prosecution of physicians, and was infrequently applied as to pharmacists, concerning the abuse of medical prescriptions.

The Commission was told that the Illinois Bureau of Investigation had devoted almost all of its drug enforcement efforts to the investigation and apprehension of street traffickers of illicit drugs. As previously indicated, it made only one case of diversion of legal drugs, through medical prescriptions, namely Dr. D'Elia, of Peoria.

To the Commission's knowledge, special agents of the Illinois Bureau of Investigation did not attempt to develop undercover investigations against physicians by purchasing medical prescriptions from them, in the same fashion employed by agents of this Commission. We were also advised that neither were any other efforts directed at developing criminal prosecutions against physicians for abusing medical prescriptions for controlled substances.

One reason advanced by the Illinois Bureau of Investigation for this inaction toward the investigation of errant physicians was that the Controlled Substances Act did not define what constituted "good faith" and likewise did not spell out what overt acts constituted a violation of the Act.

The Commission drafted a bill to correct those inadequacies both with respect to physicians and to pharmacists.

The bill was introduced in the Illinois General Assembly in April, 1974.

The Commission established that the abuse of medical prescriptions for controlled substances has been a problem but was undetected because of inadequate monitoring by the responsible State authorities. The Illinois Controlled Substances Act does provide for the monitoring of these prescriptions but it soon became obvious to the Commission that such monitoring was not conducted.

The Act provides for a system of triplicate prescriptions for most of the Schedule II controlled substances, which have the greatest potential for abuse. These prescription forms are issued by the Department of Law Enforcement and obtained, upon request, by physicians. The physician retains one copy, one is retained by the pharmacist who fills the prescription, and the remaining copy is sent to the Department of Law Enforcement.

Periodic examination of these prescriptions by the Bureau of Investigation of the Department of Law Enforcement would have revealed the pattern of excessive prescriptions written by certain physicians, and filled by certain pharmacists. These excesses were later established by the Commission but unfortunately were never previously detected by the Bureau of Investigation.

The Act also furnished the Department of Registration and Education and the Department of Law Enforcement the power to audit single prescription records of pharmacists. Unfortunately, neither department made any concerted effort to implement those audit powers otherwise they would have been alerted concerning physicians and pharmacists suspected of abusing medical prescriptions for Schedule III, IV and V controlled substances.

### 3. Civil Enforcement

#### (a) The Controlled Substances Act

Section B3 of this chapter cites the provisions of the Illinois Controlled Substances Act requiring physicians and pharmacists to be registered by the Illinois Department of Registration and Education, to distribute or dispense controlled substances, and the grounds for suspending or revoking such registrants.

When the Act was adopted in 1971 pharmacists were so registered with the Department of Registration and Educa-

tion. However, physicians were never so registered by that Department.

Furthermore, neither the Department of Registration and Education nor the Department of Law Enforcement ever promulgated any rules and regulations in connection with the Controlled Substances Act. Therefore, the Department of Registration and Education never took any action to proceed against physicians or pharmacists for the suspension or revocation of such registration for the simple reason that since there were no rules and regulations, there were no hearing procedures for such suspensions and revocations.

Consequently, no registrations were ever suspended or revoked against errant pharmacists or physicians.

(b) The Illinois Medical Practice Act

No physician had ever had his license revoked under this Act, which was discussed in Section C of this chapter, prior to the recent 1974 convictions of Dr. Valeriano Suarez and Dr. Payming Leu, on the basis of the abuse of medical prescriptions for controlled substances. The relatively few revocations of licenses of physicians related to violations of other laws unconnected with drugs.

Following our public hearings in Chicago on December 6 and 7, 1973, the Commission furnished a transcript to the Illinois Department of Registration and Education. We also made our files, especially those of Dr. Suarez and Dr. Leu, available to that Department, and made our undercover agent who had obtained evidence against these physicians, at the specific request of the United States Attorney in Chicago.

The Illinois Department of Registration and Education obtained a certified copy of Dr. Suarez' conviction in federal court. Dr. Suarez voluntarily surrendered his medical practice license but the Medical Examining Committee of that Department convened a hearing on May 28, 1974, toward revocation. On that date the Commission's undercover agent testified at the hearing.

The Examining Committee recommended to the Director of the Department, and it was adopted on June 5, 1974, that Dr. Suarez' license to practice medicine in all of its branches be revoked; that Dr. Suarez' tendered surrender

of his license be accepted, and that any future application for restoration of his license by Dr. Suarez be rejected on the grounds that his conduct constituted such an aggravated abuse of his license to practice medicine that restoration of said license could or should never be found to be in the public interest.

With regard to Dr. Leu a hearing is scheduled by the Medical Examining Committee to revoke his license, and our undercover agent will also be a witness in that matter.

(c) The Illinois Pharmacy Practice Act

This Act was quoted in Section D of this chapter. It states that the Department of Registration and Education can revoke a pharmacist's license when (1) it was obtained fraudulently, or (2) he was convicted of a felony in any State or federal court, or (3) he is guilty of gross immorality, or (4) he willfully violated any rules and regulations of the Act, or he is addicted to drugs.

Notwithstanding the fact that the Department of Registration and Education can proceed towards the suspension or revocation of a pharmacist's license on any one of the above grounds, in the past it has only acted on the grounds of gross immorality even where the registrant had been convicted of a felony.

Section E2(a) of this chapter indicated the names of six pharmacists convicted and one acquitted, on controlled substances charges in State criminal court. The Department of Registration and Education conducted proceedings against five of these pharmacists. It is not known why no action was initiated against Donald Pollock.

The pharmacists licenses of Ben Katz, Lawrence Fisher and John North were revoked. The licenses of pharmacists Larry Kepley and John Edwards were not revoked or suspended, but they were placed on probation for several months.

In addition to these five proceedings by the Department of Registration and Education, it also conducted hearings against two additional pharmacists. Pharmacist Norman Tankel, of River Forest, was convicted in federal court, Chicago, for the illegal sale of four gallons of Robitussin AC. His license was suspended for a few months. Pharmacist William Brasel was convicted on drug charges in Missouri, and he surrendered his Illinois license to practice.

The Department of Registration and Education advised our Commission on May 29, 1974, that its Board of Pharmacy will schedule revocation hearings against pharmacists Henry Fort and Clifford Green, mentioned in a preceding section of this chapter.

The Commission anticipates that following the examination of the transcript of its public hearings of December 6 and 7, 1973, the Department of Registration and Education will initiate license revocation proceedings against those pharmacists who appear to be guilty of gross immorality.

### Chapter 3

#### OVERVIEW OF COMMISSION'S INVESTIGATION

##### A. Introduction

The principal objective of the Commission's investigation was to determine the scope of the problem involving the abuse of medical prescriptions for controlled substance drugs by physicians and pharmacists. We decided that the best method to achieve that aim was to initiate undercover investigations whereby Commission agents would make direct purchases of medical prescriptions from physicians involved in such illegal or questionable practices.

It was also our objective to determine the scope of illegal cooperative arrangements between physicians and pharmacists whereby pharmacists either knowingly filled illegal prescriptions for controlled substances, or made direct over-the-counter sales of such substances without having received any prescriptions.

##### B. Preliminary Plans

As a preliminary step, the Commission prepared a questionnaire which it circularized to every police and sheriff's department in Illinois in an effort to determine what the medical prescription problem was in each area of the State, and to identify suspect physicians and pharmacists. This project was unsuccessful, details of which are included in a subsequent section of this chapter.

Our next decision was to investigate the situation in the greater Chicago area, conduct public hearings, and then undertake the same procedure with regard to other large metropolitan areas of Illinois.

##### C. Undercover Investigations

In order to launch an undercover investigation against suspect physicians in the greater Chicago area, it was necessary to identify the targets. We consulted with drug law enforcement authorities including local, county, state and federal officers in that area. These included the Chicago Police Department which was very cooperative, and at our request, distributed a bulletin to each police district acquainting each commander with the thrust of

our investigation and our desire to be furnished with specific investigative leads.

We also consulted the Illinois Bureau of Investigation of the Department of Law Enforcement, the Illinois Department of Registration and Education, and the U. S. Drug Enforcement Administration.

Through these sources the Commission obtained several underworld informants who were themselves addicted to, or who abused, controlled substances obtained principally through prescriptions written by physicians. In addition to these informants, Commission agents also recruited their own confidential underworld informants.

The Commission was able to compile a list of about 100 physicians in the greater Chicago area who were allegedly involved in the illegal sale of prescriptions for controlled substances. We were unable to obtain a list of suspect pharmacies involved in the over-the-counter sales of controlled substances without prescriptions, but we did identify several pharmacies that did an inordinately lucrative business in filling prescriptions.

Two Commission agents were assigned to devote their entire efforts to making direct, undercover purchases of medical prescriptions from physicians in the Chicago area. Their efforts were productive. We tried to make at least two such evidential purchases of medical prescriptions. However, we did not fill these prescriptions at pharmacies because we believed it was unnecessary to do so to accomplish our objective. Furthermore, it would have involved surrendering the prescriptions to the pharmacists, and we needed the original prescriptions to support our cases against these physicians.

The two Commission undercover agents were introduced, through informants, to some physicians. In other instances the undercover agents gained the confidence of several physicians through "cold-turkey" approaches, without the benefit of informant introductions. Sometimes the agents would use as references the names of addicts and abusers who were known to be customer clients of those particular physicians. In other cases, the Commission agents merely invented the names of non-existent addicts and abusers, as references.

Our Commission agents assumed fictitious roles of con-

trolled substances abusers, emulated the slovenly dress, jargon and mannerisms of drug abusers. The agents used a variety of cover stories. They claimed they wanted drugs to obtain euphoric effects for themselves, or to sell or trade those drugs to other abusers.

One of the two Commission agents is 26 years of age, holds one Judo brown belt, one Jiu Jitsu brown belt, a Karate rank, and is also an instructor in each of these physical arts. He is 6 feet 3 inches tall and weighs 190 lbs. That agent obtained medical prescriptions for anorectic (weight reducing) substances although he obviously had no medical need for them.

Some of the Chicago area physicians from whom the Commission's undercover men purchased medical prescriptions for controlled substances never performed any physical examinations of the agents prior to issuing them prescriptions. Other physicians conducted so-called physical examinations of the agents without requiring them to remove any of their clothing.

During the Chicago area phase of the Commission's investigation, evidential purchases were made of 43 medical prescriptions for controlled substances from 13 different physicians.

During the downstate phase of the Commission's investigation, evidential purchases were made of 18 medical prescriptions for controlled substances from eight physicians: one in Rock Island, two in Rockford, three in Springfield, one in East St. Louis and one in Rantoul.

Commission agents did not make any evidential purchases of medical prescriptions in the remaining large metropolitan area of Peoria because the only suspect physician in that city was already under indictment by the State court there. He was since convicted and sentenced.

The Commission undercover agents tried unsuccessfully to make over-the-counter purchases of controlled substances from pharmacists anywhere in Illinois.

#### D. Investigations of Prescription Records

Upon the completion of the Chicago area undercover investigation against physicians who issued our agents

medical prescriptions for controlled substances, the Commission issued subpoenas duces tecum to those pharmacies suspected of illegal cooperative arrangements with some of those physicians. The subpoenas called for the production of prescriptions and other records.

In conjunction with the Illinois Bureau of Investigation and the Illinois Department of Registration and Education, those records were analyzed. The Commission was able to establish that, in certain instances, there was a lack of good faith by some pharmacists in knowingly filling illegal prescriptions. From those records the Commission was also able to establish that some physicians were making huge profits from these illegal and/or questionable practices.

#### E. Prosecutions

The purpose of the Commission's investigation was to determine the scope of the problem involving the abuse of medical prescriptions for controlled substances, and to make appropriate legislative and administrative recommendations. In the process, and specifically throughout our undercover purchases of prescriptions, the Commission was able to obtain evidence of criminal violations.

Transcripts of our public hearings in Chicago and Springfield were furnished to the State's Attorneys in Cook, Rock Island, Winnebago, Sangamon, and St. Clair Counties for an eventual determination by them concerning possible criminal prosecution in State courts.

During the course of our undercover investigation against Dr. Payming Leu of Chicago, the office of the United States Attorney requested us to make additional purchases of medical prescriptions, to be used as evidence in their pending federal investigation against him. The Commission complied. Subsequently, one of the two Commission undercover agents testified in federal court in the trial of Dr. Leu, who was subsequently convicted.

The United States Drug Enforcement Administration developed its own successful investigation of Dr. Valeriano Suarez, a physician from whom our undercover agents had also made evidential purchases. Although we were not requested to make additional purchases from Dr. Suarez, for the federal authorities, the Commission was requested for a written summary report of its investigation, by the United States Attorney. Dr. Suarez was also convicted.

#### F. Revocations of Licenses

The Commission furnished copies of the transcripts of its public hearings in Chicago and Springfield to the Illinois Department of Registration and Education. Those records will be studied by that agency for possible initiation of revocation proceedings against physicians pursuant to the Illinois Medical Practice Act, and against pharmacists pursuant to the Illinois Pharmacy Practice Act.

#### G. Commission Survey

##### 1. Introduction

At the outset of the Commission's investigation, a questionnaire was devised and distributed to 308 police departments and 102 sheriff departments in Illinois.

The object of the questionnaire was to assess the situation concerning the abuse of medical prescriptions in Illinois, and to identify physicians and pharmacists known or suspected of involvement in the acquisition of controlled substances through medical prescriptions.

The questions related to the following topics:

- (1) Average age group of persons illegally obtaining controlled substances through medical prescriptions;
- (2) The extent of theft and forgery of prescription blanks from physicians;
- (3) The incidence of sales of stolen prescription blanks by abusing individuals;
- (4) The existence of printing companies or shops that are involved in the illegal printing of prescriptions;
- (5) The incidence of pharmacists who knowingly dispense controlled substances pursuant to stolen or counterfeit prescriptions;
- (6) Sales of medical prescriptions for controlled substances by physicians where there was no legitimate medical reason;
- (7) Arrests of users, pharmacists, and physicians since January 1, 1972; and

(8) Schedules and types of controlled substances obtained through the use of forged or counterfeit medical prescriptions.

Following is a table of responses made to the Commission's questionnaire. The "affirmative answers" column indicates those recipients who answered all or many of the questions affirmatively. The "negative answers" column indicates that negative responses were made to all the questions. The third column indicates the number of departments that failed to return the questionnaires to the Commission. The identities of the departments are furnished in a subsequent section of this chapter.

TABLE OF RESPONSES

	<u>Replies</u>		<u>No Replies</u>	<u>Totals</u>
	<u>Affirmative Answers</u>	<u>Negative Answers</u>		
Sheriff Departments	10	28	64	102
Police Departments	<u>77</u>	<u>63</u>	<u>170</u>	<u>310</u>
Totals	87	91	234	412

The Cook County Sheriff's Department reported only six arrests of users of fraudulent prescriptions since 1972.

The Chicago Police Department informed the Commission that unfortunately it was unable to supply us the requested data, specifically arrests of physicians and pharmacists, because those statistics are not particularized. However, they were able to recall a few isolated instances within the past several years when they arrested pharmacists for over-the-counter sales, but could not identify them.

The Chicago Police Department was able to recall only one instance of an investigation against a physician. Dr. Grant Wood Sill was last arrested about four years ago for the illegal sale of medical prescriptions but was not

successfully prosecuted.

The Commission was advised by the Chicago Police Department, and other investigative agencies, that the current Illinois law does not contain sufficient provisions to enable them to make a prosecutable case against physicians and pharmacists involving the prescribing of controlled substances, a subject that has been previously discussed in the preceding chapter of this report. In addition to that consideration, we were told by the Chicago Police Department that their first priority is to investigate street dope pushers, and large traffickers, with the investigation of physicians and pharmacists having been of lowest priority.

2. Age Groups of Abusers

It was determined from our survey that persons between the ages of 18 and 25 were the most prevalent age group illegally obtaining prescription drugs. The results of this questionnaire disclosed only isolated instances where this abusive activity was engaged in by teenagers, 17 years and under, and adults, 30 years and above. The Rock Island Police Department reported the arrest of an individual 51 years of age for illegally obtaining drugs.

3. Theft and Forgery of Prescription Blanks

Seventy one of the law enforcement agencies responded that within their geographical area, there were instances reported whereby prescription pads were being stolen from physician's offices and physicians' names forged thereon. However, 100 other police and sheriff departments reported either that prescription pad thefts and the subsequent forgery of the physician's signature was not a problem in their areas or that such incidents went unreported.

Our survey revealed a dichotomy of opinions as to stolen and forged prescriptions as a major vehicle for drug abuse. For instance, the Fairview Heights Police Department (Fulton County) reported that the use of forged prescription forms was one of its major problems; that their investigation, although limited, indicated that many stolen and forged prescription forms were from the Illinois Department of Public Aid. In contrast to this view, the Macomb Police Department (McDonough County) stated it is "ridiculous to steal or forge a prescription when there are drugs readily available on the State University campus

and from local pushers." A third view emanating from the DuPage County Sheriff's Office indicated that in that area the most serious problem was with exempt drugs and not with those requiring prescriptions.

#### 4. Sale of Stolen Prescriptions

Of a total of 176 replies to the question of whether or not reports had been received of sales of stolen prescription blanks between users, thirty departments reported affirmatively while 146 replied negatively.

#### 5. Illegal Printing of Prescriptions

One of the questions inquired whether there were any printing shops that knowingly printed prescription pads for unauthorized persons. Of a total of 177 responses to that question, only one agency reported affirmatively. The remaining 176 departments unanimously replied that they had no reports of such illicit conduct.

#### 6. Illegal Practices of Pharmacists

The survey inquired whether or not there were reports of pharmacists that knowingly dispensed controlled substances pursuant to stolen or counterfeit prescriptions. Of the 178 agencies that answered this question, five indicated that they had unconfirmed reports of such activity. The remainder answered negatively.

The Rock Island Police Department claimed that although pharmacists may be dispensing drugs illegally, it is relatively impossible for small police departments to properly police drug stores due to the extensive amount of time involved in the auditing of the pharmacy's books and records.

The Wood River Police Department (Madison County) and the Fairview Heights Police Department, reported that they had an excellent working relationship with pharmacists in their area, who notify the authorities when they suspect prescriptions have been forged.

#### 7. Illegal Practices of Physicians

Perhaps the most salient inquiry in our survey was whether there were any reports of physicians who sold medical prescriptions for dangerous drugs with the knowledge that there was no medical necessity for the issuance

of such prescriptions. Of a total of 179 replies to that question, 21 police and sheriff departments indicated that some physicians were suspected of being engaged in such activity.

It was determined that in criminal cases involving arrests for drug abuse there was insufficient information obtained from the arrestee as to the source of the illegal prescription or drugs obtained therefrom. However, some departments have taken positive action to eliminate this means of drug abuse. For instance, the LaGrange Police Department notified pharmacies in its city not to fill prescriptions of suspect physicians, including those of Dr. Payming Leu, known to be a notorious abuser.

The Berwyn Police Department, which disclosed the names of two physicians in its jurisdiction as suspect abusers, also reported that pharmacists do not report to the police incidents of suspected sales of prescriptions by a physician because of their apathy and reluctance to become involved in subsequent court cases.

The Springfield Police Department commented that many of their problems lie not with the misuse of the prescription issued by the physicians but with the doctor directly dispensing drugs which are kept in his office.

#### 8. Arrests of Abusers, Pharmacists, and Physicians

Since January 1, 1972, there have been 208 arrests of drug users who were attempting to fill or did fill fraudulent prescriptions, and seven arrests of pharmacists on prescription charges. However, there have been no reports of physicians arrested for engaging in prescription abuse activities.

During the same period, there were 98 persons other than those in the above categories who were arrested on prescription-related cases. Out of the total 208 arrests of drug users and 98 arrests in prescription-related cases, the McHenry County Sheriff's Department accounted for 21 arrests in the former category and 37 arrests under the latter classification.

Other police and sheriff departments indicated widespread abuse by users. The Champaign County Sheriff's Department indicated that they have made arrests for abuse of prescription drugs. It further indicated that the majority of the prescription drugs confiscated are obtained

in larger cities, particularly on the West Coast. Oddly enough, that Sheriff's Department did not mention the incidence of prescription or drug abuse on the State University campus located in Champaign-Urbana.

Some reporting departments indicated that their drug-oriented arrests since January 1, 1972, were not for prescription-related cases. For instance, the Vermillion County Sheriff's Department and Olympia Fields Police Department (Cook County) indicated that several of their arrests arose out of burglaries of various buildings where drugs are stored, such as in pharmacies and physicians' offices, as well as from homes.

Those two departments, and others, reported that a common scheme utilized by many drug abusers in order to obtain drugs was to telephone a pharmacy and say he or she was a physician or a nurse, and request that a prescription be filled for a fictitious patient. The Champaign County Sheriff's Department and the Carol Stream Police Department (DuPage County) reported arrests were made based on calls from cooperative pharmacists.

#### 9. Types of Abused Drugs

Our questionnaire inquired as to which controlled substances are obtained through the use of forged or counterfeit medical prescriptions. It was determined that Schedule II drugs are still the most sought after by abusers. The most popular in this category are Preludin and Ritalin, which have recently been elevated to Schedule II from Schedule III, but which only require a single prescription blank. Other controlled substances reported to be abused more than others in the Schedule II classification were amphetamine stimulants. The next most preferred controlled substances were in the Schedule III classification, and included the following depressants: Tuinal, Barbitol, Seconal, and Phenobarbital.

The most popular and abused drug in the Schedule V classification was Robitussin A-C, the cough mixture.

#### 10. Roster of Sheriff and Police Departments

Following are two tables, one of sheriff departments to whom we sent a questionnaire and the other of police departments who were recipients of our questionnaire. Each table identifies those departments who answered affirma-

tively or negatively, and those who for one unknown reason or another failed to reply to our questionnaire.

#### SHERIFF DEPARTMENTS

<u>Counties</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Adams			
Alexander		X	
Bond			X
Boone			X
Brown			X
Bureau			
Calhoun		X	
Carroll		X	
Cass		X	
Champaign	X		X
Christian			X
Clark		X	
Clay			X
Clinton			X
Coles		X	
Cook	X		
Crawford			X
Cumberland			X
DeKalb	X		
DeWitt		X	
Douglas			X
DuPage	X		
Edgar			X
Edwards			X
Effingham			X
Fayette		X	
Ford			X
Franklin			X
Fulton			X
Gallatin			X
Greene			X
Grundy			X
Hamilton		X	
Hancock			X
Hardin		X	
Henderson			X
Henry		X	
Iroquois			X

<u>Counties</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Jackson			X
Jasper			X
Jefferson			X
Jersey		X	
Jo Davies		X	
Johnson			X
Kane		X	
Kankakee			X
Kendall			X
Knox			X
Lake			X
LaSalle		X	
Lawrence			X
Lee			X
Livingston			X
Logan			X
McDonough		X	
McHenry	X		
McLean			X
Macon	X		
Macoupin		X	
Madison	X		
Marion			X
Marshall			X
Mason			X
Massac			X
Menard			X
Mercer			X
Monroe		X	
Montgomery			X
Morgan			X
Moultrie		X	
Ogle	X		
Peoria			X
Perry			X
Platt		X	
Pike			X
Pope		X	
Pulaski			X
Putnam		X	
Randolph		X	
Richland			X
Rock Island			X
St. Clair		X	
Saline			X
Sangamon			X

<u>Counties</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Schuyler		X	
Scott			X
Shelby			X
Stark		X	
Stephenson			X
Tazewell			X
Union			X
Vermillion	X		
Wabash			X
Warren		X	
Washington		X	
Wayne			X
White			X
Whiteside			X
Will			X
Williamson			X
Winnebago	X		
Woodford			X
102	10	28	64

POLICE DEPARTMENTS

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Abingdon			X
Addison	X		
Algonquin		X	
Alsip			X
Alton	X		
Antioch			X
Arlington Heights	X		
Aurora			X
Barrington			X
Barrington Hills			X
Bartlett			X
Batavia	X		
Beaverville			X
Bedford Park			X
Beecher			X
Belleville			X
Bellwood	X		

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Belvidere			X
Benld			X
Bensenville	X		
Benton			X
Berkeley			X
Berwyn	X		
Bethalto			X
Bloomington			X
Bloomington			X
Blue Island		X	
Bolingbrook		X	
Bourbonnais			X
Bradley		X	
Bridgeview			X
Broadview	X		
Brookfield	X		
Buffalo Grove	X		
Burr Ridge			X
Cahokia			X
Calumet City	X		
Calumet Park			X
Carbondale	X		
Carlyle			X
Carol Stream	X		
Carpentersville	X		
Carterville			X
Cary			X
Caseyville	X		
Centralia			X
Champaign	X		
Chicago		X	
Chicago Heights	X		
Chicago Ridge			X
Cicero			X
Clarendon Hills		X	
Coal City			X
Coal Valley			X
Cobden			X
Collinsville		X	
Columbia			X
Country Club Hills		X	
Countryside	X		
Crestwood	X		
Creve Coeur			X
Crystal Lake			X

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Danville		X	
Darien		X	
Decatur			X
Deerfield			X
DeKalb	X		
DesPlaines	X		
Dixmoor			X
Dixon		X	
Dolton			X
Downers Grove			X
DuQuoin	X		X
East Moline	X		
East Peoria		X	
East St. Louis			X
Edwardsville		X	
Effingham		X	
Elgin	X		
Elk Grove Village	X		
Elmhurst			X
Elmwood Park		X	
Evanston	X		
Evergreen Park			X
Fairview Heights	X		
Farmer City			X
Flora			X
Flossmoor		X	
Forest Park			X
Forest View		X	
Fort Sheridan			X
Fox Lake			X
Fox River Grove			X
Frankfort			X
Franklin Park			X
Freeport	X		
Galena			X
Galesburg			X
Galva			X
Geneseo			X
Geneva		X	
Genoa			X
Glencoe	X		
Glendale Heights			X
Glen Ellyn	X		
Glenview	X		
Glenwood			X
Golf		X	

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Granite City			X
Grayslake		X	
Great Lakes			X
Greenville			X
Gurnee			X
Hainesville			X
Hanover Park			X
Harvard		X	
Harwood Heights			X
Hazelcrest	X		
Herrin		X	
Hickory Hills		X	
Highland Park			X
Highwood			X
Hillside			X
Hinsdale		X	
Hoffman Estates	X		
Hometown	X		
Homewood	X		
Huntley		X	
Island Lake		X	
Itasca	X		
Jacksonville	X		
Jerseyville	X		
Joliet			X
Justice			X
Kankakee		X	
Kenilworth	X		
Kewanee		X	
Knoxville			X
LaGrange	X		
LaGrange Park		X	
Lake Bluff			X
Lake Forest	X		
Lake-in-the-Hills		X	
Lakemoor			X
Lake Villa			X
Lakewood			X
LaMoille			X
Lansing			X
LaSalle		X	
Lawrenceville			X
Leland			X
Lemont		X	
Libertyville	X		
Lincoln			X

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Lincolnshire			
Lincolnwood			X
Lindenhurst	X		
Lisle		X	
Lockport		X	
Loves Park	X		
Lyons			X
Macomb			X
Madison	X		
Manteno	X		
Maple Park			X
Marengo			X
Markham			X
Mascoutah			X
Matteson			X
Mattoon			X
Maywood			X
McCook			X
McCullum Lake			X
McHenry			X
Melrose Park			X
Menard			X
Mendota			X
Merrionette Park		X	
Metamora	X		
Metropolis			X
Midlothian		X	
Milan			X
Minooka	X		
Moline		X	
Monmouth	X		
Morton		X	
Morton Grove		X	
Mount Prospect	X		
Mt. Vernon			X
Mundelein			X
Murphysboro			X
Naperville			X
Nashville			X
New Lenox			X
Niles		X	
Norridge	X		
North Aurora			
Northbrook			X
North Chicago	X		
Northfield		X	X

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Northlake			X
North Riverside			X
Oak Brook	X		
Oakbrook Terrace		X	
Oak Forest	X		
Oak Lawn	X		
Oak Park			X
O'Fallon			X
Oglesby		X	
Old Mill Creek			X
Olney			X
Olympia Fields	X		
Orion			X
Orland Park			X
Oswego			X
Palatine			X
Paris		X	
Park City			X
Park Forest		X	
Park Forest South		X	
Park Ridge	X		
Pawnee			X
Paxton		X	
Pecatonica			X
Pekin		X	
Peoria			X
Peru		X	
Pesotum			X
Plainfield			X
Plano			X
Pontiac			X
Port Byron			X
Posen			X
Princeton			X
Quincy			X
Rantoul		X	
Richton Park			X
Riverdale			X
River Forest	X		
River Grove			X
Riverside	X		
Roanoke			X
Robbins			X
Rochelle			X
Rockdale			X
Rock Falls		X	

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Rockford	X		
Rock Island	X		
Rolling Meadows			X
Romeoville			X
Roselle		X	
Rosemont	X		
Round Lake			X
Round Lake Beach		X	
Round Lake Park			X
Salem			X
Sauget			X
Sauk Village			X
Schaumburg			X
Schiller Park			X
Shiloh			X
Silvis			X
Skokie	X		X
Sleepy Hollow		X	
South Chicago Heights			X
South Elgin			X
South Holland			X
Springfield	X		X
Spring Valley			X
St. Charles		X	
Steger			X
Sterling			X
Stickney			X
Stone Park	X		
Streamwood	X		
Streator		X	
Summit			X
Taylorville			X
Third Lake			X
Thornton	X		
Tinley Park			X
Urbana	X		
Vandalia		X	
Venice	X		
Villa Park	X		
Warrenville			X
Watseka			X
Wauconda		X	
Waukegan	X		
Wayne			X
Westchester			X
West Chicago			X

<u>Cities</u>	<u>Affirmative Answers</u>	<u>Negative Answers</u>	<u>No Replies</u>
Western Springs			X
Westmont			X
Westville		X	
Wheaton		X	
Wheeling	X		
Willowbrook			X
Wilmette	X		
Wilmington	X		
Winfield			X
Winnetka		X	
Winthrop Harbor			X
Wood Dale			X
Woodridge	X		
Wood River	X		
Woodstock		X	
Worth			X
Yorkville			X
Zion		X	
310	77	63	170

#### 11. Conclusions

We do not consider this an effective survey because insufficient responses were received. Of the 102 sheriff departments circularized, 64, or 62.7 per cent, did not respond. Of the 310 police departments circularized, 171, or 55.1 per cent did not respond.

Those police and sheriff departments that did not reply did not furnish any reason for non-compliance with our request. We surmise that it was a matter of lack of interest on the part of some of them. We also surmise that the remainder did not respond because they believe they have no medical prescription problem in their areas.

Of the large metropolitan areas in Illinois, the municipal police departments of Chicago, Rockford, Rock Island and Springfield responded to the questionnaires but they furnished relatively little data. Based on our own sampling undercover investigations in those cities, we can only speculate that the problem of abuse of medical prescriptions does exist in those areas but it has not received the investigative attention of the local authorities because that specific problem does not have a high priority in their drug enforcement programs.

As we have previously mentioned elsewhere in this report, this enforcement inactivity against the medical prescription problem may also be attributable to the fact that current State law is not conducive to effective enforcement efforts against medical practitioners.

Chapter 4

THE CHICAGO AREA INVESTIGATION

A. Introduction

The previous chapter furnished various aspects of our strategical approach to our investigation in the Chicago and downstate areas. In this chapter, details are provided concerning our investigative implementation in the Chicago area, much of which consisted of undercover operations.

We have divided the chapter into three parts, Addicts, Physicians and Pharmacists.

B. Addicts

1. Introduction

Commission investigators obtained our initial insight into the abuse of medical prescriptions for controlled substances from many narcotic and dangerous drug addicts and abusers. The Chicago Police Department, the Illinois Bureau of Investigation and the United States Drug Enforcement Administration were very helpful in supplying us with the names of some informants. We also developed independent sources of information.

Only two of these informants appeared at our Chicago area public hearings on December 6 and 7, 1973.

Some of these informants were used to introduce our two undercover investigators to several suspect physicians. These informants claimed that over the past few years they have obtained innumerable medical prescriptions for controlled substances, most of which had no relation to good professional practice and were issued strictly for monetary gain.

Through these addicts the Commission established that some of the controlled substances obtained through this promiscuous and illegal issuance of medical prescriptions were used by the addicts and abusers, and some of the drugs were sold by them to other addicts and abusers.

Typical of the accounts furnished to us by addicts and abusers of their experiences with physicians were the cases

of Glenn R. Fischer and Debbie Blair. Their stories are detailed in the following chapter because they were witnesses at our first set of hearings in Chicago on December 6 and 7, 1973, so only a brief sketch is furnished in this chapter.

A very knowledgeable individual concerning the procurement of medical prescriptions and the retail sale of controlled substances obtained therefrom, is Robert C. Evert. A detailed account will be furnished of his history of involvement in these illegal practices.

## 2. Glenn R. Fischer

Glenn R. Fischer, 32, of Chicago, not only identified several physicians and pharmacists who were lax or negligent in their prescription practices, but also provided us with insight into some of the illicit means of trafficking controlled substances.

Fischer, a drug addict for seventeen years, has been arrested for burglary, armed robbery, illegal possession of narcotics and other controlled substance drugs, possession of stolen mail, and murder. He admitted that when he once committed murder he was "high" on Desbutal, an amphetamine.

Fischer asserted that in order to get drugs to both satiate his habit as well as to sell on the street he and a friend named Jimmy Jordan set up a phony prescription business. According to Fischer, Jordan was an accomplished con-man who had made an extensive study of controlled substances in order to illegally obtain these drugs from physicians.

Jordan would masquerade as a doctor and go to various printing shops and have prescription forms printed. Either real or fictitious names of doctors, hospitals, or institutes would be used on these counterfeit prescriptions. For instance, he frequently used the names of the Albert Schaumberg Memorial Hospital, Illinois Psychiatry Research Institute, and the National Health Institute on counterfeit prescriptions. Names of doctors, such as Reuben Mark, Jerome Katz, and Eugene Sheldon were also used. Doctors Mark and Katz were real doctors whose names were used without their knowledge. The name of Dr. Eugene Sheldon was a fabrication.

Jordan would also write in the name of the fictitious person for whom the prescription was issued. To substantiate these names, various stolen identification cards, including credit cards, drivers' licenses, social security, and voter registration cards would be obtained.

After the prescriptions were printed and filled in, Fischer would go to many different pharmacies in the city to get the prescriptions filled. Fischer and Jordan had set up answering services and phone numbers so that when a suspicious pharmacist chose to verify a prescription, and telephoned the doctor whose name was written on the prescription, Jordan would answer. Fischer would use some of the drugs obtained from the prescriptions for himself as well as sell some of them on the "street" to other abusers.

In indicating how successful their business was, Fischer claimed that on some days their operation would gross \$2,000. Further, on occasion Jordan would write ten prescriptions at one time, each for 100 Ritalin tablets, fill them at pharmacies, and then sell each tablet for \$1.00.

Checking accounts were established at various banks in the names of the various doctors used on the prescriptions. This was done so that Fischer and Jordan could carry on their illicit activities.

Fischer stated that if he went to the same pharmacy several times in one week, he would be questioned by the pharmacist. Fischer would then falsely reply that he ran a service for people who lived on Lake Shore Drive and he was filling the prescriptions for them.

According to Fischer, the drugs most abused on the "street" are Seconal, Tuinal, Quaalude, Preludin, and Ritalin. When Fischer himself obtained prescriptions from doctors, he would usually use weight control as an excuse. Being overweight, he had very little trouble in obtaining prescriptions for Preludin or Desoxyn.

Fischer also admitted that on occasion he had injected four or five Preludin tablets an hour. He claims that because of this enormous consumption he had experienced paranoid delusions.

Besides being instrumental in introducing one of our undercover agents to various physicians and supplying names of others, Glenn Fischer also supplied the Commission with

names of pharmacies where few questions are asked when prescriptions are presented to be filled.

### 3. Debbie Blair

Debbie Blair, 30, a white prostitute with a long criminal record under more than a dozen aliases, and a resident of Chicago, has used narcotics and dangerous drugs for the past seven years.

Since 1962 she has been arrested 24 times for prostitution, and has three arrests for drugs, eight arrests for theft, seven for deceptive practices and one for strong armed robbery.

She was first introduced to heroin by a young girl and was an addict for almost three years. After she kicked the habit she began using depressant and stimulant dangerous drugs and has been using those drugs ever since.

Several years ago her husband was murdered under circumstances she refused to discuss. It appears that he had been a prime suspect in the assassination of a police officer in Chicago. Unable to properly care for her three children, aged 2, 4 and 8, she placed them with foster parents in Detroit and went to work as a waitress in a Chicago loop restaurant.

Her addiction to drugs has cost her as much as \$100 a day which she could not maintain through legitimate employment so she turned to prostitution, check forgery and other criminal pursuits. More recently she stopped using depressant controlled substances, and changed to stimulants, principally Preludin, an amphetamine.

Originally, her sources of supply were other addicts. About two years ago she became associated with addict Robert C. Evert of Chicago who was involved in the sale of stimulants and depressants which he obtained from pharmacies on prescriptions written by Chicago area doctors. Blair was a saleswoman for Evert, receiving free drugs from him in return for being one of his salespersons.

Through this venture with Evert, Blair then branched out for herself by getting medical prescriptions for controlled substances from various physicians. She furnished us with a list of more than 100 Chicago area physicians from whom she obtained such prescriptions. According to Blair these physicians were well aware of the fact she had

no medical need for dangerous drugs because she was rarely given a physical examination.

In addition to the names and office addresses of her physician sources of supply, Blair also furnished the Commission with the names and locations of several Chicago area pharmacists who dispensed stimulant drugs to her, over-the-counter, without any medical prescriptions.

Among the physicians she identified at our December 7, 1973, public hearings as selling her medical prescriptions for controlled substances was Dr. Charman F. Palmer, a female psychiatrist of Lockport, Illinois. Dr. Palmer invoked the Fifth Amendment against self-incrimination when she followed Blair on the witness stand.

An example of Dr. Palmer's flagrant practice of illegal issuance of medical prescriptions occurred during our public hearings in Chicago on December 7, 1973. At that time Commission agents saw Dr. Palmer and Blair enter the ladies washroom on the ground floor of the Metropolitan Sanitary District, just outside the hearing room. A woman news reporter entered the washroom and observed Dr. Palmer in the process of writing a prescription for Blair.

Dr. Palmer left the washroom and ran out of the building, in anger, with Blair following close behind her. They ran down the street. We later learned that Dr. Palmer had in fact then written a medical prescription for controlled substances for Blair.

### 4. Robert C. Evert

Robert C. Evert, 26, with an extensive criminal record, "speed freak" (user of the stimulant methamphetamine) and self-confessed homosexual, was scheduled to testify at our December 6-7, 1973 public hearings. However, he jumped bail bonds on several controlled substances charges in Cook County Circuit Court and his current whereabouts is unknown.

Evert furnished the Commission with extensive information concerning the operations and mechanics of the illegal trade in medical prescriptions for controlled substances. He was also instrumental in introducing Commission undercover agents to several physicians from whom evidential purchases of medical prescriptions were made.

Evert is well known to narcotic law enforcement authorities in the greater Chicago area as a user of amphetamines as well as a distributor of drugs which he and his criminal associates obtained through prescriptions written by unscrupulous physicians.

His police record, dating back to 1965, includes arrests for sodomy, white slavery, contributing to the sexual delinquency of a minor, and drugs, in Las Vegas, Nevada, New York City and Chicago.

He characterized physicians who illegally write medical prescriptions as "the pushers' pushers."

Evert furnished the Commission with detailed records he maintained of every purchase he made of medical prescriptions, the sale by him and his associates of the controlled substances thereby obtained, and detailed accounts of all expenses incurred from his illegal distribution of these drugs, principally amphetamines.

On June 1, 1973, Evert supplied the Commission with several ledgers which listed a total of 17 physicians and 15 pharmacies with whom either he or members of his gang have done business in the past. In his opinion, physicians are the major source of supply of prescriptions for controlled substances. Evert stated that the doctors listed in his ledger were known by abusers on the "street" to be lax or negligent in their prescription practice. He further indicated that on occasion he would send his employees to physicians whom he did not know to obtain medical prescriptions for controlled substances. Evert stated that other major sources of supply of controlled substances included burglaries of drug stores, thefts of prescription pads and pills from doctors' offices, and bootleg manufacturing.

Evert does not believe that counterfeit prescription blanks are heavily used. He stated that it is easy enough for an individual to obtain a prescription written by a doctor rather than resorting to using a counterfeit.

According to Evert, his criminal associate employees, including his wife, went to these "lax" physicians, and gave the doctors a story that they were either overweight or could not sleep, and a friend of theirs had let them try a particular drug that seemed to work. The individual would then request a prescription for this drug, and such request would usually be granted.

According to Evert, he controlled the amphetamine traffic on the north side of Chicago. His records indicated that he had approximately ten to fifteen individuals working for him and that these employees would be assigned a doctor from whom they would obtain prescriptions for the drugs. The pills obtained from these prescriptions were then brought to Evert, who claimed he was responsible for devising the concept of selling amphetamines by the "shot" rather than by the tablet. He added that by boiling down the pill, and extracting liquid amphetamine and diluting it, he got three "shots" out of each pill and sold each "shot" on the "street" for \$3.00. This would raise the "street" value of the amphetamine tablet from 50 cents to \$9. He indicated that his customers were both professional and non-professional people, (e.g., waitresses, lawyers, hustlers, etc.)

When asked the effects of Preludin, Evert stated that it sharpened his mind, and therefore, assisted him in conducting his illegal drug trafficking activities more efficiently. But, he admitted that it had deteriorated his health and ruined his domestic life.

Evert indicated that on one occasion, members of the Blackstone Rangers broke into his apartment, put a straight-edged razor to his throat, and threatened to kill him if he didn't "cut them in on the action." Evert was further told that they would obtain the drugs through gangster connections, and supply them to him. He was to continue to be the pusher. Nothing ever resulted from this encounter.

One of the doctors that Evert named in his ledger was Dr. Valeriano Suarez. According to Evert, he had lived with Dr. Suarez, another homosexual, for a period of time. He stated that Dr. Suarez had been a "speed freak" for a while and would use up to four Desoxyn tablets at one time. Evert indicated that Suarez had a drawer full of drugs in his apartment and that Suarez offered them to him without his asking. After this initial introduction to drugs, Evert would either go to Suarez's office to obtain prescriptions or would send someone to do it for him. He further indicated that on occasion Suarez's houseboy, who was not a doctor, would write prescriptions for him.

Evert said that the first connection he ever had with drugs was when he was 16 years of age. At that time he was hitchhiking and obtained some benzedrine tablets from a truck driver. Apart from that isolated instance he claimed he did not resume the use of dangerous drugs until

about two years ago when a young female addict introduced him to the practice of injecting methamphetamine ("speed").

Evert claimed that he rarely used depressant "downers" and he had smoked marihuana about four times in his life. He was afraid of heroin so he stayed away from it. He was once tricked into shooting a "speedball," a mixture of heroin and cocaine and had not liked the effects.

According to Evert he has led a dissolute life. Educated in Oak Park, Illinois schools he joined the United States Marine Corps on January 3, 1966, in a self-directed attempt to restructure his somewhat distorted life. At the age of fourteen, Evert first began to hustle homosexuals as a male prostitute. In all of his homosexual relationships since then he has always maintained the "masculine" role. He described himself as a "switch-hitter," maintaining that he loved his wife as well as his current "queen," whomever "she" might be.

After nine months as a marine, Evert went absent without leave while he was home on leave by simply overstaying his scheduled return date. At that time he participated in a series of events that led to his conviction under the federal white slavery laws.

In the fall of 1966, he and a young girl friend drove to Dayton, Ohio. He thought she was 19 years of age because of the birth date printed on all of her identification cards. He later learned she was only 16 years of age.

When they arrived in Dayton, they started to frequent the city's bars and taverns with the intent of her working as a prostitute and him as a pimp. After several months of this activity the girl was approached by a local vice police officer to assist him in developing a white slavery case against Evert. She subsequently testified against him at a federal court trial. He was convicted and sentenced to an indefinite term of no less than sixty days and no more than six years. During the service of this penitentiary sentence he was dishonorably discharged from the Marine Corps.

Evert eventually spent just short of two years in jail before being paroled. He managed to complete one year of college equivalency courses while serving his prison sentence. He was subsequently arrested on various sex and drug charges.

## C. Physicians

### 1. Introduction

Through information supplied by confidential Commission informants and various local, county, state and federal authorities we were able to identify 85 physicians in the greater Chicago area who were suspected of illegally prescribing or dispensing controlled substances.

Two Commission undercover investigators only had time to approach 19 of these physicians. The investigators succeeded in making evidential purchases of prescriptions, or obtained drugs without prescriptions, from the following 13 physicians, all of whom have offices in Chicago, except one.

- (1) Dr. Payming Leu  
3836 West Madison Street
- (2) Dr. Valeriano Suarez  
2400 West Madison Street
- (3) Dr. Charman F. Palmer  
609 East Third Street  
Lockport, Illinois
- (4) Dr. Louis H. Coggs  
850 West 103rd Street
- (5) Dr. Henry E. Bielinski  
6130 North Sheridan Road
- (6) Dr. Cesar Carrasco  
904 West Belmont
- (7) Dr. Harold W. Lenit  
622 West Diversey
- (8) Dr. Julius G. Levy  
4010 West Madison Street
- (9) Dr. Myroslaw Cherny  
3048 North Milwaukee Avenue
- (10) Dr. Allen W. Glinert  
1150 North State Street

(11) Dr. Salvador Lejarza Mora  
1418 West 18th Street

(12) Dr. Ignacio S. Solis  
4101 Sheridan Road

(13) Dr. Enrique A. Villalon  
4737 North Broadway

Two or more purchases of prescriptions were made from these physicians, with the exception of the following, from whom only one evidential purchase was made: Dr. Lenit, Dr. Cherny, Dr. Mora and Dr. Villalon.

The two undercover Commission investigators used a variety of fictitious names and cover stories. Essentially, they said they had been referred to the physicians from other addicts or abusers; and that they wanted drugs just for the euphoric effects and had no medical or mental need for those drugs. In most instances they feigned the disheveled personal appearance common of many addicts and abusers. They also expressed themselves in the jargon of the drug underworld. At no time did the agents employ any coercive or intimidatory tactics.

Almost invariably, the investigators received little, if any, medical examinations by the physicians, prior to their purchases of prescriptions for controlled substances. These prescriptions were written by physicians who, in our opinion, were not motivated by medical necessity but by greed and the ease with which they could earn from \$8 to \$25 for each prescription they sold to our investigators.

Of the six physicians who would not prescribe controlled substances for our investigators, conversation with four of them said that they were fearful of law enforcement detection and had decided to desist from their former practice of illegally issuing such prescriptions.

Following is a summary of the sales of medical prescriptions to our undercover investigators by each of the 13 physicians previously mentioned, all of whom were subpoenaed to testify at our December 6-7, 1973, public hearings, except Drs. Cherny, Mora, Solis and Villalon.

## 2. Dr. Payming Leu

Of all the physicians who illegally sold medical prescriptions for controlled substances to Commission investi-

gators, Dr. Payming Leu was the most flagrant violator.

Dr. Leu was unquestionably the largest medical source of supply for addicts and abusers in the greater Chicago area. The Commission also determined that many addicts and abusers from downstate Illinois came to Dr. Leu's Chicago ghetto area office, located next door to a street front grocery store, to obtain prescriptions from him.

We conservatively estimated that Dr. Leu earned \$500,000 annually from the prescribing and dispensing of controlled substances. He had about 100 customers a day. At any one time there were about 40 addict and abuser "patients" in his waiting room. Two uniformed, gun-carrying guards were on duty during Dr. Leu's office hours, apparently to protect Dr. Leu from being robbed by his customers and to maintain order.

Over a four month period, our undercover investigators, on four separate occasions, were successful in purchasing a total of six prescriptions for controlled substance drugs from Dr. Leu, including Desoxyn, Ritalin and Quaalude, for a total cost of \$127. Dr. Leu sold these prescriptions even though he was fully aware that fictitious names were being used, and that the drugs obtained therefrom were going to be sold illegally to other drug abusers and addicts.

In addition to these undercover purchases, one of our investigators assisted agents of the United States Drug Enforcement Administration (DEA), in their investigation of Dr. Leu. This cooperative effort was initiated pursuant to the request for assistance from the office of the United States Attorney in Chicago. Six additional purchases of medical prescriptions for controlled substances were made by DEA investigators and our Commission investigators (who later testified in federal court) on three separate dates, for Ritalin and Desoxyn, for a total cost of \$150.

On May 10, 1974, Dr. Leu was found guilty, after trial, on 19 of 30 counts, and was sentenced in federal court on May 16, 1974, to serve five consecutive one-year terms in a federal prison, and two years of parole.

Our investigation of Dr. Leu was initiated on July 3, 1973. Working undercover, Agent Edward J. Doyle, in the slovenly dress typical of a drug addict, purchased

a prescription for 30 Desoxyn 15 mg. tablets, for \$20, from Dr. Leu. Giving no physical complaints and merely telling the doctor that he wanted a prescription for Desoxyn, Dr. Leu had given Agent Doyle the option of purchasing 30 Desoxyn tablets for a price of \$20 or 60 tablets for \$30.

Not only did Dr. Leu fail to give a physical examination to Agent Doyle, but he also failed to give him any apparent medical reason for issuing the prescription. It is significant to note that Dr. Leu told the undercover agent that no refund would be made if the agent was unable to have the prescription filled at a pharmacy.

On that same date, the doctor suggested that Agent Doyle try Biphedamine T-20, and offered to sell him 60 tablets for \$15. Dr. Leu wrote down the name of this drug on a sheet of paper, gave it to our agent, and commented that if he liked it the doctor would sell him a prescription for it on his next visit.

Agent Doyle, again using a fictitious name approached Dr. Leu on July 16, 1973, to buy another prescription for Desoxyn. After searching his files, Dr. Leu stated that it was too soon for him to obtain another prescription and that if he predated a prescription three or four days in advance, the earliest time he could prescribe this drug for him would be on August 3, 1973.

A day later on July 17, 1973, Agent Doyle proceeded to purchase another prescription from Dr. Leu. This time, however, our agent reached into his pocket and produced the alleged identification of another person. Agent Doyle then explained that he was unable to obtain a prescription the day before. Dr. Leu, acknowledging the fact that our agent was using another alias in order to obtain the prescription, grinned and proceeded to issue him a prescription for 60 Desoxyn 15 mg. tablets, for which he charged a fee of \$25.

Dr. Leu, who claimed he was unfamiliar with the use of Desoxyn, then inquired as to why our agent wanted that drug when he (Dr. Leu) could write him a prescription for Ritalin. Agent Doyle responded that Ritalin did not give as good a "high," or euphoric effect, as Desoxyn.

At no time had Dr. Leu performed any physical examinations, not even to the extent of taking Agent Doyle's

weight or blood pressure. Further, he failed to provide any medical reason for issuing the prescriptions. The doctor merely told the agent not to use this "switch-name" device too often.

Another successful purchase of medical prescriptions for controlled substances was made by Agent Doyle from Dr. Leu on July 31, 1973, when he wrote a prescription for 60 Desoxyn 15 mg. tablets at a price of \$25 and a prescription for 30 Ritalin 20 mg. tablets for \$15. Even though Dr. Leu was told that the drugs obtained from the prescription for Ritalin were going to be abused by being illegally sold on the "street," he still wrote and sold the prescription to Agent Doyle. In order to obtain both prescriptions, our agent produced the two identification cards used in the previous purchase. On this date, as on other occasions, Dr. Leu instructed Agent Doyle to be careful that the police did not apprehend him.

Due to the Commission's success in its undercover investigation of Dr. Leu, Mr. James R. Thompson, United States' Attorney for the Northern District of Illinois, requested our cooperation in expediting the investigation of Dr. Leu which had been previously initiated by the United States Drug Enforcement Administration (DEA).

On September 4, 1973, Agent Doyle and a DEA undercover officer purchased two prescriptions from Dr. Leu: one for 60 Desoxyn 15 mg. tablets for \$25, and another one for 90 Ritalin 20 mg. tablets for \$25. On September 6, 1973, the two undercover officers again purchased two prescriptions from Dr. Leu, each of which was for 90 Ritalin 20 mg. tablets, at \$25 each. On September 11, 1973, Agent Doyle and Agent Hamilton purchased two prescriptions from Dr. Leu, each one of which was for 90 Ritalin 20 mg. tablets, at \$25 each.

On September 25, 1973, Dr. Leu was indicted by the federal grand jury in Chicago on 30 violations of Chapter 21, U. S. Code, Section 841 (a) (1) in that he knowingly and intentionally dispensed or attempted to dispense controlled substances pursuant to prescriptions not written in the course of professional practices.

He was arrested on September 28, 1973, by the federal authorities, and Commission agents assisted. Records were seized from him as well as a large amount of cash.

Dr. Payming Leu, 3836 West Madison, Chicago made illegal sales of six prescriptions, for a total of 300 pills, for Desoxyn, Ritalin and Quaalude, to Commission undercover agents, during the period from July 3, 1973 to October 11, 1973.

PATIENT'S NAME *Deprazia Edward 7/2/73* NUMBER *00-01077*  
 STREET *175 E Delaware Chicago* CITY  
 R  
*Desoxyn 15 #30*  
*one of 0*  
*AL 3709978 P. Leu M.D.*  
 DR. FED. PAYMING LEU M.D. DR. SIGNATURE  
 3836 W. MADISON STREET  
 CHICAGO, ILLINOIS 60624 CITY  
 FOR PHARMACY USE ONLY  
 PHARMACIST'S SIGNATURE PHARMACY FED. PERM. NO.  
 NAME OF PHARMACY ADDRESS  
 CITY DATE FILLED  
 IMPORTANT  
 WHEN CASHING PRESCRIPTION TO PATIENT BE SURE TO OBTAIN DUPLICATE COPIES

PATIENT'S NAME *Stevens & Harding 7/2/73* NUMBER  
 STREET *6101 N Sheridan Chicago* CITY  
 R  
*Desoxyn 15 #60*  
*one Bid A.S.*  
*AL 3709978 P. Leu M.D.*  
 DR. FED. PAYMING LEU M.D. DR. SIGNATURE  
 3836 W. MADISON STREET  
 CHICAGO, ILLINOIS 60624 CITY  
 FOR PHARMACY USE ONLY  
 PHARMACIST'S SIGNATURE PHARMACY FED. PERM. NO.  
 NAME OF PHARMACY ADDRESS  
 CITY DATE FILLED  
 IMPORTANT  
 WHEN CASHING PRESCRIPTION TO PATIENT BE SURE TO OBTAIN DUPLICATE COPIES

PAYMING LEU, M.D.  
 PHYSICIAN & SURGEON  
 3836 W. MADISON CHICAGO, ILL. 60624  
 PHONE 722-6399  
 OFF. HOURS: 10 TO 4 P.M. 5:01 TO 8:00 P.M. (RECEPTION CLOSED WED.)  
 R. FOR *Harvey A. Stevens* DATE *MAY 31 1973*  
 ADDRESS *6101 N Sheridan*

*Ritalin 30 #30*  
*one bid*

3850349002  
 3850349002

*P. Leu*

Two weeks after Dr. Payming Leu's arrest in Chicago on September 28, 1973, by federal authorities, and while he was at liberty on bond, he again made an illegal sale of two prescriptions for 90 Ritalin pills and 30 Quaalude tablets to a Commission undercover agent.

PAYMING LEU, M.D.  
 PHYSICIAN & SURGEON  
 3836 W. MADISON CHICAGO, ILL. 60624  
 PHONE 722-6399  
 R. FOR *Merlin W. John* DATE *MAY 11 1973*  
 ADDRESS *7061 N. Kedzie Ave*

*Ritalin 30 #90*  
*one bid*

3850349002

*P. Leu*

BHDD AL3709978

PAYMING LEU, M.D.  
 PHYSICIAN & SURGEON  
 3836 W. MADISON CHICAGO, ILL. 60624  
 PHONE 722-6399  
 R. FOR *Merlin W. John* DATE *MAY 11 1973*  
 ADDRESS *7061 N. Kedzie Ave*

*Quaalude 300 #30*

*one bid*

3850349002

*P. Leu*

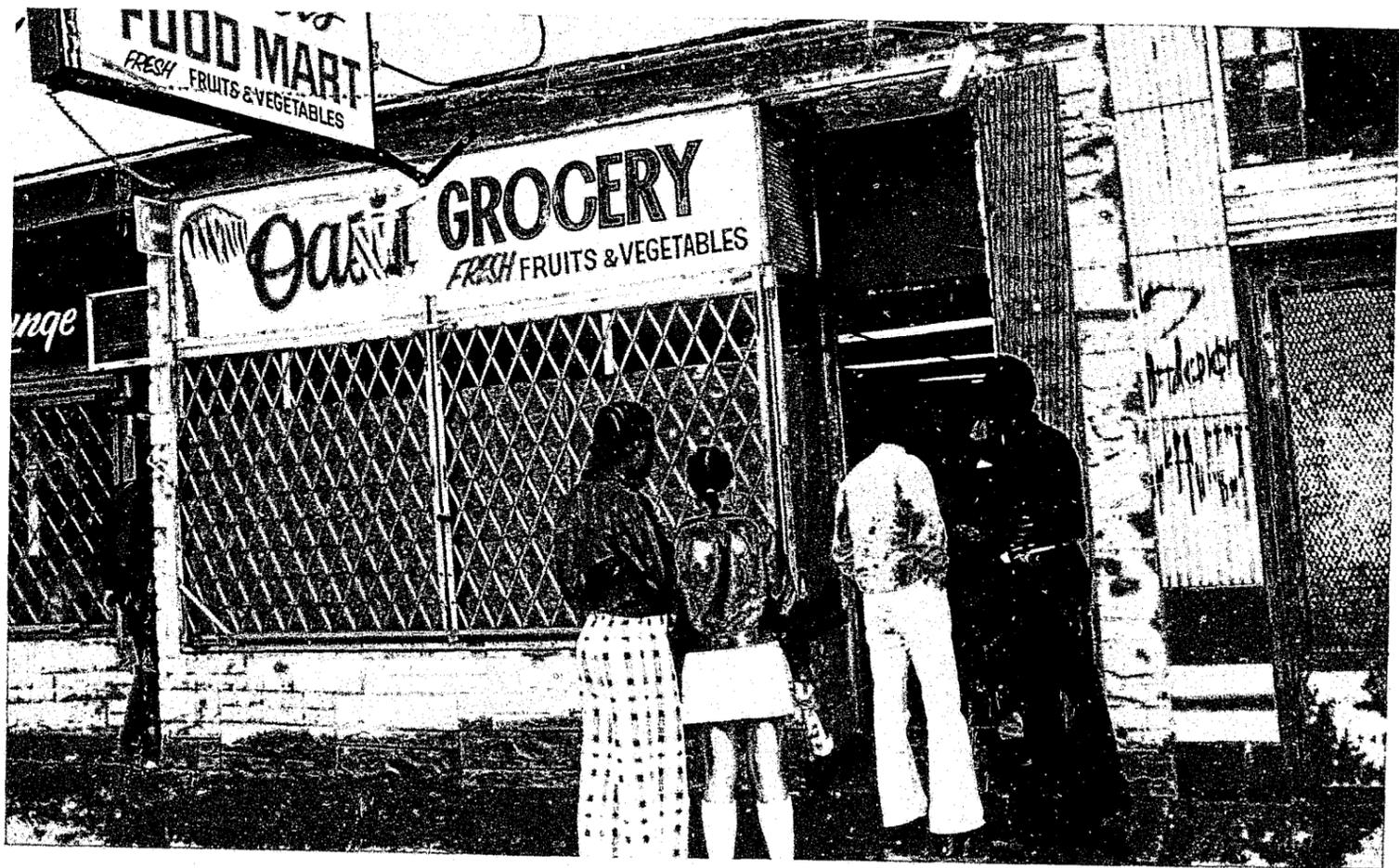
BHDD AL3709978



Dr. Payming Leu, arrested by officers of the United States Drug Enforcement Administration, assisted by Commission agents and the Chicago Police, on September 28, 1973, at his Chicago office, 3836 West Madison Street, for illegal sales of drug prescriptions.

**CONTINUED**

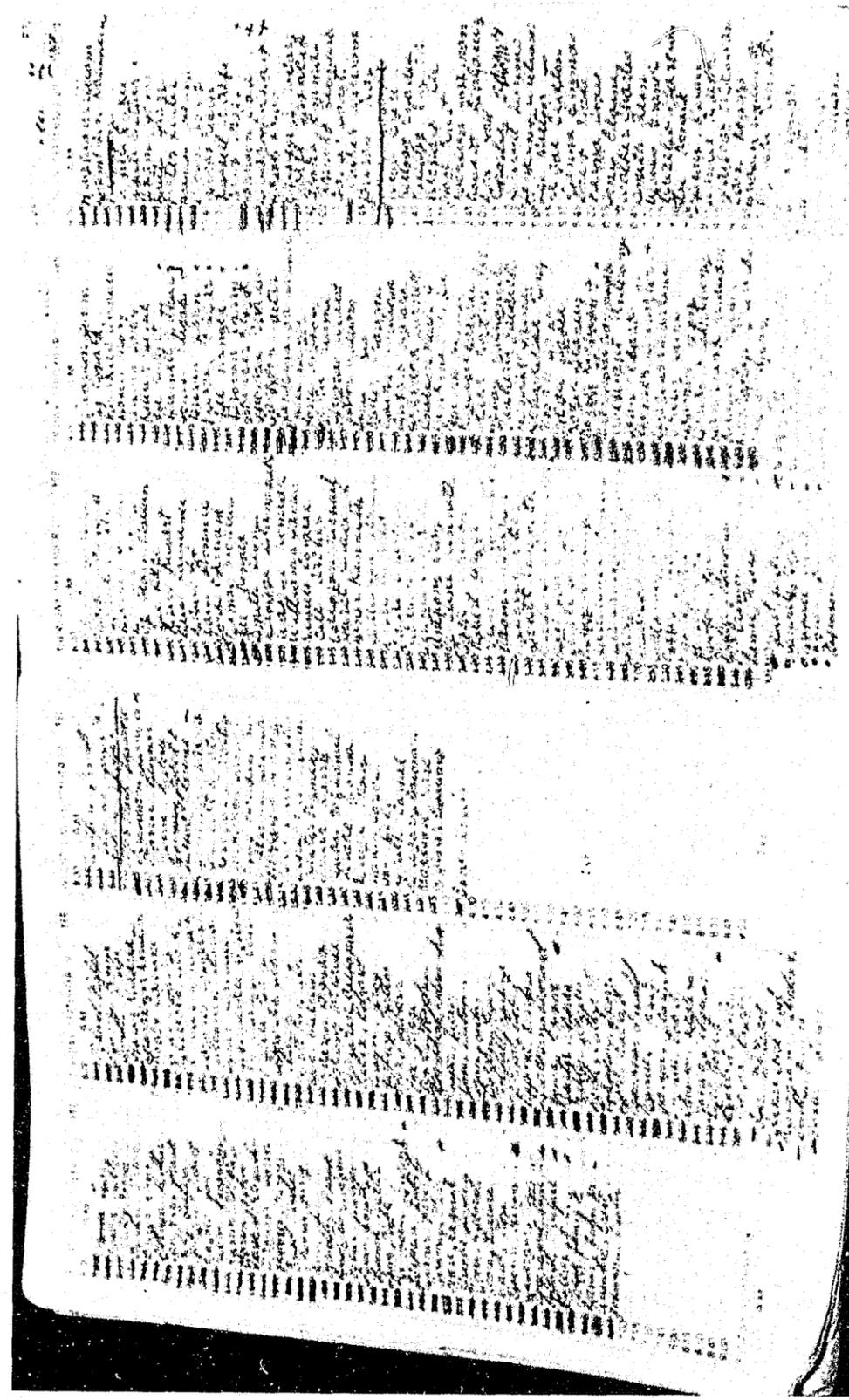
**1 OF 4**



Curious witnesses at the sidewalk of Dr. Payming Leu's office, a former grocery store, at 3836 West Madison Street. His name and office hours were handwritten on a large sheet of paper, scotch-taped to the inside of a transparent window glass on a wood-framed front entrance door, open at the time of the arrest.



Federal and Chicago Police officers searching drug users lined up on both walls of Dr. Leu's reception room.



Two pages from a book seized from Dr. Leu at the time of his arrest, reflecting the names of 298 patients who received drug prescriptions from him in just two days.

There were dozens of addicts and abusers in his office at the time, all of them presumably waiting for their turn to obtain prescriptions for controlled substances.

The Commission was advised by its confidential informants that Dr. Leu's arrest did not cause him to stop his illegal practices. Consequently, the Commission decided to use a third undercover agent, William White, to attempt an additional evidential purchase from Dr. Leu. On October 11, 1973, just thirteen days after his federal arrest, Agent White went to Dr. Leu's office and obtained a prescription for 90 Ritalin 20 mg. tablets for \$25, and another prescription for 30 Quaalude 300 mg. tablets for \$7.

Agent White said he had no intention of using the tablets himself and that after he had the prescriptions filled he was going to sell the tablets to "rich high school kids on the North Shore." Dr. Leu acknowledged this statement without comment and made no effort to give Agent White any medical examination.

Dr. Leu appeared at our December 6, 1973, public hearings in Chicago in response to a subpoena served on him to testify regarding his involvement in the illegal sale of medical prescriptions for controlled substance drugs. As will be discussed more fully in Chapter 5, however, Dr. Leu appeared but refused to testify and invoked his privilege against self-incrimination. His attorney alleged that Dr. Leu could speak very little English and was only conversant in the Chinese Mandarin dialect. This was a strange assertion because he had easily conversed, in English, with each of the three Commission undercover agents, and presumably with the hundreds of drug addicts and abusers who regularly obtained prescriptions from him, without the benefit of any translator.

### 3. Dr. Valeriano Suarez

According to informant drug abusers, the second most notorious physician violator of drug laws was Dr. Valeriano

Suarez. Investigation also established that Dr. Suarez enjoyed a substantial income from the extensive sales of these medical prescriptions to drug addicts and abusers.

Agent Edward J. Doyle purchased four prescriptions for controlled substance drugs from Dr. Suarez: a prescription for 30 Preludin 75 mg. tablets, a prescription for 30 Tuinal 3 grain capsules, both at a cost of \$10 on June 22, 1973; a prescription for 30 Desoxyn 15 mg. tablets, and a prescription for 30 Tuinal 3 grain capsules on July 3, 1973, also at a cost of \$10.

During the course of our investigation, Dr. Suarez was indicted by the federal government for conspiring to dispense controlled substances pursuant to prescriptions issued without a legitimate medical purpose. It is noted that although he was indicted on June 7, 1973, Dr. Suarez still continued his illegal operations, as evidenced by our agent's purchase of a prescription on July 3, 1973. He was convicted on March 31, 1974, and sentenced on May 21, 1974, to serve five years in a federal penitentiary. In addition, he was sentenced to serve two years special parole after he is released from prison. Based upon the federal conviction, the Department of Registration and Education permanently revoked Dr. Suarez' license to practice medicine within Illinois on June 5, 1974.

Prior to the federal conviction, Dr. Suarez had been arrested for soliciting for acts of male prostitution, deviate sexual assault, battery, and the illicit distribution of dangerous drugs.

Before Dr. Suarez sold a prescription for a controlled substance drug, the prospective "patient" had to be brought into his office or recommended by another "patient" drug abuser. Our investigation began on June 22, 1973, at which time our agent and a confidential informant, proceeded to Dr. Suarez' office. It was Dr. Suarez' customary practice for a patient to pay \$10 to the receptionist prior to being examined by the doctor. This was Dr. Suarez' charge for the prescription.

After payment was made by Agent Doyle and a receipt obtained, our agent and informant proceeded into Dr. Suarez' inner office. At the time, Dr. Suarez was preoccupied with attempting to telephone his attorney to inform him that police agents were allegedly surveilling his office. After a few moments, Dr. Suarez took our agent's blood pressure and height. Dr. Suarez indicated that our agent was in

excellent health, and proceeded, upon request, and for no legitimate medical reason, to issue one prescription for 30 Preludin 75 mg. tablets and one prescription for 30 Tuinal 3 grain capsules. Although Dr. Suarez indicated on the Preludin prescription that it was issued for "weight control," that subject was never discussed.

Allegedly a drug abuser himself, Dr. Suarez on that date was wearing a necklace at the center of which was an Amyl Nitrate ampule. This ampule, when broken and inhaled, causes one to experience a brief "high." Our informant, who had been previously supplied with this drug, wanted an additional supply. However, Dr. Suarez stated that Amyl Nitrate was no longer available to him because the pharmacy from which he had obtained the drug had closed.

On June 26, 1973, our informant and undercover agent attempted to make another purchase of a prescription for a controlled substance. As anticipated, Dr. Suarez, upon inquiring, stated that it was too soon for another prescription. He indicated that they should return July 3, 1973, which they did.

Since the receptionist was not present, Dr. Suarez took the \$10 fee personally before allowing the two men into his private office. After entering his inner office, Dr. Suarez proceeded to check Agent Doyle's weight and blood pressure. While on the scale, the doctor moved the weight slides so rapidly that they never balanced, which is necessary for accurate weight measurement. Dr. Suarez, when taking Agent Doyle's blood pressure, did not observe the gauge and let the air escape from the sphygmomanometer (blood pressure machine) so quickly that it was impossible to obtain an accurate reading.

Dr. Suarez then wrote a prescription for 30 Desoxyn 15 mg. tablets upon our agent's request. At no time was there any discussion of the medical necessity for prescribing this drug. As our informant and agent were leaving, Dr. Suarez unsolicitedly inquired as to whether or not Agent Doyle wanted a prescription for Tuinal capsules as on the previous visit. Our agent indicated that he had forgotten about the Tuinal, at which time Dr. Suarez returned to his desk and issued a prescription for 30 Tuinal 3 grain capsules.

While the Commission was conducting its investigation, Dr. Suarez' illicit activities were the target of an investigation conducted by the United States Drug Enforce-

Four prescriptions purchased on June 22 and July 3, 1973, for a total of 30 Preludin, 60 Tuinal and 30 Desoxyn tablets, by a Commission undercover agent, from Dr. Valeriano Suarez, at his office, the Central West Medical Center, 2400 West Madison Street, Chicago.

73 JUN 22 AM 11:42  
 NAME: Edward Doyle  
 ADDRESS: 175 E. Delaware  
 B  
 Preludin 75 mg  
 Sig: tab 1 qd  
 W/MC  
 REFILLED BY: [Stamp]  
 DND # AS3670088  
 AMA # 2750156023

73 JUN 22 AM 11:42  
 NAME: Edward Doyle  
 ADDRESS: 175 E. Delaware  
 B  
 Tuinal 3 grain  
 Sig: cap 1 qd  
 W/MC  
 REFILLED BY: [Stamp]  
 DND # AS3670088  
 AMA # 2750156023

NUMBER: 00-59374  
 PATIENT'S NAME: Edward Polk  
 DATE: 6/27/73  
 STREET: 175 E. Delaware  
 CITY: Chicago  
 TAKE BOTH COPIES TO PHARMACY  
 R  
 Desoxyn 15 mg  
 Sig: tab 1 daily # 30  
 VALERIANO SUAREZ, M.D.  
 2400 WEST MADISON ST.  
 CHICAGO, ILLINOIS 60612  
 BND # AS3670088  
 AMA # 2750156023  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
 FOR PHARMACY USE ONLY  
 PHARMACIST'S SIGNATURE: \_\_\_\_\_ PHARMACY FED. PERM. NO.: \_\_\_\_\_  
 NAME OF PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_  
 IMPORTANT  
 WHEN ISSUING PRESCRIPTIONS TO PATIENTS BE CERTAIN THE DUPLICATE COPIES ARE FOLDED

73 JUN 22 AM 11:32  
 NAME: Edward Doyle  
 ADDRESS: 175 E. Delaware  
 B  
 Tuinal 3 grain  
 Sig: cap 1 qd  
 W/MC  
 REFILLED BY: [Stamp]  
 DND # AS3670088  
 AMA # 2750156023

ment Administration. Dr. Suarez was indicted on June 7, 1974, by a federal grand jury in Chicago for conspiring to dispense controlled substances pursuant to prescriptions issued without a legitimate medical purpose. On March 31, 1974, he was found guilty on 18 of the 30 count indictment and sentenced on May 21, 1974, to serve five years in a federal prison, and two years of special parole after his release.

On May 28, 1974, the Medical Examining Committee of the Department of Registration and Education, in light of the federal conviction, found Dr. Suarez to be guilty of "dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public," in violation of the Illinois Medical Practice Act, Chapter 91, Section 16 (4), Illinois Revised Statutes, 1973. The Board recommended that Dr. Suarez' "license to practice medicine in all its branches be revoked" and that any future application for restoration be rejected on the grounds that "his conduct constituted such an aggravated abuse of his license privilege that restoration could or should never be found to be in the public interest." On June 5, 1974, the Director approved the Committee's recommendation and revoked Dr. Suarez' license.

4. Dr. Charman F. Palmer

Dr. Charman F. Palmer, 52, a female psychiatrist with no medical office, who used Chicago streets to transact her illegal drug racket, sold a total of nine controlled substances prescriptions to six Commission undercover investigators, including our Executive Director, Charles Siragusa. She sold one prescription to one investigator on August 31, and eight prescriptions to five investigators on September 11, 1973. She charged \$15 for each of six prescriptions sold to four agents, and \$10 for each of three prescriptions sold to Director Siragusa.

On November 16, 1973, she gave one of our agents a prescription for which she was not paid, a total of ten prescriptions illegally issued by her.

She knowingly issued these prescriptions in the names of fictitious persons. Delivery of all these prescriptions were made on benches in Vail Court, a small public courtyard next door to the Illinois Bell Telephone Company building at Washington and Franklin Streets, Chicago, directly across the street from the Commission's office.

A total of ten prescriptions were purchased by Commission undercover agents, from August 29, 1973 to November 16, 1973, from Dr. Charman F. Palmer, of Lockport, Illinois.

CHARMAN F. PALMER, M. D.  
THE CARLSON BUILDING - SUITE 725  
EVANSTON, ILLINOIS 60201  
PHONE 869-8878  
NO ANSWER DE 2-2475

NAME DePrago, Eddy DATE 8-29-73  
R ADDRESS 656 Buckingham, Chicago, Ill.

Prelexin Endurets 0.075gr  
#100  
Sig: Ho directed

RNDD: HP3900847  
REFILL \_\_\_\_\_ TIMES  
M.D. Charman F. Palmer

Purchased on August 29, 1973

CHARMAN F. PALMER, M. D.  
PSYCHIATRY  
ADULT - ADOLESCENT - CHILD  
CHICAGO, ILL. 60601  
312 728-0718  
332-6046

NAME Siragusa, Charles DATE 11-16-73  
R ADDRESS 410 W. Washington  
Chicago, Ill.

Prelexin Endurets 0.075gr  
#100  
Sig: Ho directed

REFILL \_\_\_\_\_ TIMES  
RNDD NO. HP3900847  
M.D. Charman F. Palmer

Purchased on November 16, 1973

Four of the eight prescriptions, for a total of 160 Ritalin tablets, 100 Preludin endurets, and 30 c.c. of Demerol, purchased by five Commission undercover agents, at one time, on September 11, 1973.

The balance of four prescriptions purchased by Commission agents on September 11, 1973, for an additional total of 160 Ritalin tablets, 60 Preludin endurets, and 100 Desoxyn graduate tablets, from Dr. Palmer.

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

FOR Walter, Howard DATE 9-12-73  
ADDRESS 5601 E. Lura Rd  
Chicago, Ill.

R

Ritalin Tablets 0.020 gm  
#100  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

FOR Harvey, Dennis DATE 9-11-73  
ADDRESS 6121 N. Sheridan  
Chicago, Ill.

R

Preludin Endurets 0.075 gm  
#100  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

FOR Marceline, Gene DATE 9-24-73  
ADDRESS 175 E. Delaware - Chicago, Ill.

R

Ritalin Tablets 0.020 gm  
#60  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

FOR Jenson, Sandy DATE 9-6-73  
ADDRESS 2625 Fletcher  
Chicago, Ill.

R

Preludin Endurets 0.075 gm  
#60  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

FOR Walker, Ann DATE 9-11-73  
ADDRESS 7661 N. Kedzie  
Chicago, Ill.

R

Ritalin Tablets 0.020 gm  
#100  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388

NUMBER 00- 59459

PATIENT'S NAME Clampson, Thomas DATE 9-11-73  
STREET 2051 W. Ohio - Chicago, Ill.

R

Demerol Hcl 300c  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

136 Church - Evanston, Ill.  
STREET CITY

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE \_\_\_\_\_ PHARMACY FED. FIBRO NO. \_\_\_\_\_  
NAME OF PHARMACY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ DATE FILLED \_\_\_\_\_

IMPORTANT  
WHEN ISSUING PRESCRIPTION TO PATIENT BE  
CERTAIN THE SEPARATE COPIES ARE LEGIBLE

NUMBER 00- 59458

PATIENT'S NAME DeGrazia, Eddy DATE 9-11-73  
STREET 656 Buckingham, Chicago, Ill.

R

Desoxyn Graduate 0.015 gm  
#100  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

136 Church - Evanston, Ill.  
STREET CITY

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE \_\_\_\_\_ PHARMACY FED. FIBRO NO. \_\_\_\_\_  
NAME OF PHARMACY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ DATE FILLED \_\_\_\_\_

IMPORTANT  
WHEN ISSUING PRESCRIPTION TO PATIENT BE  
CERTAIN THE SEPARATE COPIES ARE LEGIBLE

300 N. STATE ST. CHARMAN F. PALMER, M. D. PHONE 321-1230  
CHICAGO ILLINOIS 60610

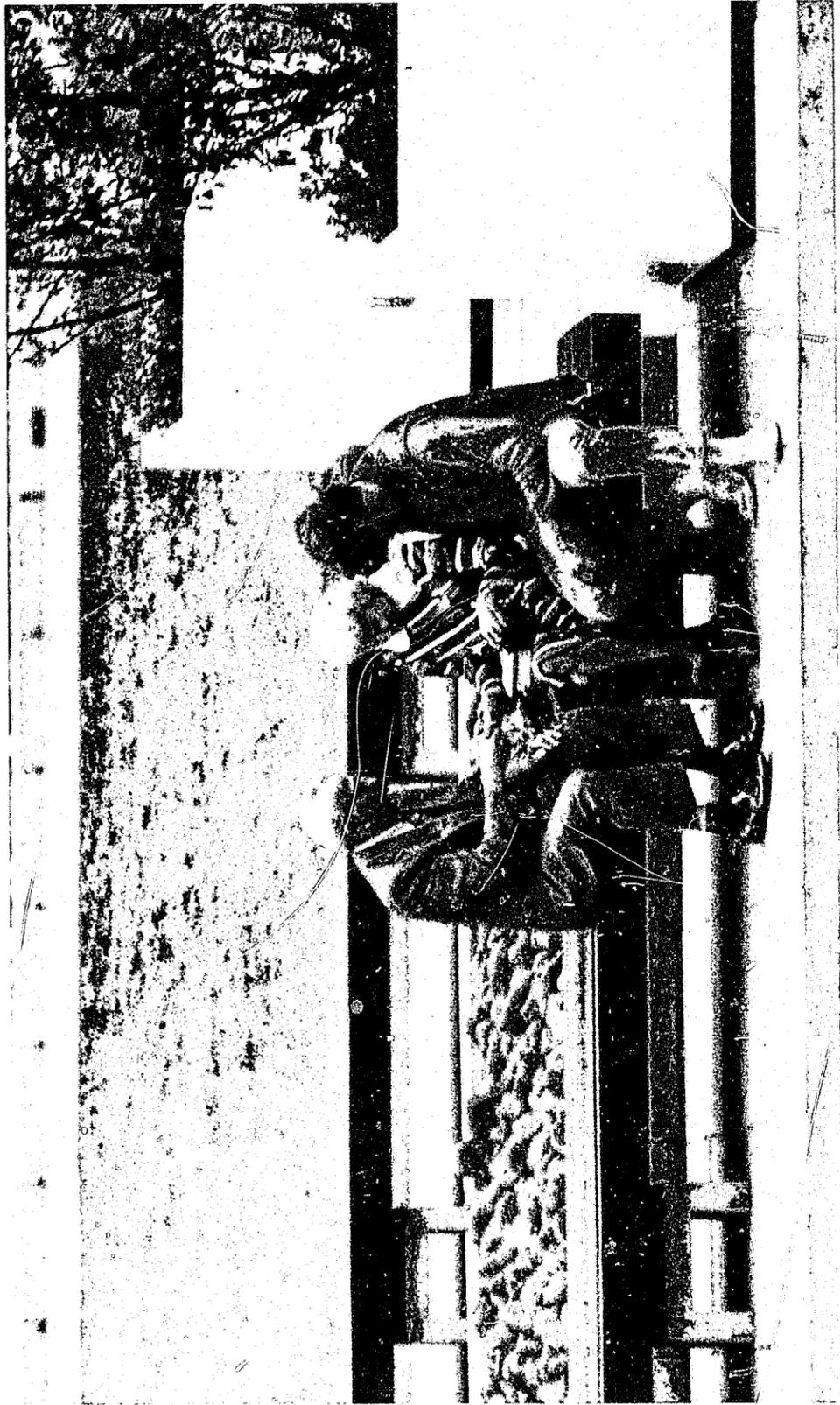
FOR Stacy, L. A. DATE 9-11-73  
ADDRESS 7341 Halsted - Chicago, Ill.

R

Ritalin Tablets 0.020 gm  
#60  
Sig: As directed

BND: AP3900847  
Charmen f. Palmer M. D.

REFILL \_\_\_\_\_ TIMES REG. NO. 388



Executive Director Charles Siragusa, left, on a bench in Vail Courtyard across the street from the Commission's Chicago office at 300 West Washington, on September 11, 1973. Using the undercover role of a procurer, Siragusa purchased three postdated prescriptions from Dr. Palmer, center, for a total of 120 Ritalin and 60 Preludin tablets.

The prescriptions obtained from Dr. Palmer indicated office addresses where she did not have a professional office.

Dr. Palmer's professional background includes two year residencies at Indiana University Hospital in each of the following areas: pediatrics, psychiatry, and child psychiatry. At one time she was employed at the MacFarland Zone Center in Springfield operated by the Illinois Department of Mental Health. She was also a consultant for the Department of Social Justice of Lewis College in Lockport, Illinois, the city of her residence.

During the course of our undercover investigation against Dr. Palmer she made several admissions to the effect that she frequently gave prescriptions to Irv Morris, owner and operator of Ontario Drugs at Ontario and State Streets, Chicago to "cover his records," explaining that Morris often sold controlled substances to addicts and abusers over-the-counter, without prescriptions, in violation of law. Dr. Palmer's prescriptions, given directly to Morris, were issued to correct his accountability records.

Dr. Palmer made other damaging, unsolicited comments to the undercover agent. She said that at one time when she was working as a psychiatrist in a children's hospital (perhaps it was the Department of Mental Health's MacFarland Zone Center in Springfield) she administered demerol to children suffering from bone marrow diseases. Her reason was that "these kids had so many problems that I wanted to turn them on."

She also stated that at her husband's suggestion she once gave herself an injection of demerol because she was suffering from a headache. "It did not cure the headache but it gave me a high, and if ever I get hooked on drugs I hope it's demerol."

Commission undercover agent Edward J. Doyle made his first purchase of a medical prescription for 100 Preludin tablets for \$15 from Dr. Palmer on August 31, 1973, on a bench in Vail Courtyard, located at the northeast corner of Franklin and Washington Streets, directly across the street from the Commission's office. Agent Doyle had previously telephoned her Lockport home and told her that he had been recommended by addict Debbie Blair and wanted to purchase a prescription from her. Dr. Palmer said she

had not planned on coming to Chicago at that time but would call him back. She was given the number of an undercover telephone located in the Commission's office, and subsequently made the August 31, 1973, appointment.

When they met on August 31, 1973, Dr. Palmer asked Agent Doyle if Debbie Blair had told him how much she (Palmer) charged for writing a prescription for Preludin. Agent Doyle replied that Debbie Blair had not given him such an explanation.

Dr. Palmer said that her charge was \$10 for a prescription calling for 50 Preludin tablets and \$15 for one for 100 tablets.

As she searched her handbag for a prescription pad, Dr. Palmer casually inquired as to whether the agent "had high blood pressure or anything." He replied that he did not. Obviously, no physical examination was given by Dr. Palmer since they were in a public street location.

After producing the prescription blanks and without asking whether or not he wanted the drug, Dr. Palmer wrote out a prescription for 100 Preludin 75 mg. endurets, took the \$15 from the agent, and gave him the prescription. She said that a friend of hers, a pharmacist later identified as Irving E. Morris working at Ontario Drugs, 630 North State Street, Chicago, Illinois, would fill the prescriptions without any problem. She stated she had "cashed" many prescriptions with him on numerous occasions.

After the conclusion of this transaction, the agent inquired if she would write a prescription for Desoxyn. Dr. Palmer indicated that she would but that since she had written several triplicate prescriptions that week, she was afraid that she would be investigated by governmental officials for issuing an exorbitant amount in a short time span, so she preferred not to give him a Desoxyn prescription at that time.

Dr. Palmer informed our agent, that unlike Illinois, Indiana, where she is also licensed, did not require triplicate prescriptions, and Desoxyn could be prescribed on a single prescription blank. In an apparent effort to circumvent Illinois law, Dr. Palmer said that if Agent Doyle could find a pharmacy in Indiana, she would sell him a prescription for Desoxyn.

She terminated the meeting by indicating that she would meet with our agent during the following week and would sell him a prescription for Desoxyn at that time. Visual surveillance was maintained throughout that entire meeting by other Commission agents.

Our next purchase of medical prescriptions for controlled substance drugs occurred on September 11, 1973. At a pre-arranged time, Agent Doyle again met with Dr. Palmer in Vail Courtyard. He was accompanied by three other Commission agents who sat together at a nearby bench and whom he said were friends who also wanted to purchase prescriptions.

The initial portion of the meeting was devoted to the sale of a prescription for 100 Desoxyn 15 mg. gradumets for \$15. The prescription was predated September 13, 1973. By predating the prescription, Dr. Palmer said, it would make it appear that she was not issuing too many triplicate prescriptions at any one time. This was her means of protecting herself if she were ever questioned by the State regarding her prescription practices, she explained.

She stated that Irving Morris, the pharmacist at Ontario Drugs, whom she had mentioned in the last meeting, would not fill a prescription for Desoxyn for our agent directly, but would fill one for her since she would write prescriptions for him when necessary in order to conceal any discrepancies that may arise when his controlled substance distribution was more than his prescription authorization. In essence, Dr. Palmer had been covering Morris' alleged illegal dispensing of controlled substance drugs (which included over-the-counter sales without a prescription) by writing prescriptions for him when he needed them. It was obvious that Dr. Palmer was fully aware of the illegal nature of her criminal association with Morris.

At that point in the September 11, 1973, meeting with Dr. Palmer, Agent Doyle called to Commission Agent Dennis Hamilton to join them. Agent Hamilton said he wanted a prescription for 100 Preludin 75 mg. enduret tablets; that he was not a drug user, and that he intended to fill the prescription at a pharmacy and sell the tablets to drug users. Dr. Palmer acknowledged this comment, and wrote a prescription for Agent Hamilton, remarking to him and to Agent Doyle that she was aware of the fact that on Chicago's south side certain types of controlled substance drugs were selling on the black market at \$2.50 a pill.

At that juncture of the conversation Agent Doyle remarked that Ritalin was selling on the black market at \$3 a tablet, and asked Dr. Palmer for a prescription for that drug. Showing great surprise at the inflated value of that drug, Dr. Palmer wrote him a prescription for 100 Ritalin 20 mg. tablets for which she charged him \$15. Dr. Palmer told Agent Doyle it would be best for him to use a fictitious name on that prescription so that it would not appear that she was issuing too many prescriptions to the same person. Agent Doyle then supplied a fictitious name which she then wrote on the prescription.

Agent Hamilton returned to where the other undercover officers were seated and Agent William White joined Agent Doyle and Dr. Palmer. Agent Doyle introduced Agent White as another friend of his who wanted a prescription. Agent White inquired whether it was safe to write these prescriptions in an open area. Dr. Palmer replied that it was and wrote him a prescription for 100 Ritalin 20 mg. tablets, said the charge would be \$15 and accepted his money.

Agent White left and the third undercover officer, Agent Hampson, now joined Agent Doyle and Dr. Palmer. He purchased a prescription for 30 cc. of Demerol. She charged him \$15.

After Agent Hampson left, Executive Director Charles Siragusa, who had been standing alone nearby, walked over to Agent Doyle and Dr. Palmer and he was introduced to her. Director Siragusa claimed that he was a procurer; that he never used any drugs but that he had a "stable" of prostitutes who worked for him.

Director Siragusa said that several of his girls were frequently getting arrested for illegal possession of drugs and that he was interested in minimizing risks they were taking by buying prescriptions for them. Siragusa asked for several prescriptions for Desoxyn but Dr. Palmer said she preferred not writing them because they required triplicate prescription blanks.

Siragusa then asked for some prescriptions for Ritalin. At first Dr. Palmer objected, stating she had already written too many prescriptions for that drug. However, she reconsidered and agreed, stating that the price would be \$15 for each prescription of 100 tablets and \$10 for a prescription of 60 tablets.

Siragusa tried unsuccessfully to have her reduce the price to \$10 for prescriptions of 100 tablets but she insisted that she would only write for 60 tablets at that price. Dr. Palmer then wrote a prescription for 60 Preludin tablets and Agent Doyle supplied a fictitious female name to be written on the prescription as the recipient. She predated the prescription September 6, 1973. She then wrote another prescription for 60 Ritalin tablets and again Agent Doyle gave her a fictitious female name. She postdated that one September 17, 1973. She wrote a third prescription for 60 Ritalin tablets in another fictitious name supplied by Agent Doyle, and postdated it September 24, 1973.

Director Siragusa said he was short on cash and could only give her \$25 instead of the \$30, at the rate of \$10 per prescription. Dr. Palmer suggested that Siragusa give her a check for the balance of \$5. Instead, Siragusa said, that he would give the balance of \$5 to Agent Doyle to give her at a later date.

During this conversation with Agent Doyle and Director Siragusa, Dr. Palmer spoke at some length about the popularity of the drugs Desoxyn, Preludin, Ritalin, Bipheta-mine, Dexadrine and Tenuate with underworld addicts and abusers. She also said that she earned enough money from the sale of controlled substances prescriptions to pay the rent for her residence apartment.

After being told that she frequently lectured at Loyola University and other universities and medical schools, Director Siragusa asked Dr. Palmer if she ever told her students that much money could be earned from the illegal sale of prescriptions. She replied, "No, I don't think so."

The meeting concluded with Dr. Palmer telling our agent that he should contact her the following week and that she would have medical prescriptions pre-written and ready for him and his friends the next time they met.

On September 21, 1973, Dr. Palmer contacted Agent Doyle at the Commission's office undercover telephone asking whether he had ever obtained a "safe" pharmacist in Indiana, from whom she could obtain Bipheta-mine or Desoxyn for a patient of hers in Indiana. She informed him that she attempted to purchase Bipheta-mine from Irv Morris, but he didn't have any and didn't dare to put in another order for Bipheta-mine until the first of the month when he re-

ceived his shipment of controlled substances. Agent Doyle told her he had been unable to find an Indiana pharmacist who would fill those type prescriptions.

On October 9, 1973, two of our agents met with Dr. Palmer in Vail Courtyard. She apologized for being late and explained that, prior to her meeting them, she had been with pharmacist Morris for whom she had "covered" a prescription. She informed our agents that she had spoken to Morris about selling drugs directly to them but indicated that Morris would only sell drugs through her.

Our agents then told her that in order to facilitate their purchasing controlled substances directly from pharmacists they would pay her a ten per cent commission on the total sale of the drugs they purchased from the pharmacists she recommended. Dr. Palmer, delighted at this proposition, stated that it would be advantageous to also give a percentage to the pharmacist.

Dr. Palmer indicated that if she were given time to renew her contacts at Sun Drugs, 2555 North Clark Street, Chicago, Illinois, and Solomon-Cooper Drugs, 1051 North Rush Street, Chicago, Illinois, and to pay some debts she owed to the different pharmacists, she would be willing to introduce our agents to them.

Arrangements were made that in the future she and some of her pharmacist friends would meet with our agents in order to solidify a criminal plan to purchase controlled substance drugs.

On November 16, 1973, Dr. Palmer picked up Agents Edward J. Doyle and Dennis A. Hamilton in her automobile. After driving around the western suburbs and downtown areas, Dr. Palmer reluctantly gave a prescription for 100 Preludin 75 mg. endurets to Agent Doyle, although he said he could not pay for it at that time. She reminded him she only did a cash-on-delivery business. Agent Doyle never did pay for that prescription.

Dr. Palmer was subsequently subpoenaed to testify at the Commission's public hearings on December 7, 1973, but upon advice of her counsel she refused to answer any questions, invoking the Fifth Amendment against self-incrimination.

The United States Attorney in Chicago is studying our reports toward possible prosecution of Dr. Palmer.

\*Dr. Palmer was indicted on October 3, 1974, by the Federal Grand Jury in Chicago.

#### 5. Dr. Louis H. Coggs

According to information supplied to the Commission by the United States Drug Enforcement Administration, Dr. Louis H. Coggs has been involved in the sale of prescriptions for Demerol, which is one of the most dangerous controlled substance drugs.

In order to substantiate this information, undercover Agent Edward J. Doyle was successful in purchasing two prescriptions for Demerol on August 16, 1973, at a total cost of \$20. On that date, Dr. Coggs did not physically examine Doyle. Pursuant to a telephone conversation between Agent Doyle and the doctor on November 13, 1973, Dr. Coggs mailed two, unsolicited prescriptions for the same drug, without charge, to the agent on November 19, 1973.

Our investigation of Dr. Coggs commenced on August 16, 1973, at which time Agent Doyle proceeded to Dr. Coggs' office. Upon paying a \$20 fee, prior to seeing the doctor, he was escorted into an examining room where Dr. Coggs was waiting. After the agent advised the doctor that he was referred to him by one of his patients, that he wanted a prescription for Demerol, and that he was a narcotics addict using Demerol as a substitute for heroin, Dr. Coggs wrote two prescriptions, each for a 30 cc. vial of Demerol, with the second prescription predated for August 23, 1973.

During our investigation, it was determined that questionable practice physicians sometimes predate their prescriptions, especially in the case of state-issued triplicate prescriptions, which come under closer scrutiny by law enforcement officials. The doctors' reasons are obvious: their clientele can obtain a large quantity of a drug within a short period of time while the doctor appears not to have prescribed more than an accepted therapeutic dosage within a legitimate time frame.

Although a nurse had taken Agent Doyle's temperature and blood pressure while he was waiting to be seen by the doctor, Dr. Coggs did not physically examine him to verify whether, in fact, our agent was addicted to narcotics, as he falsely claimed. Dr. Coggs indicated on the prescription dated August 16, 1973, that this drug was used for the "relief of pain," but at no time did the agent comment that he was in extreme discomfort nor did Dr. Coggs ever inquire as to his general physical demeanor.

PP-1677  
 PATIENT'S NAME: Mr. Eddie DeGrazia  
 STREET: 650 W. BURNHAM  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60659

R Demerol HCl 30cc  
 (50mg/cc)

Dispense one vial  
 of 3cc - 6 to 8 hrs. as needed  
 for relief of pain

AC 5121544  
 DR. FED. FEND. NO. 1015  
 STREET: 850 West 103rd St  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60643

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE: \_\_\_\_\_ PHARMACY FEDERAL ID NO.: \_\_\_\_\_  
 NAME OF PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

IMPORTANT  
 WHEN ISSUING PRESCRIPTIONS TO PATIENTS BE  
 CERTAIN THE DUPLICATE COPIES ARE LEGIBLE

PP-2832  
 PATIENT'S NAME: Mr. Eddie DeGrazia  
 STREET: 650 W. BURNHAM  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60659

R Demerol HCl 30cc  
 (50mg/cc)

Dispense one vial  
 of 3cc - 6 to 8 hrs. as needed  
 for relief of pain

AC 5121544  
 DR. FED. FEND. NO. 1015  
 STREET: 850 West 103rd St  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60643

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE: \_\_\_\_\_ PHARMACY FEDERAL ID NO.: \_\_\_\_\_  
 NAME OF PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

IMPORTANT  
 WHEN ISSUING PRESCRIPTIONS TO PATIENTS BE  
 CERTAIN THE DUPLICATE COPIES ARE LEGIBLE

Two prescriptions, each for 30 c.c. of Demerol, sold to a Commission undercover agent on August 16, 1973, by Dr. Louis H. Coggs at his office, 850 West 103rd Street, Chicago. One prescription was postdated.

QQ-08113  
 PATIENT'S NAME: Mr. Edward DeGrazia  
 STREET: 300 West Washington  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60604

R Demerol HCl 30cc  
 (50mg/cc)

Dispense one vial  
 of 3cc - 6 to 8 hrs. as needed  
 for relief of pain

AC 5121544  
 DR. FED. FEND. NO. 1015  
 STREET: 850 West 103rd St  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60643

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE: \_\_\_\_\_ PHARMACY FEDERAL ID NO.: \_\_\_\_\_  
 NAME OF PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

IMPORTANT  
 WHEN ISSUING PRESCRIPTIONS TO PATIENTS BE  
 CERTAIN THE DUPLICATE COPIES ARE LEGIBLE

QQ-08113  
 PATIENT'S NAME: Mr. Edward DeGrazia  
 STREET: 300 West Washington  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60604

R Demerol HCl 30cc  
 (50mg/cc)

Dispense one vial  
 of 3cc - 6 to 8 hrs. as needed  
 for relief of pain

AC 5121544  
 DR. FED. FEND. NO. 1015  
 STREET: 850 West 103rd St  
 CITY: Chicago  
 STATE: Ill.  
 ZIP: 60643

FOR PHARMACY USE ONLY

PHARMACIST'S SIGNATURE: \_\_\_\_\_ PHARMACY FEDERAL ID NO.: \_\_\_\_\_  
 NAME OF PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

IMPORTANT  
 WHEN ISSUING PRESCRIPTIONS TO PATIENTS BE  
 CERTAIN THE DUPLICATE COPIES ARE LEGIBLE

Two prescriptions mailed on November 17, 1973, each for 30 c.c. of Demerol, to a Commission undercover agent's maildrop, by Dr. Coggs, at the latter's suggestion rather than having the "patient" come to his office.

As Agent Doyle was leaving, Dr. Coggs noted on a blank prescription form that the two prescriptions, which he had just written, should be filled at the Schmid-Lofgren Prescription Laboratory, 30 East 111th Street, Chicago, Illinois. According to Dr. Coggs, the prescriptions could be filled there without any trouble.

On November 13, 1973, Agent Doyle contacted Dr. Coggs by telephone in order to procure additional prescriptions for Demerol. Dr. Coggs was told that our agent was trying to maintain a new job and would be unable to come to his office. Dr. Coggs, without being requested, stated that he would mail a prescription for 30 cc.'s of Demerol injectibles to him. He did not suggest that our agent come to his office for any physical examination.

As of November 16, 1973, three days after our agent's initial telephone contact with Dr. Coggs, no prescriptions had arrived in the mail. An attempt was made to telephone Dr. Coggs, who, later receiving Agent Doyle's message, mailed the two prescriptions for Demerol at no charge to him at the Commission's undercover address. The prescriptions, mailed special delivery, were received by our agent on November 19, 1973.

It is interesting to note that one of the prescriptions was dated November 17, 1973, while the other prescription was left undated. Although this may possibly have been an oversight, a more plausible reason for omitting the date was to allow our agent to date the prescription when he needed it.

6. Dr. Henry E. Bielinski

Commission Agent Edward J. Doyle made the following evidential purchases: a prescription for 30 Preludin 75 mg. tablets on September 27, 1973, and a prescription for 30 Ritalin 20 mg. tablets on November 5, 1973. Each prescription was sold for \$10.

The investigation commenced when Agent Edward J. Doyle met Dr. Bielinski at his office on September 27, 1973. The agent requested a prescription for Preludin, informing the physician that he was not going to give any excuses for obtaining the drug, such as weight control, but rather that he used Preludin to maintain his drug addiction. Dr. Bielinski, thus being fully aware of the use intended for the drug, proceeded to fill out a patient card on which

he indicated that this drug was being issued for control of a "hypoglandular state."

A cursory examination was made of our agent's weight, height, and blood pressure. At no time did the agent give any complaints that would have indicated that he was in a "hypoglandular state." Dr. Bielinski told Agent Doyle that he could return every thirty days to obtain a prescription for an amphetamine drug, such as Preludin, which was used in the treatment of that condition. Upon payment of \$10 to Dr. Bielinski, Agent Doyle was given a prescription of 30 Preludin 20 mg. tablets.

Later that same day, in order to verify the diagnosis, Agent Doyle telephoned Dr. Bielinski inquiring as to whether or not he really was in a hypoglandular state. Dr. Bielinski replied that the agent appeared to be run down and listless, with no pep or energy when he came into the office. The Commission investigator stated to the doctor that he was none of these and that he was using the pills for no legitimate medical reason. Dr. Bielinski stated that although this was "a stupid thing to do," the agent could do whatever he wished with the tablets.

Dr. Bielinski was again approached by Agent Doyle on November 5, 1973, to sell another prescription for a controlled substance. At that time, Dr. Bielinski commented that he could no longer write prescriptions for Preludin. Upon further inquiry, however, Dr. Bielinski stated that he would write one for Ritalin. As in the first visit, the doctor was informed by the agent that the drugs obtained from this prescription would not be used for any legitimate medical purpose.

After a brief physical examination, Dr. Bielinski prepared to write a prescription for Ritalin. He then turned to Agent Doyle and inquired in what dosage unit Ritalin is usually prescribed and who manufactured the drug. Agent Doyle replied that Ritalin came in 20 mg. tablets. The doctor, after checking the Physician's Desk Reference, indicated that he would prefer prescribing Ritalin in 10 mg. tablets. However, Agent Doyle maintained that he could not get "high" on the 10 mg. dosage. Dr. Bielinski then agreed to write a prescription for 30 tablets of the larger dosage, advising that the 20 mg. tablets were to be broken in half and taken once or twice daily. Agent Doyle gave him \$10. After giving Agent Doyle the prescription, Dr. Bielinski commented that this was the last time he would write a prescription for a

HENRY E. BIELINSKI, M. D.  
FAMILY PHYSICIAN  
NORTHEAST COMMUNITY HOSPITAL  
6130 NORTH SHERIDAN ROAD CHICAGO, ILL. 60642  
PHONE 743-2003  
OFFICE HOURS: WEDNESDAY AND THURSDAY 10:00 A.M. - 1:00 P.M.  
TUESDAY, WEDNESDAY AND FRIDAY 9:00 A.M. - 12:00 P.M.  
MONDAY 8:00 A.M. - SATURDAY 7:00 A.M. - 12:00 P.M.  
HOURS BY APPOINTMENT

FOR: *Edde De France*  
ADDRESS: *656 Buckingham* DATE: *9-27-73*

*Preludin 20 mg*  
*DTD tab # XXX*  
*Sy: One Tablet daily*  
*upon arising*  
*AB 3712280*

*Henry E. Bielinski*  
REG. # *362213*

A prescription for 30 Preludin tablets issued on September 27, 1973, and sold to a Commission undercover agent, by Dr. Henry E. Bielinski, who officed at the Northeast Community Hospital, 6130 North Sheridan Road, Chicago.

HENRY E. BIELINSKI, M. D.  
FAMILY PHYSICIAN  
NORTHEAST COMMUNITY HOSPITAL  
6130 N. SHERIDAN ROAD CHICAGO, ILL. 60642  
PHONE 42-2800  
HOURS BY APPOINTMENT

R FOR: *Edde De France*  
ADDRESS: *656 Buckingham*

*Ritalin 20 mg*  
*DTD tab # XXX*  
*Sy: 1/2 Tablet once*  
*or twice daily*  
*AB 3712280*

*Henry E. Bielinski*  
DATE: *11-5-73* REG. # *362213*

A second prescription sold to our undercover agent on November 5, 1973, by Dr. Bielinski, for 30 Ritalin tablets.

dangerous drug for Agent Doyle since the government was checking more closely into medical prescriptions for such drugs. However, Dr. Bielski did state that our agent could obtain a prescription for "downers," such as Tuinal or Seconal (both controlled barbiturates) depending upon our agent's "need" for them.

7. Dr. Cesar Carrasco

According to information supplied by a confidential informant, Dr. Cesar Carrasco has been involved in the sale of medical prescriptions for controlled substance drugs. Agent Edward J. Doyle purchased a prescription for 30 Preludin 75 mg. tablets for \$10 on October 4, 1973, and a prescription for 30-15 mg. Desoxyn tablets on November 5, 1973.

Our investigation began on October 4, 1973, when Agent Edward J. Doyle went to Dr. Carrasco's office and introduced himself as a friend of one of his "patients" who had previously purchased medical prescriptions for controlled substances from the physician.

Agent Doyle asked Dr. Carrasco for a prescription for Preludin. Dr. Carrasco told him that the drug was being taken off the market. The agent said that he had a pharmacy that would "cash" the prescription. Dr. Carrasco then proceeded to sell a prescription for 30 Preludin 75 mg. tablets for \$10 to the agent. Upon Agent Doyle's departure, Dr. Carrasco warned him to be careful as the police were looking for abusers of Preludin.

The second purchase of a medical prescription for a controlled substance drug from Dr. Carrasco occurred on November 5, 1973. On that date, Dr. Carrasco advised Agent Doyle that he would no longer write prescriptions for Preludin, which he noted was prescribed on the last visit. His reason for refusing to write for this drug was that the police were "cracking down."

The doctor, however, was not reluctant to write a prescription for 30 Desoxyn 15 mg. tablets at a charge of \$10 even though he had not conducted a physical examination or determined medical need. Dr. Carrasco did refuse to write a prescription for a dosage of more than 30 tablets, or to write two prescriptions and predate one, or to sell our agent another prescription for the same drug using a different name. This refusal was not based upon concern for the patient, but out of fear of being investigated by



Dr. Cesar Carrasco, left, with his attorney, invoked the Fifth Amendment against self-incrimination, when he was questioned at the Commission's public hearings in Chicago on December 6, 1973.

DR. C. CARRASCO  
 TELEPHONE 525-2726 913 WEST BELMONT AVENUE CHICAGO, ILL. 60657 REG. NO. 4272

NAME Dr. Carrasco Carrasco DATE 4/6/73  
 R ADDRESS 516 Desoxyn

Preludin 75mg  
430  
20 1 tab in 4m  
AE 4554554

REFILL 3 TIMES WITHIN 3 MONTHS Carrasco M.D.

PATIENT'S NAME Dr. Carrasco Carrasco 00- 36743  
 STREET 516 W. Belmont Ave  
 R Desoxyn 15mg  
20 1 tab in 4m  
AE 4554554 Pharmacy  
 DR. FEEDBACK NO. AE 4554554 DR. SIGNATURE  
 STREET 904 W. Belmont Ave CITY CHICAGO  
 FOR PHARMACY USE ONLY  
 PHARMACY'S SIGNATURE \_\_\_\_\_ PHARMACY REG. NO. \_\_\_\_\_  
 NAME OF PHARMACY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ DATE FILLED \_\_\_\_\_  
 IMPORTANT  
 WHEN ISSUING PRESCRIPTION TO PATIENTS OF CERTAIN THE DUPLICATE COPIES ARE

Two prescriptions, one for 30 Preludin tablets and the other for 30 Desoxyn tablets, purchased by a Commission undercover agent, on October 4 and November 5, 1973, from Dr. Carrasco at his office, 904 West Belmont, Chicago.

the police. He then admitted to the agent that he was writing these prescriptions for Agent Doyle although he really didn't need it. The agent asked the doctor if he understood that he (the doctor) could get into trouble with the police for writing prescriptions for drugs when no medical necessity existed. The doctor indicated that he was aware of the consequences.

8. Dr. Harold W. Lenit

Information received by the Commission indicated that the "New Town" area of Chicago was a major outlet for the illegal distribution of prescriptions for controlled substances and the drugs obtained therefrom and Dr. Harold W. Lenit, was identified as an important source of supply in that area.

With the aid of an informant, Commission investigator Dennis A. Hamilton made an undercover purchase of a prescription for 60 Preludin 75 mg. tablets from Dr. Lenit for \$10 on October 5, 1973. Agent Hamilton obtained the prescription without any physical examination being performed.

Agent Hamilton posed as a truck driver, and said that it was difficult for him to stay awake while driving on the highway. Dr. Lenit at first refused to issue a prescription. However, after the agent further advised him that he had used Preludin previously, Dr. Lenit sold Agent Hamilton a prescription for 60 Preludin 75 mg. tablets for \$10 without giving a medical examination to determine medical necessity. Handing Agent Hamilton the prescription, Dr. Lenit told him to have it filled at Lakeview Pharmacy, located at 613 West Diversey, Chicago, Illinois "so there won't be any trouble."

9. Dr. Julius G. Levy

According to several confidential Commission informants, Dr. Julius G. Levy was a physician who was not in the "business" of selling prescriptions for controlled substances, but rather careless in prescribing these drugs. Agent Dennis A. Hamilton purchased two prescriptions for Preludin tablets, one on July 31, 1973, and the other on November 5, 1973, at a cost of \$8 each.

Our investigation of Dr. Levy started on July 31, 1973, when Agent Hamilton went to his office for the pur-

Three prescriptions for a total of 70 Preludin tablets and 40 Esidrex tablets, sold on July 31 and November 15, 1973, by Dr. Julius G. Levy, 4010 West Madison Street, to a Commission undercover agent.

Dr. Levy, a gynecologist, prescribed these drugs to treat the agent's obesity, although the agent is of athletic build and holder of a Jiu Jitsu Black Belt.

NAME <i>[Handwritten]</i>	AGE <i>[Handwritten]</i>
ADDRESS <i>[Handwritten]</i>	DATE <i>[Handwritten]</i>
R	
<i>Preludin 75 mg</i>	
<i>30</i>	
<i>one daily</i>	
<i>[Signature]</i>	
BNDD No. AL 4907301 M. D.	
MURPHY'S PRESCRIPTION PHARMACY H. GOODMAN, R. PH.	
518 FLOOR, NATIONAL BANK OF COMMERCE 4008-10 W. MADISON ST. PHONE NE 4-6511 CHICAGO	

NAME <i>[Handwritten]</i>	AGE <i>[Handwritten]</i>
ADDRESS <i>[Handwritten]</i>	DATE <i>[Handwritten]</i>
R	
<i>Preludin 75 mg</i>	
<i>30</i>	
<i>one daily</i>	
<i>[Signature]</i>	
BNDD No. AL 4507301 M. D.	
MURPHY'S PRESCRIPTION PHARMACY H. GOODMAN, R. PH.	
518 FLOOR, NATIONAL BANK OF COMMERCE 4008-10 W. MADISON ST. PHONE NE 4-6511 CHICAGO	

NAME <i>[Handwritten]</i>	AGE <i>[Handwritten]</i>
ADDRESS <i>[Handwritten]</i>	DATE <i>[Handwritten]</i>
R	
<i>Esidrex 50 mg</i>	
<i>one daily</i>	
<i>[Signature]</i>	
BNDD No. AL 4907301 M. D.	
MURPHY'S PRESCRIPTION PHARMACY H. GOODMAN, R. PH.	
518 FLOOR, NATIONAL BANK OF COMMERCE 4008-10 W. MADISON ST. PHONE NE 4-6511 CHICAGO	

pose of obtaining a prescription for a controlled substance drug without displaying any medical need for the drug.

Upon being asked for a prescription for Desoxyn, Dr. Levy inquired as to why our investigator wanted that drug. Before the agent could answer, Dr. Levy stated that it was being taken off the market. The agent then asked if he could obtain a prescription for Preludin, to which Dr. Levy stated that he could. Again, Dr. Levy asked why he wanted this drug. Before the agent could respond, Dr. Levy asked whether or not he wanted to lose weight. To this, Agent Hamilton replied, "Yes."

Dr. Levy made a cursory physical examination, which included taking the agent's weight and blood pressure. At no time did he check to see if Agent Hamilton's weight was in proportion to his height. A urine sample was also taken in a dirty plastic dish.

After the examination was completed, Dr. Levy proceeded to write a prescription for 40 Preludin 75 mg. tablets, as well as a prescription for a water pill. The prescription was allegedly issued to help control the agent's weight as well as his blood pressure. Eight dollars was paid for these prescriptions and the examination. It is noted that Agent Hamilton is 6'3" tall, weighs 198 pounds, is exceptionally athletic, and a black belt judo expert.

On November 5, 1973, another purchase of a medical prescription for 30 Preludin 75 mg. tablets was made from Dr. Levy for \$8. Since the State was beginning to investigate the writing of prescriptions for Preludin, Dr. Levy advised Agent Hamilton that he was not going to issue prescriptions for that drug any longer because he did not want to get into trouble. Agent Hamilton, however, informed Dr. Levy that he would not return again.

At this examination, the undercover agent appeared to weigh more than when he visited Dr. Levy's office on July 31, 1973. This was due to the fact that the agent wore winter clothes and did not disrobe prior to being weighed. However, Dr. Levy did not question this weight increase even though the original prescription was allegedly issued for weight control. Further, Agent Hamilton was not requested to take off his sweatshirt when Dr. Levy checked his heartbeat.

#### 10. Dr. Myroslaw Cherny

On October 15, 1973, Investigator Dennis A. Hamilton, accompanied by a reliable informant, visited Dr. Cherny. Prior to the doctor seeing the agent, the informant, after he had purchased a prescription from Dr. Cherny, told the doctor that he had a friend who was sitting in the outer office who wanted a prescription. The informant never indicated that his friend suffered from any illnesses or had any physical complaints.

When the informant came out, Agent Hamilton proceeded into Dr. Cherny's inner office and gave his undercover name. Dr. Cherny stated, "You want a prescription for Preludin, too, but you are not fat like Zelefski" (a fictitious name given by our informant).

Agent Hamilton replied that he worked nights driving a truck on interstate highways and had trouble keeping awake and "didn't want to end up in a ditch." He further indicated that "Zelefski" had given him a couple of Preludin tablets which seemed to work.

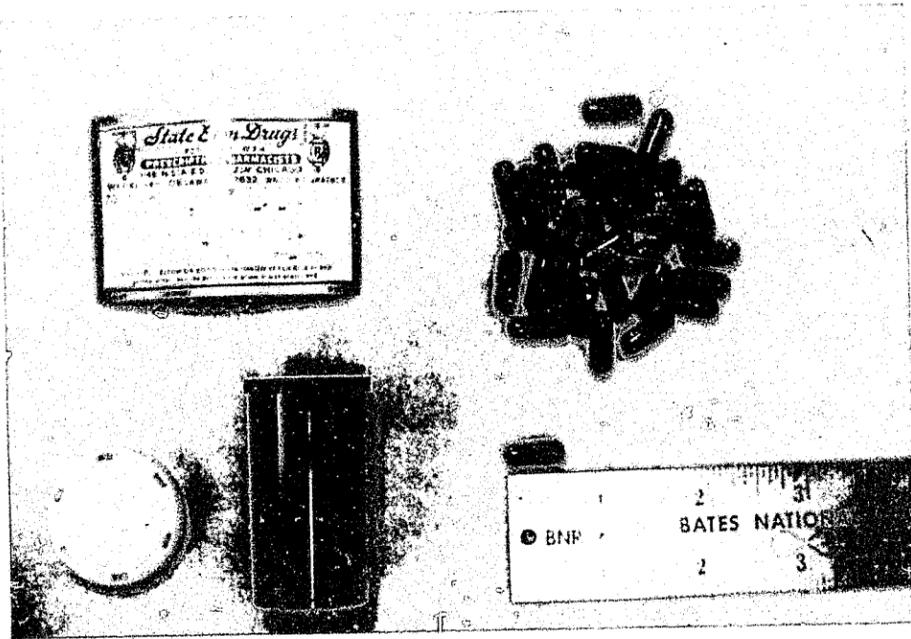
Dr. Cherny then said, "Okay" and filled out a file card indicating our agent's weight, height, and blood pressure. The information recorded was completely false since the doctor never conducted any semblance of a physical examination nor asked Agent Hamilton for his weight, height, or blood pressure.

Agent Hamilton paid \$7 to Dr. Cherny and was given the prescription for 30 Preludin 75 mg. tablets and was told to return in thirty days.

The Commission was advised that Dr. Cherny's regular receptionist knew who was supposed to get prescriptions for Preludin, and usually she would sign them. One would, therefore, not have to wait to see the doctor. However, since she was not present when our investigator was there, we could not substantiate this to be a fact.

#### 11. Dr. Allen W. Glinert

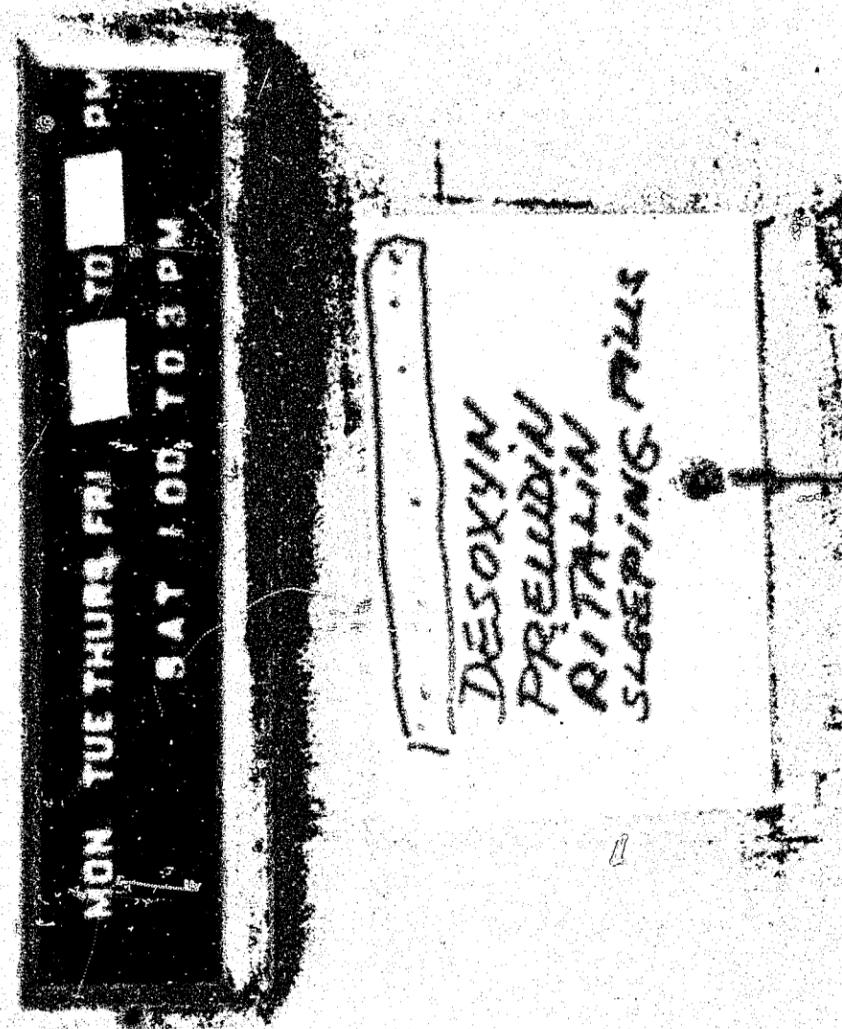
Dr. Allen W. Glinert, violated the Illinois Controlled Substances Act on July 17 and August 16, 1973, by orally prescribing 30 capsules of Biphedamine 20 without medical necessity for Agent Dennis A. Hamilton. On each occasion Dr. Glinert received \$5.



Thirty Biphettamine 20's ("Black Beauties") purchased from Dr. Allen W. Glinert, 1150 North State Street, Chicago, on July 17, 1973, by a Commission undercover agent. An identical quantity was purchased from him on August 16, 1973.



Dr. Allen W. Glinert



Hand-printed sign scotch taped to the door inside the reception room of Dr. Glinert's office, leading to his examination room, advising his drug patients that he would no longer prescribe the listed drugs.

On July 17, 1973, when we commenced our undercover investigation of Dr. Glinert, Agent Hamilton noted that Dr. Glinert had posted a sign on his office door, which read "No new Preludin patients accepted." At a later time, our agent learned, through the course of a conversation with Dr. Glinert, that another sign pertaining to Desoxyn patients was also posted in his office. Dr. Glinert never explained the necessity for either of these notices. However, it was plausible that they were posted because of the increased governmental policing of controlled substances and Dr. Glinert's fear of being inspected by State agents.

After Dr. Glinert conducted a brief physical examination and recorded the results thereof on a file card, Agent Hamilton indicated that he wanted a prescription for a biphedamine. Dr. Glinert agreed to this request and proceeded to note on the file card 30 capsules of the drug Biphedamine 20.

At no time did our agent ever discuss with Dr. Glinert to what use the drug would be put, nor did Dr. Glinert ever question him as to why our agent thought he needed it. Upon being paid \$5, Dr. Glinert, on a direct line, telephoned the State-Elm Drugs, Inc., 1145 North State Street, Chicago, Illinois, to have the aforementioned prescription filled. No written prescription was given to our agent. It is noted that federal law prohibits the oral prescription of an amphetamine or biphedamine except under emergency circumstances, which did not exist in this situation.

The second undercover purchase of 30 capsules of Biphedamine 20 was made on August 16, 1973. On that date, Dr. Glinert briefly examined our agent and began to write a prescription for Biphedamine 20. However, our agent indicated that on the previous visit he (Dr. Glinert) had merely telephoned the pharmacy. He then stopped writing and orally prescribed the drug over the telephone to the same pharmacy. A fee of \$5 was paid, and the agent left Dr. Glinert's office to pick up the controlled substance drug at the State-Elm Drugs.

#### 12. Dr. Salvador Lejarza Mora

On August 14, 1973, Commission Investigator Dennis A. Hamilton purchased a prescription for 60 Nardil 15 mg. tablets, a non-controlled substance drug, at a cost of \$10, from Dr. Mora. No medical examination was given nor was there any apparent medical necessity for prescribing this drug.

On August 14, 1973, the undercover agent went to Dr. Mora's office and paid the receptionist \$10 prior to being admitted into the doctor's examining room. After a 45 minute wait, Agent Hamilton met with the doctor and asked for a prescription for Preludin, which Dr. Mora refused to write.

Agent Hamilton then asked Dr. Mora for what drugs he would write a prescription. Dr. Mora questioned why he wanted drugs, and Agent Hamilton replied, "For anything." In an effort to obtain a prescription for any drug, Agent Hamilton told the doctor that he had a night job and it was difficult for him to stay awake.

Dr. Mora stated that he would write a prescription for Nardil, a non-controlled substance, which, according to the 1973 edition of the Physician's Desk Reference, is "possibly" effective in the treatment of moderate to severe depressive states in adults. The reference also indicates that the possibility of suicide exists in patients taking this drug, and that careful observation of the patient should be maintained; that patients taking Nardil should not be given foods with a high concentration of tryptamine--containing substances, such as aged cheeses, beer, wines, etc.; that this drug should not be used in combination with some depressants, such as alcohol and narcotics; and that Nardil should not be administered when hypertension exists in the patient.

Without conducting any physical examination to determine if high blood pressure existed or giving any warning regarding the dangers of eating certain foods or consuming alcohol or narcotic drugs, Dr. Mora prescribed 60 Nardil 15 mg. tablets for our agent. Further, he did not indicate that Agent Hamilton should be under observation for possible negative effects of the drugs as advised in the Physician's Desk Reference. At no time did our agent ever indicate that he wanted this drug because he was suffering from any form of depression. Since the fee for the prescription had already been paid, Dr. Mora gave our agent the prescription. The only advice Dr. Mora gave him was that he may have difficulty in having the prescription filled as the government had sent a letter to all pharmacies requesting them not to fill any prescriptions for Nardil.

13. Dr. Ignacio S. Solis

On October 4, 1973, Commission investigator Edward J. Doyle purchased a medical prescription for 30 Etrafon 2-25 tablets for \$8, from Dr. Solis. On that date, Agent Doyle went to Dr. Solis' office saying he had been referred by some amphetamine pushers who told him he could obtain a prescription for Quaalude from him.

Dr. Solis refused to write a prescription for Quaalude, or for Desoxyn, Preludin, or Ritalin. The doctor was then asked what he could prescribe in order that our agent could get "high." Dr. Solis then filled out a prescription for 30 tablets of Etrafon 2-25, a mood elevator with anti-depressant properties. When asked if he could get more than 30 tablets, Dr. Solis stated that the prescription would be good for three refills.

Dr. Solis commented that if more people knew about this drug it would be more widely used. He further stated that this drug would get our agent as "high" as Preludin.

At no time did the doctor make any examination or ask if there were any physical maladies. The prescription, obviously, was written for no medical reason, but rather just to "get a high feeling."

Agent Doyle left after he received the prescription. Dr. Solis did not give any instructions to return so that he could determine whether the drug caused any adverse effects.

14. Dr. Enrique A. Villalon

Dr. Enrique A. Villalon sold a prescription for 15 Preludin 75 mg. tablets, for \$8, to Commission Agent Edward J. Doyle.

Our investigation began on August 14, 1973, when Agent Doyle went to his office and asked for Dr. Erlindo Evaristo, his associate. The agent said he was a heroin addict and that he was trying to "kick" the habit by using Preludin. At first, Dr. Villalon refused to write a prescription for Preludin for any reason, even though Agent Doyle said he was a patient of Dr. Valeriano Suarez, (another subject under investigation) and that he needed the drug since Dr. Suarez was out of town.

Dr. Villalon informed the investigator that his "boss," Dr. Evaristo, had listed those drugs for which no prescriptions were to be written, which included Preludin, Tuinal, Amphetamines, Eskatrol, and Biphetamines.

Agent Doyle then requested Desoxyn which was not on the list. Upon being asked why it was not, Dr. Villalon left the room to make a telephone call. He returned stating that he would write Agent Doyle a prescription for 15 Preludin 75 mg. tablets. No physical examination was made of Agent Doyle.

A subsequent attempt was made by Agent Doyle on November 5, 1973, to purchase a prescription from Dr. Villalon. However, Dr. Villalon refused to sell him another prescription. He claimed that his reputation had been questioned since our agent had tried to alter the prescription he had given him on August 14, 1973. Dr. Villalon was referring to a telephone call he had received from an alleged pharmacist on August 17, 1973. On that date, he was contacted by another Commission investigator who represented himself to be a pharmacist and who was questioning a prescription issued by him for 65 Preludin 75 mg. tablets. This was an attempt to ascertain whether or not Dr. Villalon would "cover" an altered prescription. Dr. Villalon, however, indicated to the alleged "pharmacist" that the prescription dosage should be for only 15 tablets.

D. Pharmacists

1. Introduction

During the course of our investigation our undercover investigators learned through conversations with suspect physicians that certain pharmacies were allegedly involved in the filling of prescriptions for controlled substances without too much question. Our informants also told us that certain pharmacies were illegally or unethically involved in this traffic.

Commission agents approached some of these pharmacies but were unsuccessful in making over-the-counter purchases of controlled substances without prescriptions.

The Commission did establish, however, that an inordinate number of prescriptions for controlled substances were filled by the following nine pharmacies, all located in Chicago, unless otherwise indicated:

(1) Irving's Pharmacy No. 1, 1346 West Irving Park Road, and Irving's Pharmacy No. 2, 1601 West Montrose Avenue. Irving Cotovsky is a registered pharmacist and owner of both pharmacies.

(2) Garden Apartments Pharmacy, 1452 North Sedgwick Street, owned and operated by registered pharmacist Frederick W. Oyen.

(3) Ontario Drugs, Inc., 630 North State Street, owned and operated by registered pharmacist Irving E. Morris.

(4) Landsman Pharmacy, 4000 West Division Street, owned and operated by registered pharmacist Jerome D. Midanek.

(5) Schmid-Lofgren Prescription Laboratory, Inc., 30 East 111th Street, Harold H. Schmid, President; Richard F. Michalak, registered pharmacist in charge.

(6) Lake View Prescription Laboratory, Inc., 613 Diversey, Hyman Shipkin, registered pharmacist in charge and President.

(7) Austin Drug Company, 8801 West Roosevelt Road, Berwyn, Paul Weissman, registered pharmacist in charge, Leo Simon, owner.

(8) State-Elm Drugs, 1146 North State Street, Jacob Perlstein, registered pharmacist and owner.

(9) Becker Professional Pharmacy, Inc., 4744 North Western Avenue.

Audits were conducted of these pharmacies by the Commission, the Illinois Bureau of Investigation and the Illinois Department of Registration and Education, Bureau of Drug Compliance. These audits were primarily concerned with reporting the volume of prescriptions filled for certain controlled substances which are subject to potential abuse. These drugs were Ritalin, Preludin, Desoxyn, Demerol, Barbiturates, Percodan, Doriden, Morphine Sulfate and Robitussin AC.

Pharmacists are required by Illinois law to exercise good faith in filling prescriptions for controlled substances. Although the principle of "good faith" is not

spelled out in Illinois law, it means, among other things, that pharmacists should not knowingly fill prescriptions where: (1) the name of the recipient is false, (2) prescriptions are predated or postdated, (3) amounts of drugs called for are excessive to the extent that there is a presumption that the recipient of the drugs may sell such drugs to other persons, and (4) there is suspicion that the prescriptions were not written during the course of good professional medical practice.

In the case of some of these pharmacists it appeared that good faith was not followed in the filling of prescriptions for controlled substances.

The following pharmacists appeared at our public hearings on December 6-7, 1973; Irving Cotovsky, of Irv's No. 2 Pharmacy; Jerome David Midanek of Landsman Pharmacy; Irving Morris of Ontario Drugs; Frederick Oyen of Garden Apartments Pharmacy; and Michael Friedman of Austin Pharmacy.

A separate section is devoted to audits made of each of these nine pharmacies.

Also included in this chapter are details of an undercover investigation that revealed the ease with which prescription blanks were obtained from a national drug store chain.

## 2. Irving's Pharmacies

### (a) Introduction

Irving Cotovsky, registered pharmacist, is the owner of two pharmacies: Irving's Pharmacy No. 1, 1346 West Irving Park Road, and Irving's Pharmacy No. 2, 1601 West Montrose Avenue, Chicago.

These two pharmacies have filled a very large number of controlled substances prescriptions, especially for Dr. Valeriano Suarez and Dr. Payming Leu, both of whom were recently convicted in federal court and each of whom was sentenced to serve five years in the penitentiary. Many of Dr. Gerald McCabe's controlled substances prescriptions were also filled at these pharmacies.

### (b) Audits of Irving's Pharmacy No. 1

Two separate audits were conducted of this pharmacy. The Bureau of Drug Compliance of the Illinois Department

of Registration and Education conducted an audit on December 6, 1973, with regard to controlled substances it dispensed on prescriptions issued by Dr. McCabe, just for the month of November, 1973.

It was determined that 80 of Dr. McCabe's prescriptions were filled in the following amounts of controlled substances:

Dilaudid	450 dosage units
Morphine	1,875
Desoxyn	100
Percodan	300
Ritalin	300
Preludin	1,400
Dexedrine	60
<u>Total</u>	<u>4,485 dosage units</u>

This would indicate that in one year Dr. McCabe issued a total of 960 prescriptions, for a total of 53,820 dosage units of controlled substances that were dispensed by this pharmacy.

Compilation of diagnosis recorded on these prescriptions were: renal colic, osteo, cancer, back pain, renal stone, possible tumor. Some of these prescriptions were for public welfare recipients.

On January 4, 1974, Commission agents also conducted an audit of this pharmacy. It was established that during the period from September 1, 1973 to January 1, 1974 this pharmacy purchased the following tablets:

Preludin	75 mg.	32,500 dosage units
Morphine Sulfate	1/4 gr.	9,000
Dilaudid	4 mg.	16,500
Ritalin	20 mg.	142,000
Desoxyn	15 mg.	2,500
<u>Total</u>		<u>202,500 dosage units</u>

During that same period this pharmacy filled the following prescriptions written by Dr. McCabe:

Preludin	75 mg.	278 prescriptions	11,000 dosage units
Dilaudid	4 mg.	63	4,610

Morphine Sulfate	1/2 gr.	79	6,105
Ritalin	20 mg.	17	880
<u>Totals</u>		<u>437 prescriptions</u>	<u>22,595 dosage units</u>

(c) Audits of Irving's Pharmacy No. 2

Three separate audits were conducted of this pharmacy. On November 19, 1973, the Bureau of Drug Compliance of the Illinois Department of Registration and Education conducted an audit of controlled substances prescriptions it filled for the period from August 1 to October 15, 1973.

The audit revealed that a total of 198,826 tablets or capsules of such drugs were dispensed, or 2,616 dosage units a day, by Irv's No. 2 Pharmacy, over a 76 day period, through a total of 6,436 prescriptions issued by Dr. Gerald McCabe, Dr. Valeriano Suarez and Dr. Payming Leu.

The drugs involved, almost to the exclusion of all others, were Dilaudid, Ritalin, Preludin, Desoxyn, Amphetamines, Tuinal, Seconal, Doriden and Codeine mixtures and compounds.

Irv's No. 2 Pharmacy dispensed more controlled substances for individuals residing out of the immediate area than all his nearby competition. The individuals resided in Hickory Hills, Bellwood, Maywood, Schiller Park, Arlington Heights, McHenry, Burbank, Berwyn, Bridgeview, Chicago Ridge and areas on extreme boundaries of the City of Chicago.

Total controlled substances dispensed by Irv's No. 2 exceeded that of all the other pharmacies in the immediate area.

During the survey it was noted that the majority of the persons arriving to have prescriptions filled was not the normal pattern for drugstore activity. The individuals arrived by automobile, in groups of two or more, presenting prescriptions for cash, and for public welfare billing. Propoxphene Napsylate, Darvon N 100, structurally related to the synthetic narcotic, Methadone, was being dispensed in large quantities.

Following is a table of the number of controlled substances prescriptions issued by Dr. Suarez, Dr. Leu and

Dr. McCabe. Schedule 2 prescriptions require triplicate prescription forms issued by the State, whereas Schedule 3-4-5 prescriptions only require a single prescription.

	<u>Schedule 2</u>	<u>Schedules 3-4-5</u>	<u>Total</u>
Dr. Valeriano Suarez	1,495	2,316	3,811
Dr. Payming Leu	383	231	614
Dr. Gerald McCabe	1,199	705	1,904
All Other Physicians	<u>107</u>	<u>---</u>	<u>107</u>
Totals	3,184	3,252	6,436

Projecting these statistics for one year, it would indicate that this pharmacy filled a total of 30,660 prescriptions for these three physicians, for an aggregate of 954,110 dosage units of controlled substances a year.

A second audit of this pharmacy was conducted on December 6, 1973, by the Illinois Department of Registration and Education with regard to drugs it dispensed on 744 prescriptions issued by Dr. McCabe, just for the month of November, 1973, as follows:

Dilaudid	17,850 dosage units
Desoxyn	700
Percodan	1,250
Ritalin	2,400
Preludin	17,000
Dexedrine	425
Dexamyl	<u>200</u>
Total	39,825 dosage units

This would indicate that in one year Dr. McCabe issued about a total of 8,928 prescriptions, for a total of 477,900 dosage units of controlled substances that were dispensed by this pharmacy.

As was the case with regard to Irving's Pharmacy No. 1, the diagnosis on these prescriptions filled at Irving's Pharmacy No. 2, included the following: renal colic, osteo, cancer, back pain, and renal stone. Also, some of these prescriptions were for public welfare patients.

A third audit, conducted on January 4, 1974, by Commission agents, revealed that from September 1, 1973 to January 1, 1974, this pharmacy purchased the following controlled substances:

Preludin	75 mg. tablets	64,200 dosage units
Dilaudid	4 mg.	53,000
Desoxyn	15 mg.	4,500
Ritalin	20 mg.	130,000
Percodan	--	<u>5,000</u>

Total 256,700 dosage units

During that same period, it filled the following prescriptions written by Dr. McCabe:

Preludin	75 mg.	325 prescriptions	12,734 dosage units
Dilaudid	4 mg.	445	33,265
Ritalin	20 mg.	<u>88</u>	<u>4,365</u>

Totals 858 prescriptions 60,364 dosage units

### 3. Garden Apartments Pharmacy

During our investigation, the Garden Apartments Pharmacy, owned and operated by registered pharmacist Frederick W. Oyen at 1452 North Sedgwick Street, Chicago, was mentioned by drug addicts and abusers as one of the major suppliers of controlled substances. According to our confidential sources, medical prescriptions for controlled substances could be filled there with a minimum of questioning.

One informant said that Oyen "will fill a prescription given any piece of paper that remotely resembles a physician's prescription." Allegedly, Oyen will dispense controlled substance drugs on occasion without any prescription whatsoever.

Commission Agent William P. White III, with the assistance of agents of the Illinois Bureau of Investigation, audited the pharmacy's records on November 26-27, 1973. These records indicated controlled substances inventoried, ordered, and dispensed by the pharmacy from August 1, 1973 through November 15, 1973.

Our audit disclosed that an inordinate number of prescriptions for controlled substances issued by Dr. Payming Leu and Dr. Valeriano Suarez were being filled by Garden Apartments Pharmacy.

It was determined that 25,193 tablets or capsules of controlled substances and 1,188 bottles of Robitussin AC

(a Schedule V controlled substance) were dispensed during that 107-day period. As a result of the Commission investigation, Frederick Oyen was charged with violating the Pharmacists' Practice Act.

Upon information obtained by the Commission during its audit, a formal hearing was held on February 4, 1974, by the Department of Registration and Education, to consider the merits of a complaint filed against Frederick Oyen. The basis of the complaint was the results of our audit performed on November 26-27, 1973, and the conclusions reached therefrom. As a result of these hearings, the Department suspended Oyen's pharmaceutical license for 30 days on the grounds of "gross immorality."

It was determined during our general investigation of the misuse of medical prescriptions for controlled substance drugs that 75 mg. Preludin tablets, 20 mg. Ritalin tablets, .5 gram Doriden tablets, and 4 oz. Robitussin AC bottles were the most sought after and abused controlled substances by street users and addicts.

During the audit period, Garden Apartments Pharmacy reported the receipt of 3,200 Preludin 75 mg. tablets while actually dispensing 3,369 tablets. Since there was no beginning inventory (tablets in stock) of this Schedule II drug, we were unable to determine the reason for the 169 tablet differential. The breakdown is as follows:

	<u>Prescriptions</u>	<u>Tablets</u>	<u>Percentage</u>
Dr. Payming Leu	39	1,665	49.4%
Dr. Valeriano Suarez	15	420	12.5%
Dr. Robert Lande	28	770	22.9%
Other Physicians	<u>18</u>	<u>514</u>	<u>15.2%</u>
Totals	100	3,369	100 %

For 20 mg. Ritalin tablets, the pharmacy received 16,000 tablets while dispensing 16,235 during the audit period. Ending inventory of 31 tablets included five broken tablets. The difference between total accountability and total tablets accounted for was 266 tablets. The breakdown is as follows:

	<u>Prescriptions</u>	<u>Tablets</u>	<u>Percentage</u>
Dr. Payming Leu	163	13,245	81.6%
Dr. Valeriano Suarez	64	2,880	17.7%
Other Physicians	<u>3</u>	<u>110</u>	<u>.7%</u>
Totals	230	16,235	100 %

During the period audited, Garden Apartments Pharmacy received 4,200 three-grain Tuinal capsules while dispensing 4,129 capsules. There was no ending inventory, thereby leaving 71 tablets not accounted for in the records. Again, the following breakdown illustrates the predominance of prescriptions issued by Drs. Leu and Suarez:

	<u>Prescriptions</u>	<u>Tablets</u>	<u>Percentage</u>
Dr. Payming Leu	63	1,603	38.8%
Dr. Valeriano Suarez	77	2,310	55.9%
Other Physicians	<u>6</u>	<u>216</u>	<u>5.3%</u>
Totals	146	4,129	100 %

Another controlled substance, .5 gram Doriden (a Schedule III drug), yielded the largest number of unaccounted tablets. During the period audited, the pharmacy received 2,100 tablets while dispensing 1,460 tablets. With an ending inventory of 92 tablets, the total number not accounted for was 548 tablets. The breakdown is as follows:

	<u>Prescriptions</u>	<u>Tablets</u>	<u>Percentage</u>
Dr. Payming Leu	18	440	29.6%
Dr. Valeriano Suarez	7	210	14.1%
Dr. Robert Allyn Snyder	10	270	20.1%
Dr. Robert Lande	12	195	13.1%
Other Physicians	<u>12</u>	<u>345</u>	<u>23.1%</u>
Totals	59	1,460	100 %

An audit of the pharmacy's Schedule V inventory and disposition of Robitussin AC 4 oz. bottles revealed that the pharmacy had an inordinate amount of sales of this controlled substance. For the period audited, the pharmacy received 1,343 4 oz. bottles and a one-gallon bottle (equal to 32 4 oz. bottles). The pharmacy had over-the-counter sales of 841 4 oz. bottles and prescription sales of 317 4 oz. bottles for total sales of 1,188 4 oz bottles.

There was a closing inventory of 30 4 oz. bottles. Because there was no initial beginning inventory of this controlled substance, we could not determine the disposition of 157 bottles of Robitussin that were apparently unaccounted for. Of the total sales, Dr. Leu accounted for 71 4 oz bottles. Other doctors wrote prescriptions for 55 4 oz. bottles; these latter prescriptions generally were for the same patients and normally issued within a short period of time.

An examination of the Schedule V controlled substance ledger for over-the-counter sales revealed repeated violations of Section 12 of the Illinois Controlled Substances Act, which pertains to the dispensing of a controlled substance in "good faith." For instance, one individual would repeatedly purchase two 4 oz. bottles of Robitussin AC at one time using different names. Owner Frederick Oyen readily admitted that the alleged signatures of the two different people were actually written by the same person.

This ledger also revealed numerous instances where a series of signatures were in identical handwriting but different names and addresses were used. One instance involved the sale of nine 4 oz. bottles of Robitussin AC to the same signer. Another involved alternating signatures in black ink and blue ink by the same signer.

Oyen readily admitted that he sold these large quantities illegally to the same person. He justified his action as a compromise he must make to insure the safety of himself, his family, and his property.

When interviewed by Commission agents, Oyen, who is also a pharmacist at Garden Apartments Pharmacy, explained that pharmacists whose stores are located in low economic and socially deprived neighborhoods are the "weak link" in the chain of drug distribution. Oyen indicated that he was aware that his pharmacy dispenses an extraordinarily large amount of certain controlled substances and that these drugs are being abused by the user. He admitted that on occasion he has filled numerous prescriptions for the same customer at one time, knowing that these were not going to be used for a legitimate medical purpose. When confronted by Agent White that he has not acted in "good faith" in dispensing controlled substances and thus violated the Controlled Substances Act, Oyen agreed but sought sympathy for his predicament.

Citing an example of the "pressure" which was exerted on him as a pharmacist in this neighborhood, he stated that one Nelson Munia presented six prescriptions to be filled. These prescriptions were issued to different persons, either real or fictitious, and were all for controlled substances. In order to appease Munia, he filled five and stated he was "out" of one of the drugs requested.

Oyen stated that he attempts to control his dispensing practices by telling a customer he is either out of a particular drug or by raising the prices for controlled substances. For instance, one prescription for 90 tablets of 20 mg. Ritalin was filled by Oyen at a cost to the customer of \$30. Oyen charges \$5 for one 4 oz. bottle of Robitussin AC, which is a highly abused drug and which Oyen claims to be of "no real medical necessity." Oyen believes his inordinate sales volume of Robitussin AC indicates abuse by the purchasers.

According to Oyen, law enforcement agencies are of little assistance to pharmacies. He believes they are more interested in "doing to" the pharmacy rather than "doing for" it. As an example, he mentioned that one Wendelyn Marshall, who runs a "shooting gallery" (a place where narcotic addicts can go to get narcotics and "crash" after use) in the 1000 block of North Orleans is never "bothered" by local law enforcement agencies.

As a conclusion to his interview with Agent White at the time the audit was performed, Oyen suggested that in order to reduce the drug abuse problem Robitussin AC should be elevated from the Schedule V classification to the Schedule II classification, that all abused drugs be required to be written on triplicate prescription forms and that the abused drugs be deleted from the approved medications for public aid recipients. In Oyen's opinion, the State of Illinois is subsidizing drug abusers and pushers when it pays for drugs obtained by public welfare recipients.

#### 4. Ontario Drugs, Inc.

One of the pharmacies suspected of being involved in the misuse of medical prescriptions was Ontario Drugs, Inc., 630 North State Street, Chicago. According to information received by the Commission, Irving E. Morris, a pharmacist at Ontario Drugs who had previously been arrested for the illegal sale of amphetamines, had allegedly

been involved in a criminal conspiracy with Dr. Charman F. Palmer, another subject of our investigation, in covering up his illegal dispensing of controlled substances drugs. Dr. Palmer had blatantly admitted to Commission investigator Edward J. Doyle on numerous occasions that she had written prescriptions for Morris in order to conceal discrepancies when his controlled substance distribution was more than his prescription authorization.

Acting on this information, agents from the Illinois Bureau of Investigation accompanied Commission investigator William P. White III on November 30, 1973, to Ontario Drugs to audit that pharmacy's records indicating controlled substances inventoried, ordered, and dispensed from June 1, 1973 through November 15, 1973. Of primary interest were the prescriptions written by Dr. Charman F. Palmer for the following controlled substances: 75 mg. Preludin, 20 mg. Ritalin, 15 mg. Desoxyn, and Biphedamine 20.

An examination of Ontario's Schedule II controlled substances prescription file indicated that Morris did not use prescription numbers in his method of filing. Ordinarily, a pharmacist stamps a number in sequence representing the chronology in which all prescriptions are filled. Also, Morris' method of filing the filled prescriptions tended to destroy two vital sources of information. The patient's name and the date were partially destroyed by two holes punched through the prescription.

During the period audited, Ontario had 240 sales of 75 mg. Preludin tablets and an ending inventory of 66 tablets. It received no 75 mg. Preludin tablets during the period; and since there was no beginning inventory figure for 75 mg. Preludin tablets established, there was a difference of 306 pills between total accountability and total tablets accounted for in its records.

Dr. Charman Palmer issued one prescription (25 per cent of the total prescriptions issued for Preludin tablets) for 100 Preludin 75 mg. This prescription represented 41.7 per cent of the total 75 mg. Preludin tablets dispensed by Ontario Drugs.

During the period audited, Ontario Drugs dispensed 685 Ritalin 20 mg. tablets. It received 500 such tablets during this period and had a closing inventory of 430. Since there was no beginning inventory figure established for 20 mg. Ritalin tablets, there was a difference of 615

20 mg. Ritalin tablets between total accountability and total tablets accounted for. Dr. Palmer issued three prescriptions, or 33 per cent of the total prescriptions filled by Ontario for this controlled substance. Dr. Palmer's prescriptions accounted for 260 Ritalin 20 mg. tablets, or 44.8 per cent of the total dispensed by Ontario.

Ontario received 1,000 Biphedamine 20's during June 1, 1973 through November 15, 1973. It dispensed 700 such tablets and had an ending inventory of 308 tablets. Dr. Palmer, who issued seven prescriptions during that period accounted for the entire 700 pills dispensed.

Two thousand 15 mg. Desoxyn tablets were received by Ontario during the period audited. While dispensing 1,690 of these tablets, Ontario had an ending inventory of 119 tablets. Although no beginning inventory was established, total accountability exceeded total tablets accounted for by 191 tablets. Further, Dr. Palmer, through the issuance of 17 prescriptions, accounted for the entire 1,690 Desoxyn 15 mg. tablets dispensed. Dr. Palmer also accounted for the entire 200 Desoxyn 5 mg. tablets dispensed by Ontario as well as issuing prescriptions encompassing 300 Didrex 50 mg. pills and 200 Dexamyl 5 mg. tablets.

Our audit also revealed that among the Schedule II prescriptions there were numerous instances of Dr. Palmer's prescriptions being filled over three weeks after she issued such prescriptions.

The Commission's audit also disclosed that Ontario had 406 sales of 4 oz. Robitussin AC during the period audited. It received 336 4 oz. bottles. There was a difference between total bottles accounted for and total accountability of 83 4 oz. bottles. Again, we had no initial inventory figure. Review of the Schedule V controlled substances ledger revealed that Morris is a continuous purchaser of Robitussin AC. His purchases, however, were within reasonable limits.

#### 5. Landsman Pharmacy

Numerous prescriptions for controlled substances issued by Dr. Payming Leu and Valeriano Suarez were filled at the Landsman Pharmacy, 4000 West Division Street, Chicago, owned by registered pharmacist Jerome D. Midanek. Many of these prescriptions were issued by Dr. Valeriano Suarez and Dr. Payming Leu.

For approximately six months, this pharmacy had been under surveillance by the Department of Registration and Education for alleged illegal sales of Schedule V controlled substances. On October 20, 1973, a survey was conducted by the Department of Landsman's controlled substances dispensed between June 1, 1973 and October 1, 1973, a 122-day period. During that period, the pharmacy dispensed 31,230 tablets or capsules of controlled substances and 251 4 oz. bottles of Robitussin AC pursuant to 1,315 prescriptions issued by Dr. Leu. During this same period, the pharmacy dispensed 18,665 tablets or capsules of controlled substances and 604 4 oz. bottles of Robitussin AC pursuant to 1,222 prescriptions written by Dr. Suarez.

This survey also indicated that patients were coming from distances outside of the normal service area and that the total amount of controlled substances drugs dispensed during this time period was in excess of the normal volume for competing area drug stores. Finally, the frequency of dispensing and prescribing controlled substances to the same patients or their alleged families indicated that good faith and legitimate medicinal purposes were not the intent of the aforementioned practitioners.

Pursuant to a request by the Commission, investigators from the Department of Registration and Education, Drug Compliance Section, assisted our agents in performing an audit of the controlled substance drugs dispensed by Landsman Pharmacy from August 1, 1973 through November 20, 1973. On November 27, 1973, agents from the Department and the Commission went to the pharmacy and served Mr. Midanek with a subpoena duces tecum but were refused access to the pharmacy's records concerning controlled substances; hence, no audit could be performed. Midanek was cited to appear informally on November 29, 1973, by the Department; on that date, he agreed not to fill any more prescriptions for Drs. Leu and Suarez. No subsequent attempt was made to perform an audit.

After consulting with a representative of the Drug Compliance Section of the Illinois Department of Registration and Education, Agents Dennis A. Hamilton and Edward J. Doyle obtained the results of the October 20, 1973, survey conducted by the Department, of Schedules II through V controlled substances dispensed by Landsman Pharmacy for the period from June 1, 1973, to September 30, 1973.

The results of this survey disclosed that of the Schedule II controlled substances Biphedamine T-20, 75 mg. Preludin, and 20 mg. Ritalin tablets were the most often prescribed drugs by Dr. Leu. Landsman Pharmacy dispensed a total of 7,320 Biphedamine tablets pursuant to 110 prescriptions written by Dr. Leu. In regard to 75 mg. Preludin tablets, 1,265 were dispensed pursuant to 61 prescriptions issued by Dr. Leu. Thirty-two prescriptions issued by Dr. Leu for 20 mg. Ritalin tablets, or a total of 2,290 tablets, were filled by Landsman Pharmacy.

Upon examining the pharmacy's records for Schedule III controlled substances, three-grain Tuinal tablets and .5 gram Doriden tablets were the most often prescribed by Dr. Leu. There were also numerous bottles of Robitussin AC, a Schedule V controlled substance, prescribed by Dr. Leu.

According to the Department's findings, Dr. Leu issued 521 prescriptions for three-grain Tuinal tablets. Pursuant to these prescriptions, a total of 15,630 tablets were dispensed by Landsman Pharmacy. During the period surveyed, 4,725 .5 gram Doriden tablets were dispensed pursuant to 152 prescriptions written by Dr. Leu. Finally, 251 4 oz. bottles of Robitussin AC were sold by Landsman Pharmacy pursuant to 251 of Dr. Leu's prescriptions.

Landsman Pharmacy was also notorious for the filling of Dr. Valeriano Suarez' prescriptions. Information gleaned from the survey indicated that 75 mg. Preludin, 15 mg. Desoxyn, and 20 mg. Ritalin tablets, all Schedule II drugs, were the drugs for which prescriptions were most often issued by Dr. Suarez. During the period surveyed, Landsman Pharmacy filled 67 prescriptions for 75 mg. Preludin tablets, or dispensed a total of 2,010 of such tablets. It also filled 12 prescriptions for 15 mg. Desoxyn tablets, which constituted a total of 345 of such tablets, and 60 prescriptions for 20 mg. Ritalin tablets, or a total of 1,800 of such tablets.

As for Schedules III and V controlled substances, prescriptions for three-grain Tuinal capsules, .5 gram Doriden tablets, and 4 oz. bottles of Robitussin AC were the most numerous written by Dr. Suarez. Landsman Pharmacy filled 67 prescriptions for .5 gram Doriden tablets, or a total of 1,970 tablets dispensed, 412 prescriptions for three-grain Tuinal capsules, which constituted 12,540 tablets dispensed, and 604 4 oz. bottles of Robitussin AC, or a total of 3,104 ounces dispensed.

An examination of the pharmacy's records reflected either outright violations of the Illinois Controlled Substances Act or questionable practices in filling prescriptions. For instance, there were numerous instances whereby (1) prescriptions issued to the same person for the same drug were filled prior to the expiration of preceding prescriptions; (2) the pharmacy filled comparable prescriptions issued to the same person from two doctors for the same drug within questionably short intervals of time; (3) customers had two prescriptions issued to the same person from the same doctor for two different drugs every few days; and (4) sales of more than 4 oz. of Robitussin AC to the same person within a 96-hour period, which is prohibited by statute.

Information from other sources was also given to the Commission, which disclosed purchases of 189,900 20 mg. Ritalin tablets from January 3, 1973 to April 6, 1973, a time frame of approximately 96 days. However, our investigation did not disclose the final disposition of these tablets. It may be assumed, however, from the extraordinarily large volume of other controlled substances dispensed by this pharmacy that a high percentage of these tablets were illicitly obtained and disposed of by drug abusers.

6. Schmid-Lofgren Prescription Laboratory, Inc.

Another pharmacy investigated for abuse of medical prescriptions of controlled substances was the Schmid-Lofgren Prescription Laboratory, Inc., 30 East 111th Street, Chicago. Richard F. Michalak is the registered pharmacist in charge, and Harold H. Schmid is the President of the corporation. Our investigation disclosed that an inordinate amount of prescriptions for controlled substances issued by Dr. Louis H. Coggs were filled at this pharmacy.

On November 20, 1973, an investigator from the Illinois Bureau of Investigation, Commission Agent Edward J. Doyle and a representative of the United States Drug Enforcement Administration performed a joint audit of this pharmacy's controlled substances dispensed from May 1, 1973 to November 20, 1973.

During that period, a total of 999 prescriptions for 43,198 dosage units of controlled substances were filled by Schmid-Lofgren. Dr. Coggs issued 861, or approximately 66 per cent, of these prescriptions. The following analysis indicates the types of drugs for which these prescriptions

were written and the quantity of prescriptions for a particular controlled substance issued by Dr. Coggs. It is noted that 20 mg. Ritalin tablets and Demerol in 30 cc. vials were the controlled substances most often prescribed by Dr. Coggs.

<u>Controlled Substance</u>	<u>Total Number of Prescriptions</u>	<u>Number Written By Dr. Coggs</u>	<u>Percentage Written By Dr. Coggs</u>
Preludin 75 mg.	96	11	12
Ritalin 20 mg.	334	322	96
Desoxyn 15 mg.	44	40	9
Demerol 20 cc.	66	57	86
Demerol 30 cc.	339	331	97
Demerol 50 mg.	18	2	11
Demerol 100 mg.	10	9	90
Morphine Sulphate 1/4 grain	86	85	96
Methadone	1	0	0
Quaalude 150 mg.	3	3	100
Quaalude 300 mg.	2	1	50
Totals	999	861	

The following table indicates the amount of dosage units dispensed by this pharmacy for the audit period previously indicated.

Ritalin	20 mg. tablets	29,410 dosage units
Preludin	75 mg. endurets	3,118
Desoxyn	15 mg. gradumets	1,295
Demerol	30 cc. vials	339
Demerol	20 cc. vials	66
Demerol	50 mg. tablets	1,010
Demerol	100 mg. tablets	560
Morphine Sulphate	1/4 gr. tablets	4,052
Tuinal	1-1/2 gr. capsules	1,335
Seconal	1-1/2 gr. capsules	2,013
Total		43,198 dosage units

7. Lake View Prescriptions Laboratory, Inc.

On November 26, 1973, a Commission investigator, and a compliance investigator of the Illinois Bureau of Investigation performed a joint audit of the controlled substances prescription records of the Lake View Prescriptions Labora-

tory, Inc., 613 West Diversey, Chicago, owned and operated by registered pharmacist Hyman Shipkin.

The audit covered the period from August 1, 1973 to November 26, 1973, and disclosed the following data:

Ritalin	5 mg. tablets	1,090 dosage units
	10 mg. tablets	950
	20 mg. tablets	1,170
Preludin	25 mg. tablets	150
	50 mg. endurets	50
	75 mg. endurets	2,186
Desoxyn	5 mg. gradumets	2,000
	10 mg. gradumets	0
	15 mg. gradumets	890
Percodan	Tablets	<u>1,300</u>
	Total	9,786 dosage units

It is noted that there was a large distribution of 20 mg. Ritalin tablets, 75 mg. Preludin endurets, and 5 mg. Desoxyn gradumets, all of which are among the most abused controlled substances on the "street."

#### 8. Austin Drug Company

A large number of controlled substances prescriptions issued by Dr. Valeriano Suarez were filled at the Austin Drug Company Pharmacy, 8801 West Roosevelt Road, Berwyn, owned by Leo Simon and where Paul Weissman is the registered pharmacist in charge.

During the course of our investigation, and before we had an opportunity to have a complete audit performed of this pharmacy, agents of the United States Drug Enforcement Administration confiscated the controlled substances prescription records of the pharmacy, specifically for the period from June 1, 1973 to November 15, 1973, in connection with the development of their investigation against Dr. Suarez.

On November 26, 1973, agents of this Commission and the Illinois Bureau of Investigation conducted an accountability audit of the pharmacy by examining their purchase invoices and taking inventory of available controlled substances. As a result of this examination it was determined

that from the period from August 27, 1973 to November 26, 1973, the following drugs had been dispensed but it was not possible to identify the issuing physicians because the prescription records were unavailable:

Ritalin	20 mg. tablets	1,000 dosage units
Preludin	75 mg. endurets	1,280
Desoxyn	15 mg. tablets	155
Tuinal	3 gr. capsules	<u>806</u>
	Total	3,241 dosage units

On August 27, 1973, the Illinois Bureau of Investigation had conducted a previous accountability verification, without the benefit of having prescription records, covering the period from June 1, 1973 through August 27, 1973, which disclosed that the following drugs had been dispensed:

Ritalin	5 mg. tablets	262 dosage units
	10 mg. tablets	740
	20 mg. tablets	37,281
Tuinal	1-1/2 gr. capsules	120
	3 gr. capsules	18,274
Seconal	1-1/2 gr. capsules	317
Doriden	1/2 gr. capsules	3,600
Robitussin AC	4 oz. liquid	<u>2,372</u>
	Total	62,966 dosage units

#### 9. State-Elm Drugs, Inc.

The Bureau of Drug Compliance of the Illinois Department of Registration and Education conducted an audit on November 20, 1973, of the medical prescriptions for controlled substances issued by the State-Elm Drugs, Inc., 1146 North State Street, Chicago, for the period from August 1, 1973 to October 15, 1973. Jacob Perlstein is the registered pharmacist and owner of this pharmacy.

The survey indicated that the drug store was filling large quantities of controlled substances prescriptions, principally for the anorectic (weight reducing) drugs, for six physicians in Chicago:

Dr. Allen W. Glinert, 1150 North State Street  
 Dr. Sheldon I. Levin, 1200 North Dearborn Street  
 Dr. Annemarie Wanko, 1821 North Lincoln Plaza

Dr. Edward W. McNamara, 1150 North State Street  
Dr. Payming Leu, 3836 West Madison Street  
Dr. A. Almendros, 116 South Michigan Avenue

Dr. Glinert (who appeared at our public hearings on December 6-7, 1973), wrote 56 prescriptions, or 25 per cent, as follows: 23 for Preludin 75 mg.; 14 Biphedamine 20 mg.; 12 Dexedrine 5 mg.; 4 Eskatrol and 3 Dexamyl prescriptions.

Dr. Leu (who also appeared at our public hearings but invoked the Fifth Amendment) wrote seven prescriptions, or three per cent, all of which were for Ritalin 20 mg. tablets.

Dr. Sheldon Levin wrote 53 prescriptions, or 23 per cent, for a coded prescription drug named R.E.D., an amphetamine combination. That drug is no longer on the market so Dr. Levin is prescribing Phendimetrazine Tartrate 35 mg.

Dr. Almendros wrote 16 prescriptions, or seven per cent, as follows: 12 for Dexedrine 5 mg.; three for Dexamyl tablets and one for Biphedamine 20 mg.; and three Ritalin 10 mg.

Dr. McNamara wrote nine prescriptions, or four per cent, six for Biphedamine 20 mg. and three for Ritalin 10 mg.

Dr. Wanko wrote seven prescriptions, or three per cent, which were all for Ritalin 20 mg.

Many other varied Schedule II drugs were on file but no significant trend was noted. There were no recorded sales of Schedule V drugs.

It was noted that many generic drugs were used, however, all of the above drugs were brand name. It was also noted that many of the prescription customers appeared to be young women. The major portion of the store's volume is apparently general merchandise. It appears that the prescription volume constituted less than 20 per cent of the total volume.

After an intensive scrutiny of the invoices indicating purchases, it was found that during the period of the controlled substances prescriptions survey, 34,200 Quaalude 300 mg. tablets were purchased prior to October 15, 1973. In rechecking all the prescription files for the same

period, not one prescription was found for Quaalude. When the manager was questioned concerning this, he had no explanation nor did he volunteer any information regarding the above discrepancy. It was recommended that this fact be brought to the attention of the State Board of Pharmacy since Methaqualone is now a Schedule II drug.

10. Becker Professional Pharmacy, Inc.

Alvin C. Klein is the registered pharmacist and owner of the Becker Professional Pharmacy, Inc., at 4744 North Western, Chicago, which filled numerous controlled substances prescriptions issued by Gerald McCabe.

Two separate audits were conducted of this pharmacy. On December 6, 1973, the Bureau of Drug Compliance of the Illinois Department of Registration and Education determined that for the month of November, 1973, this pharmacy filled 125 prescriptions issued by Dr. McCabe for a total of 12,300 dosage units of controlled substances, as follows:

Dilaudid	3,300 dosage units
Morphine	6,230
Desoxyn	210
Percodan	600
Ritalin	290
Preludin	1,610
Dexedrine	60

Total 12,300 dosage units

It would indicate that for one year this pharmacy dispensed about 147,600 dosage units of controlled substances on 1,500 prescriptions issued by Dr. McCabe.

On January 21, 1974, the Commission audited this pharmacy and determined that for the period from September 1, 1973 through January 1, 1974, it dispensed 46,294 dosage units of controlled substances, pursuant to 713 prescriptions issued by Dr. McCabe, as follows:

Preludin	75 mg.	190 prescriptions	7,850 dosage units
Dilaudid	4 mg.	258	19,335
Morphine			
Sulfate	1/2 gr.	258	18,769
Ritalin	20 mg.	7	340
Totals		713 prescriptions	46,294 dosage units

It is noted that during this four month period, 79 per cent of the total amount of controlled substances dispensed by this pharmacy represented prescriptions issued by Dr. McCabe.

11. Acquisition of Prescription Blanks

During our investigation we received information that prescription blanks could be easily obtained by addicts and abusers from printing companies and from pharmacies offering printing services to physicians. These fraudulent prescriptions could then be used by the procurers or sold to other abusers.

In order to verify the accuracy of these allegations Commission Agent Edward J. Doyle, on August 30, 1973, telephoned Walgreens Drug Store, 4 North State Street, Chicago, Illinois, representing himself to be Dr. Michael D. Mopey, who was currently a physician moving from Minneapolis, Minnesota to Chicago, Illinois, and wished to have prescription blanks printed.

Mr. Harold Freyermuth, Chief Pharmacist, informed Agent Doyle that Walgreen supplied this service to doctors, free of charge, in anticipation that the doctors would do business with their chain of stores. He requested Agent Doyle to submit a written request for the printing of these prescription blanks.

Included, with other information, in this letter was a fictitious BNDD number (number assigned to physicians by the Former United States Bureau of Narcotics and Dangerous Drugs, which is currently the Drug Enforcement Administration, DEA), and the address of 300 West Washington Street, Chicago (the building in which the Commission's office is located).

On October 12, 1973, Agent Doyle again telephoned Mr. Freyermuth. Freyermuth stated that 300 prescription blanks were ready and had been sent over by messenger to the address indicated by Agent Doyle, but that the messenger was unable to locate a Dr. Mopey.

After giving an explanation as to why Dr. Mopey was not yet listed in the building to which the messenger had gone, Agent Doyle stated that the prescription blanks would be picked up by one of his assistants.

Agent John Baylor went to the Walgreens Store, 4 North State Street, Chicago, Illinois, and received a package

of 12 prescription blank pads, each containing 100 prescriptions. Upon inspection, after returning to the Commission office, it was noted that one pad of prescriptions contained only 99 blanks for Dr. Mopey with one blank imprinted with the name of another doctor. Four other complete prescription pads were for an ophthalmologist in Wilmington, North Carolina.

Mr. Freyermuth was contacted and informed of the mistake. When told that the four prescription pads would be returned on October 14, 1974, he replied that there was no hurry and that he was sorry for the inconvenience. He stated that Dr. Mopey should have received ten prescription pads and that someone else must have the other two with Dr. Mopey's name on them. He again commented that there was no "rush" to return the pads, adding, "as long as they don't fall into the wrong hands."

On October 30, 1974, Mr. Harold G. Freyermuth appeared in the Commission's office pursuant to our Executive Director's request, to answer questions regarding Agent Doyle's acquisition of blank medical prescriptions under the fictitious name of Dr. Michael D. Mopey. Mr. Freyermuth was represented by Walgreens Corporate Counsel, Mr. Pasquale Zambrino.

Mr. Freyermuth indicated he has been employed by Walgreens for 43 years, 38 of which he has been Manager of the Pharmacy Department in various locations. He has been Manager and General Supervisor at the 4 North State Street location since 1970. His duties include insuring that the stock is complete, that the work schedules are filled out and followed, and that other general administrative functions are performed.

He admitted that he received a telephone call requesting that prescription blanks be printed for a Dr. Mopey and that when he received the confirming letter he forwarded it to the Professional Services Department for Walgreens, 4300 West Petersen Avenue, Chicago, Illinois. It was directed to the attention of Mr. Michael L. Barnd, Director of the Professional Services Department.

Mr. Freyermuth further admitted that a request for prescriptions via a letter is not common and that usually when filling such a request they ask the doctor to bring in a sample prescription blank. He said in this case it did not seem that unreasonable because of the cover story that Dr. Mopey was moving to Chicago from Minneapolis.

According to Mr. Freyermuth, he has no responsibility in checking the identity of the requesting physician. He claimed this was the obligation of the Professional Service Department. Mr. Freyermuth stated that around October 10, 1973, he received the packet of prescription blanks for Dr. Mopey. He then stated that he sent the blanks over to Dr. Mopey's office address, via messenger.

When the messenger could not locate or identify Dr. Mopey, he became suspicious as to Dr. Mopey's existence and made an attempt to identify him through the telephone company, as well as through the files of the American Medical Association. According to Mr. Freyermuth, he stated that the telephone company had no information of a new listing for a Dr. Michael D. Mopey, but commented that they would not have any listing for approximately two to three weeks after the service was initiated.

The American Medical Association was unable to identify Dr. Mopey and commented that they only had listings for Illinois Licensed Physicians and not physicians from Minneapolis.

Mr. Freyermuth said that he did not contact the United States Drug Enforcement Administration to verify Dr. Mopey's BNDD number. Mr. Zambrino added that he does not believe pharmacists can directly contact DEA, to which Mr. Freyermuth agreed. According to Commission information, however, the Drug Enforcement Administration will make such verification upon request by a pharmacist.

Mr. Freyermuth stated that just after he finished talking with the American Medical Association, Agent Doyle called him, posing as Dr. Mopey, asking if the prescriptions could be picked up. He stated that an individual identifying himself as Dr. Mopey's messenger came for the prescriptions, and after what Mr. Freyermuth described as a lengthy conversation, he turned them over to him.

According to Agent John Baylor, who picked up the prescriptions, he went in to the pharmacy and informed one of the men behind the pharmacy counter that he was sent by Dr. Mopey. An unidentified individual behind the counter asked if he was Dr. Mopey, to which he replied that he was not and that he was only picking up the parcel for him.

Mr. Freyermuth then brought the parcel out and presented it to him saying, "Here they are." A brief discussion was held pertaining to the attempted delivery, at

which time Agent Baylor explained that Dr. Mopey was an office-staff physician at the Washington Street address given by Agent Doyle.

Mr. Freyermuth commented that he again became suspicious of Dr. Mopey's identity when he was not able to retrieve the prescriptions that were mixed in with the Mopey prescription shipment. He added that his suspicions were confirmed when Agent Hamilton called him on October 29, 1973, asking him to appear before the Executive Director the next day. He stated the address looked familiar; and when he checked the Commission phone number against the BNDD number, he knew it was our office that had obtained the Mopey prescriptions.

According to Mr. Freyermuth, he has never heard or had anyone attempt to obtain prescriptions from his store in this manner. He commented that he doubted drug abusers would spend that much time in obtaining these forms.

On October 31, 1973, Mr. Michael L. Barnd, Director, Professional Service Division, Walgreens Drug Store, 4300 West Petersen Avenue, Chicago, Illinois, was interviewed. As previously indicated, Mr. Barnd's department handles the requests for printing prescriptions for doctors patronizing the Walgreens chain.

According to Mr. Barnd, Mr. Freyermuth was responsible for ascertaining whether Dr. Mopey was a real or fictitious physician. He admitted receiving the request for the prescription blanks and checked the file to see if Walgreens had ever prepared prescriptions for Dr. Mopey on prior occasions, commenting this was the normal procedure.

After checking with the State Street store and concluding that there was no information on Dr. Mopey, he directed that the request be returned to Mr. Freyermuth for further inquiry.

In Mr. Barnd's words, "What Fry (Freyermuth) did after he got it back, I don't know." Mr. Barnd alleges he knows nothing of how the request for printing got through his office but added that he approves all printing requests going to their printer, the Hehn Printing Company, 1842 South Cicero, Cicero, Illinois.

He further indicated that it takes approximately ten days to two weeks to fill a prescription order and added that on October 9, 1973, he received a packet back from Hehn Printing Company containing blank prescriptions for

Dr. Mopey. At this time, according to Mr. Barnd, he believed Mr. Freyermuth was satisfied with Dr. Mopey's identity. As to the packaging of the prescription blanks Mr. Barnd said that the printer packaged them and could not account for the wrong pads being included.

Mr. Barnd stated once they were sure there was no Dr. Mopey, they immediately issued a directive to all Illinois Walgreens pharmacists, dated October 29, 1973, not to fill any prescriptions written by Dr. Mopey; however, this directive was for a Dr. Michael P. Mopey, not Dr. Michael D. Mopey, which is the name that was given by Agent Doyle.

From the aforementioned account of this phase of our investigation the Commission concluded that prescription blanks can be easily obtained from large pharmaceutical chains offering printing services. It should further be noted from our investigation that what transpired at Walgreens is indicative of the inadequate procedure followed by some large drug stores in verifying the true identity of a person representing himself to be a physician.

## Chapter 5

PUBLIC HEARINGS: CHICAGO  
DECEMBER 6 - 7, 1973

### A. Introduction

On December 6 and 7, 1973, the Commission conducted public hearings in connection with House Resolution 285 concerning the misuse of medical prescriptions for controlled substances by various physicians, pharmacies, and drug abusers.

At these hearings, the Commission heard testimony from drug addicts, Commission investigators who made undercover purchases of medical prescriptions from various physicians who are engaged in the practice of selling medical prescriptions for controlled substances, owners of pharmacies where many of these drug prescriptions are filled, physicians, and representatives of various state and federal government agencies who are responsible for the enforcement of drug laws and supervision over pharmacists and prescriptions.

The following is a summary of the testimony heard at these hearings.

### B. Glenn Fischer

Mr. Fischer is currently employed as a painter. In the past, he has engaged in many illicit activities, including the illegal sale of controlled substance drugs to abusers. Prior to the hearings, he had been very cooperative with Commission investigators in relating information concerning various doctors who engage in the sale of medical prescriptions of controlled substance drugs.

Upon questioning by Co-chairman Joseph G. Sevcik, Mr. Fischer admitted that he had been arrested on numerous occasions for various offenses, including burglary, armed robbery, grand theft, illegal possession of narcotics, barbiturate acids and hypodermic needles, the unlawful possession and sale of marijuana, and murder. He testified



The Commission conducted public hearings on December 6-7, 1973, at the Metropolitan Sanitary District, Board Room. From left to right: Senator John B. Roe; Senator Daniel Dougherty; Executive Director Charles Siragusa; Commission Co-Chairmen, Representative Joseph G. Sevcik and Senator Philip J. Rock; Representatives George H. Ryan, Sr. and Peter P. Peters. In the background: Chief Counsel Louis R. Fine and Assistant Counsel Jordan H. Bodenstein. Not shown, but present at the hearings, were Representatives Horace L. Calvo and James C. Taylor.

that at the time he committed murder he was high on Desbutal. He further stated that he is now on a five-year probation for possession of heroin.

Mr. Fischer began his drug career at the age of 14. At that time, he started taking heroin. In order to maintain his habit, which exceeded \$300 a day, Mr. Fischer and a friend of his by the name of "Sonny" would rob drug stores. Further, in order to obtain drugs and money, he and another friend, Jimmy Jordan, set up a phony prescription business whereby Mr. Jordan would masquerade as a doctor and go to various print shops to get prescriptions printed. He used such names as Drs. Reuben Mark, Jerome Katz, and Eugene Sheldon. Drs. Mark and Katz were real doctors, but Dr. Sheldon was completely fictitious. According to Mr. Fischer, if any pharmacy wanted to check the validity of the prescription, they would call the number listed thereon. This number would be answered by an answering service, which was set up by Mr. Jordan and Mr. Fischer; in fact, Mr. Jordan would be the one receiving the call.

Co-chairman Sevcik showed Mr. Fischer various letterheads, stationery, prescription blanks, and other documents. The National Health Institute and the Illinois Psychiatric Research Institute were printed on each of these, and Mr. Fischer identified these as the names he and Mr. Jordan used for their business.

Mr. Fischer testified he had been arrested for the possession of stolen mail. He explained he was to pay someone in the U.S. Postal Department approximately \$2,000 for \$10,000 worth of stolen checks. This money, which he used to pay for the checks, was obtained by cashing prescriptions and selling the drugs purchased therefrom.

Although Mr. Fischer has indicated that he is trying to stop taking drugs, he stated that up to a month ago he was taking Preludin. When questioned in regard to how he obtained prescriptions for this drug as well as any others, Mr. Fischer stated that prescriptions are easily accessible from doctors and that one can use most any excuse in order to obtain them. He indicated that he would tell them he was overweight; and since he was, there was no reason why they wouldn't believe him.



Representative Sevcik (left) and Senator Rock (right), Commission Co-Chairmen, questioned witness Glenn Fischer concerning his excessive use of dangerous drugs over the past several years.

He also stated that many doctors never give a physical examination but merely write a prescription. Some might give a blood test or a urine test, but this was just a "cover-up." For instance, Dr. Bernardo Correa, who was noted for giving patients blood tests, knew that what he was doing was wrong as he always had drug addicts in his office and was always writing prescriptions for "speed" and "downers."

Mr. Fischer testified that he has purchased prescriptions from several doctors. A list of these doctors who either sold prescriptions for controlled substances to him or who he knows will sell such prescriptions is included in Chapter 4.

Mr. Fischer further testified that it is relatively easy to have a prescription filled at Irving's Pharmacy No. 1, located at 1601 West Montrose, Chicago, Illinois, and Irving's Pharmacy No. 2, located at 1346 West Irving Park Road, Chicago, Illinois. Both of these pharmacies are owned by Mr. Irving Cotovsky, who was also a witness at these hearings.

When questioned by Co-chairman Sevcik as to whether or not those pharmacies would charge a higher price for these prescriptions, Mr. Fischer stated that occasionally when he was "cashing" a substantial number of prescriptions for Ritalin tablets they would raise their prices. He also indicated that he would never argue with them because he was making money on the prescription which he was cashing as well as on the pills he obtained.

According to Mr. Fischer, Ritalin and Preludin are now the most popular drugs on the market. Preludin has taken the place of Desoxyn and Desbutal. Other popular drugs are Tuinal, Seconal, and Nembutal.

The fact was brought out that on October 15, 1973, Mr. Fischer took Commission Investigator Dennis Hamilton to Dr. Myroslaw Cherny in order that Agent Hamilton could make an undercover purchase of medical prescriptions for controlled substance drugs. He further indicated that he went in to see Dr. Cherny before Agent Hamilton and explained to the doctor that he had brought "a new visitor." According



Drug addict Glenn Fischer was the Commission's first witness at its public hearings in Chicago which started December 6, 1973. In response to Co-Chairman Joseph G. Sevcik's question: "Would you kill in order to maintain your habit?" Fischer answered: "I would, and I have."

to Mr. Fischer, Agent Hamilton had no trouble in obtaining a prescription.

Mr. Fischer indicated that on October 16, 1973, he had told Agent Hamilton that a motorcycle gang was out to kill him because he was involved with a girlfriend of one of the members of that gang. Prior to that time, Mr. Fischer indicated that he had "shot" 20 Preludin tablets and that the effects of these injections caused him to experience delusions of paranoia.

Upon being questioned in regard to pushing drugs, Mr. Fischer stated that he and Clarence Johnson would "push" pills on the South Side. He further stated that Mr. Johnson was his "in" with the Negro population in that area. However, Mr. Fischer could not tell the Commission where Mr. Johnson was presently located.

Perhaps the most dramatic comment that Mr. Fischer made to the Commission was his response to the question queried by Co-chairman Sevcik: "Would you kill in order to maintain your habit?" To this question, Mr. Fischer responded, "I would and I have."

Co-chairman Sevcik also asked Mr. Fischer how many of his friends had died of an overdose; and in response thereto, Mr. Fischer indicated that approximately 20 had died of an overdose, which was a result of not necessarily obtaining illegal prescriptions but of obtaining drugs easily and illegally. Mr. Fischer also indicated that he has taken an overdose, but rather than go to a hospital, he has just "sweated it out" by himself.

Upon inquiry by Representative George H. Ryan as to his maximum capacity for taking various controlled substance drugs at any one time, Mr. Fischer indicated that he could take "speed" all night long. He stated that when Desoxyn was on the market he would "cook" 60 gradumets and then inject them.

Representative Ryan also questioned him as to what he would sell 30 Preludin tablets for, and Mr. Fischer replied that the street value was approximately \$1.00 per tablet.

He further stated that in order to maintain the "feelings" that he wanted to incur, he would have to take 40 tablets of Preludin a day. He also stated that after one is off Preludin one's appetite becomes voracious, which is why he is presently heavy.

Mr. Fischer stated that a doctor would normally write a prescription for a maximum of 60 Preludin tablets, and he believes that is the maximum for which any doctor would write. He also stated that if he were going to be pushing these drugs as a main source of support, he would be able to sell approximately \$100,000 or more a year. This was based on the hypothesis that he would sell all that he purchased. However, Mr. Fischer indicated that much of what he purchased he would use for himself.

After Representative Ryan had completed his questioning, Representative Peter P. Peters asked Mr. Fischer what he would have to do to find a contact for drugs if he had just arrived in Chicago. Mr. Fischer stated that it would not take long to find someone who pushes drugs, but he would have to know someone. For instance, if one went to a rock concert, one would merely have to "ask around."

Further, Mr. Fischer indicated to Representative Peters that the names of doctors and pharmacies he had provided the Commission are commonly known on the street. He further stated that it is no secret to law enforcement agencies either.

Representative Peters then inquired as to how the drug problem might be alleviated. To this, Mr. Fischer indicated that changing the classification of the most abused drugs might make it more difficult for pushers to obtain them. Further, by taking the drugs which he considered to be most popular and enacting a statute making possession of them a felony might be a means to control their illegal traffic. Mr. Fischer also indicated to Representative Peters that many doctors, especially Dr. Gerald McCabe, know what they are doing by writing these prescriptions and are doing it strictly because of the money.

Executive Director Charles Siragusa inquired into the role of the pharmacist in regard to prescriptions for

controlled substance drugs. In the case of the drug Preludin, Mr. Fischer explained that a doctor would prescribe between 30 and 60 tablets to be taken one a day. He further indicated that prior to the legal expiration of a drug, he would obtain another prescription for the same drug for the same amount and return to the same pharmacist to have it filled. Even though the pharmacist realized he could not have used up the quantity of pills from the first prescription, the second prescription would be filled. According to Mr. Fischer, this would occur at Irving's Pharmacies.

Upon Mr. Siragusa's inquiry as to whether or not a person in Mr. Fischer's position would be reluctant to sell drugs to children under 16, Mr. Fischer indicated that most pushers will not sell to children under 16 or 17 years of age. He further stated that drugs were sold to young females in order for them to become prostitutes.

Mr. Fischer was asked whether or not he ever mixed drugs with alcohol, and he stated that he did so on numerous occasions. He further indicated that any drugs when injected with alcohol are especially dangerous, but he still mixes them.

He also testified that while he was under the influence of alcohol he has gone to doctors and obtained prescriptions for controlled substances. He stated that the doctors would know that he was under the influence and would know the possible effects of the mixture of drugs and alcohol, but they would still give him prescriptions.

Mr. Siragusa inquired as to what motivated Mr. Fischer to testify at these hearings. To this question, Mr. Fischer replied, "I am tired of ruining myself, and I am tired of seeing other people ruined on drugs." He said that he had never talked to doctors in regard to the prescriptions reaching the hands of youngsters, but he indicated that the doctors knew this situation existed.

C. Representative Bruce L. Douglas

Representative Douglas was the sponsor of House Resolution 285, which mandated the Commission to investigate



Representative Bruce L. Douglas, sponsor of House Resolution 285, testified that he was greatly concerned about the misuse of medical prescriptions, the necessity for self-discipline among physicians, and the importance of State disciplinary measures against errant physicians.

the misuse of medical prescriptions for controlled substance drugs by certain physicians and pharmacies. The following is a synopsis of Representative Douglas' statement made to the Commission.

Mr. Douglas was told by a representative of the Department of Registration and Education that it would be futile to investigate the problem of the misuse of medical prescriptions for controlled substances because of the lack of effective sanctions against those physicians engaging in this practice. He, thus, proposed that a State Medical Disciplinary Board be established. The Board, which would be separate from the Medical Examining Committee, would be empowered to investigate physicians suspected of serious misconduct.

The Board was originally recommended by the Illinois State Medical Society in its 1972 annual report. Representative Douglas sponsored House Bills 1167 and 1168, which would have implemented the concept; however, there was no action taken on these Bills by the General Assembly during this past session.

According to Representative Douglas, the Medical Examining Committee is equipped only to examine and evaluate physicians for licensure and not for disciplinary purposes.

Representative Douglas also testified that, between 1968 and 1972, only eight licenses granted to physicians were revoked and that subsequent to their revocation, charges against six of these doctors were dismissed. He stressed the necessity for the establishment of an independent Medical Examining Committee, which would include in its membership all branches of medicine as well as an osteopath. He also believed that there should be public representation on the Committee as well.

In conclusion, Representative Douglas stated that the medical profession was interested in self-discipline and state discipline of physicians over whom the Medical Society, through its limited resources, has little, if any, control at all.

D. Mr. Edward J. Doyle

Mr. Doyle is an investigator for the Commission and was assigned to investigate the abuse of medical prescriptions of controlled substances within the State of Illinois.

Agent Doyle testified that his primary responsibility was to identify the abusing physicians and pharmacists within Illinois and, in particular, the Chicago area. After the names of these individuals were ascertained, it was his responsibility, along with other Commission agents, to make undercover "buys" from both physicians and pharmacists to exemplify the problem of abuse.

In order to fully determine the nature and extent of the problem, Agent Doyle was responsible for obtaining information as to what controlled substance drugs are the most sought after on the "street" and, hence, subject to abuse. He was also charged with the duty of interviewing various federal, state, and local law enforcement agencies responsible for controlling drug abuse, as well as representatives from various professions who are directly or indirectly involved in the area of drugs.

Agent Doyle further testified as to the section of the Illinois Controlled Substance Act which was applicable to the Commission's investigation; specifically, Section 312(a) which, as discussed in Chapter 1 of this report, required a physician to act in "good faith" when writing a prescription for a controlled substance drug. Agent Doyle testified that since the Act did not define this term, it was difficult to determine when a physician was in violation of the Illinois statute. In order to solve this problem, he utilized the criterion established by the U.S. Drug Enforcement Administration for determining the effectiveness of a prescription. As explained in Chapter 1, a physician must "issue a prescription for a legitimate medical purpose...in the usual course of his professional practice."

Agent Doyle also testified as to the differences between the various schedules of controlled substances encompassed in the Act and the drugs included thereunder. The determination

into which schedule a controlled substance drug falls under is dependent upon the severity of abuse of that drug, the medically accepted use of that drug, and the safety whereby that drug can be prescribed without some type of physical or psychological dependence. A detailed explanation of the schedules and controlled substance drugs is also presented in Chapter 1.

According to Agent Doyle, the triplicate prescription blanks, which are disseminated through the Illinois Bureau of Investigation and which are primarily used for Schedule II drugs, are an effective means of reducing the abuse of controlled substance drugs as a physician can be easily detected if he writes an inordinate amount of prescriptions for these drugs.

Agent Doyle also stated that to remove a controlled substance drug from Schedules III, IV, and V and place it under Schedule II would require an increase in physical security of that drug in the dispensing pharmacy as well as separate files being kept by the pharmacy for that drug. However, if such a change is made, physicians would be less apt to write a prescription for that drug unless there was medical need, as they would be subject to investigation by the state.

Agent Doyle further stated that the Illinois Bureau of Investigation is hampered in its review of the triplicate prescription forms because of its lack of manpower.

As previously indicated, Agent Doyle, along with other Commission investigators, was to make purchases of medical prescriptions of controlled substances from those physicians who were determined to be abusers. Included among the 85 doctors uncovered by the Commission investigators, Agent Doyle testified that he made "buys" from Dr. Payming Leu, Dr. Valeriano Suarez, Dr. Charman F. Palmer (of which a videotape was made), Dr. Henry E. Bielinski, Dr. Cesar Carrasco, and Dr. Louis Coggs. According to Agent Doyle, these doctors either failed to give a physical examination or only a cursory examination prior to issuing the prescription. In his opinion, the prescriptions purchased by him

did not meet the medical necessity criteria as explained in Chapter 1. The substance of Agent Doyle's testimony regarding this portion of the Commission's undercover investigation is discussed in Chapter 2 of this report.

Agent Doyle also testified in regard to an audit performed by the Department of Registration and Education of the Landsman Pharmacy which filled an enormous volume of medical prescriptions for controlled substance drugs issued by Dr. Suarez and Dr. Leu. A detailed analysis of this pharmacy as well as others under investigation is found in Chapter 2.

In conclusion, Agent Doyle also stated that during the course of the Commission's investigation into the problem of prescription abuse the Commission was requested to participate in an allied investigation conducted by the United States Drug Enforcement Administration into the practice of Dr. Payming Leu. This cooperative effort ended in the federal indictment and arrest of Dr. Leu. However, because the Leu investigation had not been adjudicated at the time of the public hearings, Agent Doyle was not able to relate the details of his transactions for the federal government.

E. Mr. William P. White III

Agent White is an investigator for the Commission who was involved in the undercover investigation of Dr. Payming Leu. Agent White testified that he was instructed to make a purchase of a prescription for controlled substance drugs from Dr. Leu to illustrate the fact that although Dr. Leu had been arrested and indicted he was still in the business of writing illegal prescriptions.

Agent White stated that on October 11, 1973, he proceeded to Dr. Leu's office, located at 3836 West Madison Street, Chicago, Illinois, and arrived at approximately 9:25 a.m. The office was not open until his security guard arrived. Agent White further stated that upon entering the office he gave the guard, Mr. Mann, the name of John W. Newlin, which was his undercover name. He then proceeded to go in to Dr. Leu and ask for prescriptions for Ritalin and Quaalude.

According to Agent White, Dr. Leu stated that he could not write these prescriptions as the patient who preceded Agent White indicated that no pharmacy would fill them; however, Agent White stated that he would have no problem in having any of Dr. Leu's prescriptions filled.

According to Agent White, Dr. Leu inquired as to his name and whether or not he had previously been to his office. He then proceeded to find in his file cards the name of John W. Newlin. Agent White stated that, upon inquiry as to why the doctor had not been in the office the last couple of weeks, Dr. Leu stated that he had been in jail because of his writing prescriptions for individuals who turned out to be agents and policemen.

Agent White further testified that Dr. Leu found John Newlin's name on a card which indicated that a prescription for 90 Ritalin had previously been issued. Agent White stated that Dr. Leu informed him that he could write only one prescription and that it would have to be for his use only.

However, Agent White testified that at that time he told Dr. Leu that he needed two prescriptions as Agent White's business had increased due to "kids" returning from vacation; and he didn't care for whom he wrote the prescription so long as he, Agent White, could obtain the "pills."

According to Agent White's testimony, Dr. Leu then proceeded to take out two prescriptions pads--one blank and the other containing pre-printed Ritalin forms. He then proceeded to fill in the blank spaces on the Ritalin prescription form. For these prescriptions, Dr. Leu charged \$32 and placed the money that was given to him by Agent White in the lefthand drawer of his desk. Agent White then engaged Dr. Leu in conversation regarding his arrest.

In conclusion, upon inquiry by Executive Director Charles Siragusa, Agent White testified that at no time did Dr. Leu perform any physical examination upon him and that Dr. Leu was aware that the Ritalin tablets would not be used by Agent White but would be sold to third parties. He also was aware of the fact that Agent White would use



Dr. Payming Leu (left), with his attorney, invoked the Fifth Amendment as protection against self-incrimination, and refused to answer questions concerning his very extensive illegal sales of prescriptions for dangerous drugs. He was subsequently convicted in federal court, at Chicago, on illegal drug charges and was sentenced to five years in the penitentiary.

the Quaalude, although there was no apparent medical reason for his prescribing that drug.

F. Dr. Payming Leu

Dr. Leu is licensed in the State of Illinois to practice medicine and has an office at 3836 West Madison Street in Chicago, Illinois. At the time of these hearings, Dr. Leu was under indictment for violation of federal narcotic laws involving the illegal sale of medical prescriptions for controlled substance drugs. He was also one of the physicians about whom the Commission had information regarding substantial involvement in the abuse of medical prescriptions of controlled substances and was one of the physicians from whom Commission investigators made undercover "buys." His attorney, Mr. George Kita, was also present at this time.

To each question propounded, Dr. Leu, acting on the advice of his attorney, refused to testify and invoked his privilege against self-incrimination.

Dr. Leu was questioned concerning the following matters: his indictment under the U.S. Drug Enforcement Administration; his arrest on July 29, 1966, by the Chicago Police Department; his sales of prescriptions for Desoxyn, Preludin, and other controlled substance drugs to Commission undercover investigators on various dates; his failure to make a physical examination of these investigators to determine if there was medical need for these prescriptions; his sale of medical prescriptions to at least 80 to 100 persons a day; and his earnings of over \$300,000 a year from the sale of prescriptions for controlled substances.

Dr. Leu also refused to comment on whether or not he knew how many of his patients had died from an overdose of drugs obtained from his prescription for controlled substance drugs; whether or not he was acting in derogation of Section 312(a) of the Illinois Controlled Substances Act, which mandates that prescriptions for controlled substance drugs must be written in "good faith" and if, in fact, he was illegally prescribing controlled substance drugs; whether or not he had any arrangements with Landsman Pharmacy and Irving's Pharmacy No. 2, which filled an inordinate amount

of his prescriptions; whether or not his activities were an absolute moral violation of the Hippocratic oath that he took when he became a member of the Medical profession; and finally, whether or not he encourages drug abuse and addiction through the issuance of his prescriptions for controlled substance drugs.

After being questioned by Executive Director Charles Siragusa on the aforementioned topics, Representative Peter P. Peters interrogated him regarding his qualification to practice medicine. Again, Dr. Leu refused to answer any questions.

G. Dr. Valeriano Suarez

Dr. Suarez is an Illinois licensed physician whose offices are located at 2400 West Madison Street, Chicago, Illinois. Dr. Suarez was one of the physicians under investigation by the Commission for his involvement in the illegal sale of medical prescriptions for controlled substance drugs. Purchases of these prescriptions were made by Commission undercover agents in the investigation that was made. At the time he appeared, Dr. Suarez was under indictment for 46 counts of conspiracy to violate federal narcotic statutes for dispensing controlled substance drugs without legitimate medical reason.

Mr. Harold Turner, Attorney, appeared with Dr. Suarez as counsel. Mr. Turner stated to the Commission that he and his client were appearing solely to contest the validity of the subpoena served upon Dr. Suarez on November 20, 1973, on the basis that House Resolution 285 directed the Commission to report its findings to the General Assembly by September 13, 1973. Since these hearings were being held in early December, the Commission was acting without authority; and therefore, the subpoena was void.

Co-chairman Philip J. Rock informed Dr. Suarez and Mr. Turner that the reporting date was not a substantive matter and was amenable to change by the General Assembly upon proper motion. However, Mr. Turner advised the Commission that his client would neither testify nor invoke his rights under the Fifth Amendment.



Anthony Camponizzi testified that his son suffered several overdoses of dangerous drugs prescribed to him by Dr. Valeriano Suarez.

Executive Director Charles Siragusa advised Dr. Suarez that he would be recalled.

H. Mr. Anthony Camponizzi

Mr. Camponizzi is a salesman for Crown Gymnastic Mats, and he resides at 910 South Mayfield Avenue, Chicago, Illinois. Mr. Camponizzi volunteered to testify as his son Raphael had experienced an overdose of drugs on September 14, 1973. It was his intention to do everything possible to bring the problem of drug abuse to the attention of the proper governmental authorities and to the public.

Mr. Camponizzi testified that on September 14, 1973, he had contacted Executive Director Charles Siragusa to advise him that his son had taken an overdose. Upon questioning by Representative Peter P. Peters, Mr. Camponizzi stated that his son was found in the kitchen of his home at approximately 6:00 a.m. and was taken to Loretto Hospital by the Chicago Fire Department.

It appeared that Mr. Camponizzi's son had three prescriptions in his wallet, all of which were signed by Dr. Valeriano Suarez, one of the physicians under investigation by this Commission. Mr. Camponizzi stated that Dr. Suarez was neither the family physician nor had he ever heard of him prior to the time he found the prescriptions in his son's wallet.

In response to Representative Peters' questions in regard to whether or not Raphael had previously visited Dr. Suarez, Mr. Camponizzi stated he did not know; but to his knowledge, Dr. Suarez supplied many drug addicts with prescriptions. Mr. Camponizzi stated that his son had also taken an overdose in February of 1973. He didn't know why his son was on drugs but attributed it to peer pressure.

Representative Peters inquired into the alteration of his son's psychological composition after using drugs. Mr. Camponizzi stated that he is incoherent, unstable on his feet, and when he is coming out of it, he becomes quite belligerent and violent.

Mr. Camponizzi stated that his son obtained the money for purchasing these prescriptions by working; however, on the date he found his son, he had previously received \$20 from his aunt, who was holding money for him.

Mr. Camponizzi testified that the prescriptions Raphael obtained had been filled by the Garden Apartments Pharmacy on Sedgwick Street, Chicago, Illinois. He did not know any other pharmacies that filled his son's prescriptions, nor did he know whether or not his son had previously sold prescriptions he had obtained from Dr. Suarez or other physicians.

In response to what recommendations he had to alleviate this problem, Mr. Camponizzi stated that when a physician has been proven guilty of three violations of the Illinois Controlled Substances Act, his license to practice medicine should be revoked.

Upon completion of the questioning by Representative Peters, Executive Director Siragusa asked Mr. Camponizzi what general comments he wished to make about the drug problem. In response thereto, Mr. Camponizzi stated that parents should become more active in this problem; and they should not try to hide from the realities of the situation.

Upon Senator Philip J. Rock's question as to whether or not his son's friends engaged in the same type of activity, Mr. Camponizzi stated that many of them took drugs. He further stated upon inquiry by Senator Rock that his son ingested alcohol with drugs.

Mr. Camponizzi testified that Raphael was enrolled in a drug program in Berwyn, Illinois, called Youth In Crisis, which is a counseling service. Mr. Camponizzi further stated that his son has "straightened himself out" and is no longer engaged in that program.

In conclusion, Mr. Camponizzi testified that when he found his son unconscious he tried to contact various governmental agencies, such as the Drug Hot Line to Washington, D.C. He stated that unless it is a hard drug, such as heroin or cocaine, the federal, state, or city governments could not direct him to any agency that would be of help to him.

He stated that he finally called the Governor's office, which directed him to the Department of Registration and Education. It was his opinion that it was the Department of Registration and Education and this Commission that took the most active interest in the investigation of his problem.

I. Mr. Dennis A. Hamilton

Mr. Hamilton is an agent for the Commission, who, along with Agent Edward Doyle, was directed to investigate the abuse of medical prescriptions for controlled substance drugs by certain physicians and pharmacies.

Agent Hamilton testified that he made undercover purchases of these prescriptions from Dr. Allen W. Glinert, Dr. Julius G. Levy, and Dr. Harold W. Lenit, as well as others, all of whom either failed to make a physical examination or only made a cursory one prior to writing the prescription. The substance of Agent Hamilton's testimony pertaining to this facet of the Commission's investigation is reported in Chapter 2.

J. Mr. Irving Cotovsky

Mr. Cotovsky has been a registered pharmacist for 20 years and is the owner of Irving's Pharmacy No. 1, located at 1346 West Irving Park Road, Chicago, Illinois, and Irv's Pharmacy No. 2, located at 1601 West Montrose, Chicago, Illinois.

Mr. Cotovsky testified that whenever he determines that a prescription might not be legitimate he telephones the physician who had prescribed the drug. He has further established an interstore communication system whereby he or his assistants, David Berman and Sam Solomon, are alerted to the same individual making repeated visits to his stores and presenting new prescriptions for the same drug before the period for the first prescription has expired. This gives the pharmacist the opportunity of examining the previous prescription issued to that person.

Upon Co-chairman Joseph G. Sevcik's inquiry, Mr. Cotovsky testified that it may have been possible that



Irving Cotovsky, owner of Irv's Pharmacy No. 1, 1346 West Irving Park Road and Irv's Pharmacy No. 2, 1601 West Montrose, in Chicago, which filled many thousands of dangerous drug prescriptions issued by Dr. Valeriano Suarez and other physicians who specialized in treating drug addicts and users.

during the period of August 1, 1973, through November 15, 1973, Irv's Pharmacy No. 2 filled 2,316 prescriptions for Schedules III, IV, and V controlled substance drugs issued by Dr. Valeriano Suarez. He stated that, although, on the average, 90 prescriptions were filled per day during that period, each of his pharmacists had made the determination prior to filling any of those prescriptions that the prescription itself was legitimate. Co-chairman Sevcik commented that although a licensed physician may write out a prescription, the pharmacist is under no legal obligation to fill that prescription, especially when he receives an inordinate number of prescriptions from the same doctor.

Mr. Cotovsky further testified that it also may have been possible that for the same period Irv's Pharmacy No. 2 filled 312 prescriptions for 20-mg. Ritalin tablets. He stated that considering the area where these doctors practice, specifically Drs. Leu and Suarez, they are treating a "special class" of people; and they are trying to keep members of this class from taking narcotics and are also treating their depression.

In his opinion, Dr. Suarez's prescriptions were not written for the same drug until the previous prescription had expired. He had called him on several occasions when patients were going to two doctors, including Dr. Suarez, and obtaining prescriptions for the same controlled substance drugs. According to Mr. Cotovsky, he interviews these people and makes a determination as to whether or not a prescription should be filled.

Upon Co-chairman Philip J. Rock's inquiry, Mr. Cotovsky stated that the type of customers who usually try to obtain controlled substance drugs at his pharmacies, such as Ritalin and Tuinal, is the black ghetto dweller or the radical white. It is his impression that his area is oversaturated with outside people who come to have these prescriptions filled.

He has received repercussion from customers whom he serves and has been questioned as to why he is serving such a large group of individuals who appear to be on drugs. Mr. Cotovsky felt that he has a real problem and that no state regulatory agency has come to his assistance.

Mr. Cotovsky stated that the physician, in cases involving depressed persons, writes a letter stating that the individual named on the prescription has recently been on heroin and is treating him in order to stabilize his condition and reduce his habit. In Mr. Cotovsky's opinion, Dr. Suarez has found a way of keeping these individuals off heroin and allowing them to remain in the mainstream of life. In essence, Dr. Suarez is offering a social service by writing these prescriptions. Mr. Cotovsky also believes that by filling these prescriptions he, too, is engaging in a beneficial service to the community.

In reply to Representative Peter P. Peters' question as to whether or not he would engage in this service if it were not a minority group which came to him but rather North Shore suburbanites, Mr. Cotovsky stated that regardless of the distance between doctors' offices, which in this case is six to seven miles south of his pharmacy, and regardless of where the patient lived, he would sell the drug to him. He resented the fact that pharmacists were told by the Department of Registration and Education not to fill prescriptions of Drs. Suarez and Leu. He claimed that these people were deliberately "pushed to his pharmacy" because they had no other place to get the prescriptions filled. He stated that pharmacists were in fear of losing their licenses, but he was never told that he would lose his license if he continued to fill these prescriptions.

Representative Peters stated that he could not accept Mr. Cotovsky's attitude that the treatment of medical problems should be based on the notion that a "special class of people" is involved. He further stated that if a particular doctor from Highland Park or New Trier would issue 2,316 prescriptions for Schedules III, IV, and V controlled substance drugs Mr. Cotovsky, in his opinion, would not fill them.

Mr. Cotovsky stated that many of these prescriptions were paid for by the Department of Public Aid.

Mr. Cotovsky testified that on September 28 and 29, 1973, Irv's Pharmacy No. 2 filled 175 of Dr. Suarez's prescriptions for controlled substances. He stated that

to the best of his knowledge he could not recall telephoning Dr. Suarez in order to determine the legitimacy of any of those prescriptions. He further stated that he had never had a conversation with any doctor regarding the number of prescriptions that doctor was writing.

Mr. Cotovsky further testified that Preludin, Desoxyn, and Ritalin are the most prevalent drugs among street abusers. In reply, Executive Director Charles Siragusa stated that in his 25 years of experience with the Federal Narcotics Bureau he had never heard that amphetamines or hallucinogens were used in the treatment of a person addicted to heroin. He further stated that heroin addicts use barbiturates, not amphetamines. Mr. Cotovsky responded by stating that in order that these people remain in the mainstream of society a combination of drugs are keeping them out of the heroin market and that these drugs, Ritalin and Preludin, are the types used.

According to Mr. Cotovsky, it was possible that an audit made by the Department of Registration and Education, Bureau of Drug Compliance, for the period of August 1, 1973, through November 15, 1973, revealed that 1,118 prescriptions were written by Dr. Valeriano Suarez. Further, many of these may have been for Ritalin tablets. Mr. Cotovsky stated that since other pharmacies would not fill these prescriptions he knew the reason why these individuals were coming to him; hence, he never questioned Dr. Suarez. He believed himself to be interested in public welfare.

Mr. Cotovsky further stated that he is filling prescriptions until being told otherwise by regulatory agencies. He claims he has been trying to help drug addicts since the time he became a pharmacist. He feels that since he has been filling Dr. Suarez's and Dr. Leu's prescriptions, he is doing the right thing.

He further believes that by giving these addicts cut-rate prices on the drugs he is helping them to remain in the mainstream of society. He believes he cannot turn these people down because they have nowhere else to go even though they have an unsettling effect on the community which he serves.



Representative George H. Ryan, Sr. (right) questioning pharmacist Irving Cotovsky, whether in filling numerous dangerous drug prescriptions for Dr. Payming Leu and Dr. Valeriano Suarez, he was primarily motivated by profit.

He testified, upon Representative George H. Ryan's inquiry, that the increase in business from customers outside his neighborhood bringing in Dr. Leu's and Dr. Suarez's prescriptions began in June or July of 1973 when other pharmacists were told to stop filling them.

Mr. Cotovsky stated that when he discovers that any of the drugs received from any of the prescriptions he has filled for controlled substances are sold on the street, he advises the appropriate law enforcement authorities.

Upon Representative Ryan's inquiry as to whether or not his motive for filling these prescriptions was for profit or his sincere interest in helping the individual, Mr. Cotovsky stated that he has sent many people to the Illinois Drug Abuse Program as well as Jordan Scher's Methadone Clinic.

Mr. Cotovsky testified that during the audited period, it was possible that Dr. Suarez had written 1,118 prescriptions for Ritalin, 1,776 prescriptions for Preludin, 1,150 prescriptions for Tuinal, and 1,054 prescriptions for Robitussin-AC. Mr. Cotovsky testified there are no other physicians he is aware of who write as many prescriptions for Preludin, Ritalin, and Tuinal as Drs. Leu and Suarez.

He also indicated Dr. Gerald McCabe writes a large volume of prescriptions for controlled substance drugs because of the type of patients whom he treats. In his opinion, these three doctors are treating problems which are ancillary to addiction.

At the time of these hearings, Mr. Cotovsky was told by the Department of Registration and Education not to fill prescriptions written by Drs. Leu and Suarez. Mr. Cotovsky stated that he had telephoned Drs. Leu and Suarez and told them to put a sign in their office that Irv's Pharmacy will not be filling their prescriptions as per agreement with the Department.

Representative Peters pointed out that each patient of Drs. Leu and Suarez on the average received 2.6 minutes for treatment, psychological counseling, and analysis. This amount is based upon 80 patients per day and the five hours



Under questioning by Executive Director Charles Siragusa, pharmacist Irving Cotovsky admitted that he had filled over 4,000 dangerous drug prescriptions, issued by Dr. Payming Leu and Dr. Valeriano Suarez, during the period from August 1 to November 15, 1973.

per day these doctors are in their offices. Because of the brevity of their visits, he questioned the real motives of these physicians.

Mr. Cotovsky responded to Representative Peters' comment by stating that if these people have their medicine they could stay away from heroin until the state or federal government or other professionals in the drug abuse area are able to establish a program that will meet their needs.

Mr. Siragusa indicated that during August and September, 1973, Mr. Cotovsky filled 1,054 prescriptions for Robitussin-AC, which is basically a cough medicine and which also contains Codeine. Mr. Cotovsky indicated that he never questioned the doctor's prescription for this drug, even though it may have been apparent that all these people were not obtaining Robitussin for its medical use. Mr. Cotovsky agreed with Mr. Siragusa that Robitussin-AC was formulated for coughs and not to satisfy drug addiction; however, Executive Director Siragusa further stated that this drug was being dispensed in order that drug abusers could obtain the Codeine. In reply, Mr. Cotovsky stated that when he received a prescription for Robitussin-AC, it was not he, but rather the doctor, who made the determination that the patient should take it.

In conclusion, Mr. Cotovsky testified that law enforcement agencies should not be a part of the therapy aspects of drug abuse. In response to that statement, Representative Ryan stated that, as a pharmacist, judging from the testimony that Mr. Cotovsky had given, Mr. Cotovsky was a "blight" on the practice of pharmacy.

K. Mr. Jerome D. Midanek

Mr. Midanek is the owner of Landsman's Pharmacy, located at 4000 West Division Street, Chicago, Illinois. Appearing with him were attorneys Bernard B. Brody and David Bloomenfeld.

Mr. Midanek, acting upon the advice of his co-counsel, refused to testify and invoked his Fifth Amendment privilege.



Jerome D. Midanek (right), the owner of Landsman's Pharmacy, 4000 West Division Street, Chicago, who purchased 6,600 Ritalin tablets within a 14 day period directly from the manufacturer. This pharmacy filled many Ritalin prescriptions for Dr. Payming Leu.

Midanek invoked the Fifth Amendment and refused to answer any questions.

He refused to answer questions regarding the following matters: the reasons for purchasing directly from Ciba-Geigy Company 6,600 Ritalin 20 mg. tablets within a 14-day period; which doctors most frequently wrote prescriptions for controlled substance drugs that his pharmacy filled; whether or not he still filled prescriptions for Dr. Suarez, who was under federal indictment; his sale of approximately 1,978 Ritalin tablets per day, or 189,900 such tablets within a 96-day period; his filling of second and third prescriptions for the same drug written by the same doctor and for the same person before the time of expiration of the first prescription; whether or not he has ever questioned the legitimacy of any prescriptions written by Dr. Payming Leu or Dr. Valeriano Suarez; and why on November 28, 1973, he refused to permit an agent of the Drug Compliance Division, Illinois Department of Registration and Education to conduct an audit of his controlled substances and records.

Mr. Midanek further refused to answer any questions as to whether or not he has violated the ethical tenets of his profession and whether he has been derelict in his responsibilities as a pharmacist to the people he serves and society in general.

L. Dr. Julius G. Levy

Dr. Levy is a licensed physician, whose office is located at 4010 West Madison Street, Chicago, Illinois. He is affiliated with Mt. Sinai Hospital and is in general practice, although he specializes in obstetrics and gynecology.

Dr. Levy testified that when a patient first comes to his office, he records the patient's history and makes physical and urine examinations. He further stated that any prescription is recorded as part of the patient's permanent record.

In response to Co-chairman Joseph G. Sevcik's question regarding Agent Dennis Hamilton's undercover purchase of a prescription for Preludin from him, Dr. Levy stated that he did not recognize Agent Hamilton, although he could identify the prescription which was shown to him. This



Dr. Julius G. Levy, 4010 West Madison Street, Chicago, an obstetrician and gynecologist, who testified that he treats obese women. He acknowledged selling a Preludin prescription, allegedly for weight reduction, to a Commission undercover agent who holds a Jiu Jitsu Black Belt.

prescription was given to Dennis Harvey, Agent Hamilton's undercover name.

Dr. Levy stated that Preludin is prescribed for weight control and sometimes for sterility. He testified that he treats many obese women. Agent Hamilton's investigation, which was described in Chapter 2, revealed that Dr. Levy had written a prescription for him using weight control as his medical reason. Dr. Levy indicated that at the time of the hearings Agent Hamilton was not overweight, but he didn't know what happened since the time Agent Hamilton allegedly visited him.

Co-chairman Philip J. Rock asked if Dr. Levy would furnish the Commission with Agent Hamilton's patient card. Dr. Levy consented to this request.

M. Dr. Allen W. Glinert

Dr. Glinert, an Illinois licensed physician, has an office located at 1150 North State Street, Chicago, Illinois. Upon information given to the Commission regarding Dr. Glinert's activities into alleged abuse of medical prescriptions for controlled substances, Dr. Glinert was made one of the subjects of the undercover investigation conducted by this Commission.

Upon inquiry by Co-chairman Philip J. Rock as to whether on July 17, 1973, and August 16, 1973, Commission Investigator Dennis Hamilton had purchased a prescription for Preludin from him, Dr. Glinert testified that he did not remember Agent Hamilton; but he indicated that he should have a record of his visits if he did see him.

Dr. Glinert stated that the area in which he practices is overrun with drug addicts. They would come to his office, usually in sets of three at the end of the day, wanting a prescription for controlled substance drugs. Being petrified of possible physical harm, he would write prescriptions for Preludin for them.

It was Dr. Glinert's opinion that no matter where you are located these addicts will find you. At first, he thought

he could engage in a clinical study of the effects of Preludin on heroin addicts. Allegedly, Preludin would keep an addict from taking heroin. He wanted ten to fifteen patients to treat, but this was impossible. Dr. Glinert said that because of the many addicts who came to him and their derelict physical appearance, he was always afraid that his life was endangered, although he was never assaulted or threatened.

Dr. Glinert testified that he telephoned the U. S. Drug Enforcement Administration asking for their assistance and offering his records. They advised him to stop writing prescriptions for Preludin as heroin addicts would use both drugs. He also stated upon inquiry from Co-chairman Rock that Preludin is not a good medication for one who was formerly a heroin addict and is, in fact, the most dangerous of the amphetamines.

Dr. Glinert testified that he no longer is writing prescriptions for Preludin or Ritalin. However, when he did write these prescriptions, he stated that he told the "patient" that he could have the prescription filled at State-Elm Drugs, located at 1146 North State Street, Chicago, Illinois. Dr. Glinert claimed that certain people would state that they lost the prescription when they reached the pharmacy and then have the pharmacy telephone him for another one. In an attempt to circumvent this activity, since he did not want to write a duplicate prescription, he would telephone State-Elm Drugs and advise the pharmacist of the name of the patient and the controlled substance drug he was prescribing. He would at a later time present the prescription in person.

Co-chairman Rock, however, indicated that Dr. Glinert's telephone order would aggravate the problem because the "patient" could claim that the prescription was lost and then could try to obtain a second one. Therefore, the ultimate result would be his obtaining two prescriptions.

Dr. Glinert further testified that Biphphetamine, which was the drug he prescribed for Agent Hamilton, could be used for many purposes: weight reduction, depression, and exhaustion from two jobs. However, Dr. Glinert did not recall the medical reason for giving Agent Hamilton a prescription for that drug.

Dr. Glinert stated that he only issued prescriptions for Eskatrol, Biphetaamines, and Tenuate. If a patient had medical need for Preludin, he would write a prescription for it. He testified that he "took the courage, the risk of being killed" and told these addicts that he would not write any more prescriptions for them.

Upon inquiry by Co-chairman Joseph G. Sevcik as to why he would send a patient to Dr. Elmer Bencze to obtain Desoxyn, he stated that after Dr. Bencze moved out of his office all of his patients would come to him for prescriptions. He claimed he never trusted any of Dr. Bencze's patients.

Executive Director Charles Siragusa asked Dr. Glinert whether Agent Hamilton had threatened him when he came to his office. Dr. Glinert replied negatively, but said he was afraid of all addicts.

Dr. Glinert also stated, upon questioning by Mr. Siragusa, that he kept to himself and did not know of other doctors who wrote prescriptions for controlled substance drugs for addicts. He was certain, however, that if an addict couldn't obtain a prescription from him he would get it from someone else.

Representative George H. Ryan asked how Dr. Glinert's practice was affected by his call to federal narcotics agents. In response, Dr. Glinert stated that his practice was hampered, but it also frightened the addicts. Further, in regard to the effects of this hearing, Dr. Glinert testified that he will not write a prescription unless there is strict medical need.

Co-chairman Rock asked Dr. Glinert if he would forward to the Commission office his patient record on Dennis Harvey, Agent Hamilton's undercover name. Subsequent to the hearing, Dr. Glinert complied with this request.

At the conclusion of his testimony, Representative Peter P. Peters stated that although Dr. Glinert issued prescriptions for controlled substance drugs without apparent medical need, his fear of bodily harm and his willingness to cooperate in supplying any records requested by the Commission should be noted.

**CONTINUED**

**2 OF 4**

N. Dr. Harold W. Lenit

Dr. Lenit, is an Illinois licensed physician, in practice for 49 years, and currently has an office located at 330 Diversey Parkway, Chicago, Illinois.

In regard to his selling Agent Dennis Hamilton a prescription for Preludin, Dr. Lenit testified that he recognized Agent Hamilton; but he could not remember what name he used or if he saw him on October 25, 1973. He stated that his neighborhood has become populated with "hippies" who try to come into his office for prescriptions. He tries to "pick them off"; but if they get past his nurse, he tries to get rid of them as expediently as possible. Dr. Lenit indicated he has been robbed four times and is afraid of them. He fears possible bodily harm; and when these hippies ask for Preludin, he does not argue with them but gives them a prescription and urges them out of his office.

In the case of Agent Hamilton, Dr. Lenit replied, upon inquiry by Executive Director Charles Siragusa, that although Agent Hamilton did not threaten him, he gave him a "song and dance" that he was an athlete and that he needed Preludin. Dr. Lenit further stated that since he was afraid of all of these people and since Agent Hamilton was bigger than he, he took his blood pressure, listened to his heart, and gave him a prescription in order to get him out of his office. Dr. Lenit testified that "when he wanted Preludin, I wanted him out of there as fast as I could."

Executive Director Siragusa stated that Agent Hamilton indicated that no physical examination had been performed. To this comment, Dr. Lenit replied, "Well, if I didn't, then I was really scared. But I think I did."

Dr. Lenit testified that he has five or six "hippies" coming into his office every day and that on occasion he calls the Police. He further stated that after three times he won't let them in his office; however, he could not explain why he wrote a prescription for them after the first time.

When confronted with the fact that he has written almost

fifty per cent of all Preludin prescriptions filled by Lakeview Pharmacy, which is located across the street from his office, Dr. Lenit stated that he has written a large volume of these prescriptions for a patient he is treating who is obese, diabetic, and who has an ulcerous condition. He also testified he has some other diabetics whom he treats as well as some patients that are using the drug for weight control.

In conclusion, Dr. Lenit believed that Desoxyn was more dangerous than Preludin; however, he did not discuss the basis for his opinion.

O. Mr. Michael Chiappetta

Mr. Chiappetta resides in Elgin, Illinois, and is Chief Psychologist for the DuPage County Sheriff's Police. In the past, he has held such positions as Senior Psychologist at Elgin State Hospital, Psychologist for the Kane County Youth Home and Juvenile Court, and Director of the Du Kane Mental Health Clinic. He is also one of the co-founders of the Illinois Psychological Association Committee on Crime, Delinquency, and Corrections.

Senator Daniel L. Dougherty questioned Mr. Chiappetta in regard to some of the problems in the area of misuse of medical prescriptions. Mr. Chiappetta stated that while he was associated with various public institutions he found that many patients established a pattern of obtaining drugs by going from one pharmacy to another using different names. He testified they would make a systematic visit to various pharmacies starting at the end of one street or the end of a county, and at regular intervals, visit that pharmacy. The intervals would be at such lengths so as not to create suspicion.

He also stated that the television media has contributed greatly to the drug problem. For instance, there are many tension-reducing, sleep-inducing drugs being advertised, such as "Nytol," "Compoz," and "Sleep-Eez." Many of these drugs are contained in packages which direct an individual to "take two, and if they don't work in a certain amount of time, take two more." Mr. Chiappetta indicated that there

appeared to be "magic" in taking two or more pills rather than just taking one.

He stated that there is some laxity in the control of prescription drugs in certain institutions. For instance, in state hospitals there are huge wards containing 30 or more patients. It is relatively simple for one patient to steal pills while medication is being administered to another patient. Because of the difficulty in obtaining ward personnel, Mr. Chiappetta stated that many of the aids who were addicted to drugs were taking the medication of patients who could not say, "I know I was prescribed this medication X number of times a day, and you didn't give it to me."

Further, prescription pads in hospital emergency rooms are frequently used for scrap paper and for placing on desks under hot cups of coffee. Hence, the obtaining of a prescription blank in that situation is very simple.

Mr. Chiappetta also testified that large hospitals have trouble determining whether or not patients have ingested medication. Oftentimes, the physician for whom nurses are employed receive samples of certain medications. Since one of the responsibilities a nurse has is to keep track of the supplies, it is apparent that she has access to the places where these drugs are stored. It has been Mr. Chiappetta's experience that nurses sometimes take these samples for their own use or give them to others.

Another problem which Mr. Chiappetta discussed is the young child who sees his mother taking pills in order that she is able to cope with her daily duties. According to Mr. Chiappetta, the child believes it to be a certain kind of "magic" that makes his mother energetic. The child, wishing to be like his mother, takes this pill in order to obtain some of this "magic." To the child, it seems very natural, since vitamin pills, for instance, are advertised through various media, and he is given one each day at breakfast.

Executive Director Charles Siragusa inquired as to whether or not the DuPage County Sheriff's Department was the only one who had a psychologist exclusively treating

juveniles who have been arrested. Mr. Chiappetta stated that there are six or seven other police departments in the nation with psychologists, but they were doing personnel work, training, and planning. Mr. Chiappetta deals directly with "juvenile arrestees."

Mr. Chiappetta testified that any juvenile who has been questioned, arrested, or detained, and has been found to have a possible emotional problem, including the drug problem, is given the option of seeking help. They are encouraged by the Juvenile Officer, if he so deems appropriate, to see Mr. Chiappetta. Mr. Chiappetta has stated that he would test the child and offer various forms of individual and group therapy.

He further stated that he was available for consultation with the police in crisis situations, such as a juvenile being "high on drugs" or having some emotional problem and is afraid to turn to anyone such as his family or a police officer.

Mr. Chiappetta testified that many juveniles obtain dangerous drugs from their parents' medicine cabinets. He knows of parties where juveniles, in order to obtain admittance, would have to bring two or three pills from their own homes. The group would then throw these various pills in a hat or dish and during the party, they would ingest various combinations.

Another example of the abuse of medical prescriptions for controlled substance drugs is what Mr. Chiappetta termed the "housewife syndrome." Being very nervous and upset, she would go to her doctor and obtain a prescription for Librium, or some other tranquilizer, to be taken as directed on the prescription. Rather than returning to the physician for an examination after the prescribed amount has been consumed, the housewife would have the prescription refilled.

Mr. Chiappetta recommended that there should be legislation, which would more stringently regulate the dispensing of over-the-counter drugs. A company advertising various drugs should not create diseases, such as the "blahs," in order to sell a product.

Mr. Chiappetta also recommended that education institutions take a more active role in helping the child who may be suffering from an emotional problem. It is his opinion that the teacher or the administration is much more prone to threaten a parent with child suspension because that child is "acting out" and upsetting the class or program rather than trying to deal with the problem directly. The pressure from the institution forces the parent to take the child to a physician who prescribes certain drugs for a hyperactive juvenile in order to keep him contained. The child starts to take drugs at five or six years, and it is not uncommon that he will still remain on the drug at the age of thirteen. This situation creates the possibility of children trading pills.

Mr. Chiappetta also suggested that on certain types of prescription drugs the physician should be obliged to check within a certain period of time as to whether or not the condition of his patient warrants the renewal of a previous prescription rather than renewing the prescription upon request of the patient.

Mr. Chiappetta also responded to Senator Dougherty's statement that the drug industry has contributed to the misuse of various stimulants by stating that this industry is "dazzled more by the market than by the strict scientific need" for these drugs.

In conclusion, Mr. Chiappetta also stated that Illinois law permits a child above the age of twelve to obtain medical treatment; however, the law is unclear as to whether or not psychiatric therapy is included therein. It is Mr. Chiappetta's recommendation to clarify the definition of medical treatment.

P. Miss Debbie Blair

Miss Blair is a drug addict who had provided the Commission with information on various physicians and pharmacies who were engaging in the practice of abusing medical prescriptions for controlled substance drugs.

Upon inquiry by Co-chairman Joseph G. Sevcik, Miss Blair indicated that her real name is Jody Knight and is employed, when she does work, as a professional hairdresser.



Debbie Blair testified that during a period of several years her heroin habit cost her \$100 a day which she supported through prostitution, check forgery and other illegal pursuits. She also admitted that she has obtained prescriptions for dangerous drugs from more than 100 physicians in the Chicago metropolitan area.

She stated that eight years ago she started to take heroin out of curiosity, and her habit reached \$100 a day. She obtained money to maintain her habit through prostitution, forging checks, and any type of hustling.

Miss Blair testified that she has been arrested on numerous occasions for prostitution, strong armed robbery, deceptive practices, possession of hypodermic needles, and theft.

Miss Blair further testified that she knows of various physicians who have written prescriptions for controlled substance drugs for no valid medical reason but in order to obtain a fee for that prescription. The doctors upon whom she had elaborated are listed in Chapter 4.

In regard to pharmacies, Miss Blair stated that she had once purchased Preludin from Lakeview Pharmacy without a prescription. She further indicated that many doctors and pharmacists that she had visited would proposition her in exchange for money or drugs.

Miss Blair testified that she has been to over 100 physicians for prescriptions for controlled substance drugs, and that only a few physically examined her prior to writing the prescription. According to Miss Blair, most doctors are in it to make money.

She believed that doctors and pharmacists engaging in this practice should have their licenses revoked. In order to eliminate the drug problem, revocation of a license would be more effective than placing drugs, such as Preludin or Ritalin, on triplicate prescriptions forms.

Upon questioning by Representative George H. Ryan, Miss Blair stated that, in her opinion, Preludin is a substitute for heroin. The amount of Preludin that she takes per day is dependent upon the number of physicians she visits in a day and from whom she obtains prescriptions.

Miss Blair also testified that in order to obtain prescriptions, she would use different names when visiting the same doctor, such as Catherine Hill, Shirley Baker,

Shirley Ann Terrelli, Barbara Rodberg, Shirley Kuntzman, Debbit Piper, Debbie Terrelli, Victoria Brown, and Victoria North.

She concluded her testimony by stating that while she was in Cook County jail, it was extremely simple to obtain drugs through the mail or clothes.

Q. Dr. Henry E. Bielinski

Dr. Bielinski is an Illinois licensed physician whose office is located at 6130 North Sheridan Road, Chicago, Illinois. Dr. Bielinski was subpoenaed to testify before the Commission in regard to his activities involving alleged misuse of medical prescriptions for controlled substance drugs. Accompanying him, as counsel, was Mr. Charles Bellows.

Dr. Bielinski, on advice of his attorney, refused to answer any questions propounded to him and invoked his privilege against self-incrimination. He refused to confirm the fact that Commission investigator Edward Doyle, using his undercover name of Eddie DeGrazia, came to his office and bought a medical prescription for a controlled substance drug.

R. Dr. Charman F. Palmer

Dr. Palmer is a psychiatrist in Lockport, Illinois, and was subpoenaed to testify at these hearings because of her involvement in selling medical prescriptions for controlled substances without medical need to various Commission agents as well as to other individuals. She was accompanied by her attorney, Mr. Bernard B. Brody.

At the hearing, Dr. Palmer, upon the advice of her counsel, refused to testify to any questions asked of her and invoked her privilege against self-incrimination.

Dr. Palmer was interrogated into matters concerning the following: her employment with the Department of Mental



Dr. Charman F. Palmer (left), a psychiatrist, invoked the Fifth Amendment upon advice of her attorney, (right), and refused to answer any questions concerning the numerous sales she made of prescriptions for dangerous drugs, to Commission undercover agents.

Health; the fact that on various occasions she sold medical prescriptions for controlled substance drugs to Commission investigators and to Executive Director Charles Siragusa in a public area without making a prior physical examination to determine medical need for these drugs; her failure to comment on the validity of a videotape of these sales that was shown immediately prior to her testifying; her involvement with Irving Morris, a pharmacist at Ontario Drugs, to whom she has supplied prescriptions for controlled substance drugs which he had previously dispensed over the counter so as not to show a deficit in his inventory of that particular drug; whether or not she has reported the monies which she has received as a result of writing these medical prescriptions on sidewalks and restaurants to the federal and state income tax authorities; and whether, after viewing the aforementioned videotape, she considered herself to be a doctor or a dope peddler.

S. Dr. Cesar Carrasco

Dr. Carrasco, whose office is located at 904 West Belmont Avenue, Chicago, Illinois, appeared to testify before the Commission to matters pertaining to his activities in the area of abuse of medical prescriptions for controlled substance drugs. Appearing with him was his attorney, Mr. Bernard B. Brody.

Dr. Carrasco, upon advice of his counsel, refused to testify to any matters and invoked his privilege against self-incrimination.

He refused to testify in regard to the following: his certification as a physician in the State of Illinois; the fact that on October 4, 1973, and November 5, 1973, he sold a medical prescription for 30 Preludin tablets to Commission Investigator Edward Doyle, who used his undercover name of Eddie DeGrazia, without making a physical examination; whether or not he considered his practice of selling medical prescriptions to individuals who are drug addicts a vehicle for encouraging drug addiction and also an absolute moral violation of the Hippocratic oath.



Irving Morris (left), the owner and operator of the Ontario Drugs Pharmacy at 630 North State Street, Chicago, invoked the Fifth Amendment upon advice of his attorney, (right).

T. Mr. Irving Morris

Mr. Morris is currently a registered pharmacist at Ontario Drugs, located at 630 North State Street, Chicago, Illinois. Appearing with him was his attorney, Mr. Bernard B. Brody.

Mr. Morris was questioned regarding the following matters: whether or not his license as a pharmacist had ever been revoked; the fact that he had been previously arrested for armed robbery, conspiracy, sale of counterfeit money, and narcotic violations including the unlawful sale of amphetamines; his relationship with Dr. Charman Palmer who has engaged in the selling of controlled substance drugs; the fact that he has sold controlled substance drugs over the counter without a prescription as required by law; and the fact that Dr. Palmer covered the aforementioned sales by giving him prescriptions.

To each of the questions regarding the aforementioned subject matter and to any other questions asked by Executive Director Charles Siragusa and any other members of the Commission, Mr. Morris, upon advice of his counsel, refused to testify and invoked his privilege against self-incrimination.

U. Dr. Albert W. Ray, Jr.

Dr. Ray is an Illinois licensed physician whose practice is located in Joliet, Illinois. Among Dr. Ray's achievements, he has served as Chairman of the Board of the Drug Coordination and Information Counsel of Will-Grundy counties. He has also been a co-medical director of a methadone treatment center under the Illinois Drug Abuse program. Further, Dr. Ray has been a drug abuse liaison on the Illinois State Medical Society Counsel on Mental Health and Addiction, and served on the Committee on Alcoholism and Drug Dependence of that organization, being responsible for educational programs for the medical and health care professions. He appeared before the Commission as a representative of the Illinois State Medical Society.

According to Dr. Ray, in the past ten years, there has been a 70 per cent increase in per capita consumption of all

beneficial drugs. This is based on information from the Pharmaceutical Manufacturers Association and information extrapolated from Census Bureau data.

Dr. Ray proceeded to identify various classifications of drugs. These included (1) the legitimate drug market, which consists of all patients legitimately receiving dangerous drugs for therapeutic use; (2) the quasi -- legitimate drug market which encompasses all persons receiving dangerous drugs for various therapeutic regimens in treatment of medical conditions, for which the specific treatment might be debated (for instance, weight control, the "nervous housewife"); (3) the questionable adult market which reflects a closed operation within which individuals, primarily adults, receive prescription drugs considered to be dangerous drugs, as well as illegal use for non-medical use through private, personal connections; and (4) the street market, which is designed primarily for juveniles who receive these dangerous drugs illicitly for non-medical use and outside the mainstream of society.

Dr. Ray testified that the bulk of the items of abuse are "street drugs," which were usually poor in quality and with absolutely no predictability as to dosage and effect. He also indicated that there are many sources of illicit drugs, including, for instance, thefts and forgeries of prescription pads, and the ease with which fake pads can be printed.

According to Dr. Ray, the misuse of medical prescriptions may play a minor role as a source for drug abuse in comparison with the sources outside the health profession. However, he stated that some physicians, dentists, and pharmacists might be a party to this misuse in several ways. For instance, upon receipt of a prescription, a pharmacist might unquestioningly dispense the drug of a physician who might indiscriminately prescribe drugs; or the prescriptions might be written with no regard for a physical examination; or a pharmacist might dispense a drug without a prescription and falsify his records.

Dr. Ray then elaborated on the procedures which exist within organized medicine to consider activities of members

of the Society who are alleged to be practicing improperly:

- "1. When a member is identified and proved to be practicing illegally, such member is removed from medical society membership through appropriate hearings. Often, revocation of hospital staff privileges follows such action. This does not suspend or revoke any license since licensure is a state function.
2. When a member is suspected of wrongdoing, evidence is gathered by the profession. The situation is monitored; and when and if a case is developed to prove impropriety, the member is censured and/or expelled.
3. After such actions, the county or state medical society often has notified the Department of Registration and Education. Very little has been done with such reports; and it has been reported, in one instance, that it took eight years for final R&E action. Since that was a case involving misuse of medical prescriptions for obtaining drugs for abuse, the only action was to revoke the privilege of writing prescriptions for controlled substances."

According to Dr. Ray, many recommendations made by the Illinois State Medical Society to the Department of Registration and Education had gone unheeded. He also stated that after an individual is expelled from Society membership it is only the state agencies which can police that individual as the profession loses contact with him.

In order to observe law and ethics after licensure, a 1969 survey of the 11,000 members of the Illinois State Medical Society indicated that 77 per cent of the members supported a separate investigatory body completely independent from examining boards, with authority to suspend or revoke licenses. This group, representing physicians, would be able to identify wrongdoers, and criminal activities would be referred to the state's attorney.

On April 12, 1972, the Illinois State Medical Society presented testimony to the Illinois Department of Law Enforcement emphasizing that street drugs are primarily not a consequence of medical over-prescribing or illegal dispensing. According to Dr. Ray, at that time the Society stated that "state enforcement agencies can enforce all applicable laws against professionals practicing improperly. This would create only a small dent in the problem of drug abuse." The point of the testimony was to indicate that there was no need for additional bureaucratic mechanisms but pragmatic approaches to identifying problems and proposing solutions.

Dr. Ray further stated that on September 13, 1972, representatives of the Illinois State Medical Society testified before the Health Care Licensure Commission and again recommended the establishment of a State Medical Disciplinary Board, which would have the ability to eliminate those physicians who misuse the position afforded them by state licensure.

Dr. Ray urged the Commission to establish a statewide monitoring system, utilizing the Bureau of Drug Compliance, Department of Registration and Education, and the Department of Law Enforcement facilities. Monitors, consisting of physicians, pharmacists, dentists, and veterinarians would immediately investigate questionable situations. A professional Disciplinary Board could be linked to this. Further, local professional organizations should be contacted where there is an investigation of an individual. These organizations should be recognized as having a valid voice in these situations.

It was Dr. Ray's plea that there must be acceptance by state agencies of information provided by professional associations in matters of medical misconduct with some direct action taken by that agency as a result of the information provided to it by the organization.

Dr. Ray also suggested that in order to make the Department of Registration and Education more effective documented illegal activities should be submitted by the Department of Registration and Education to the Board of Medical Examiners and other licensure or examining committees



Dr. Albert W. Ray, Jr. (left), a representative of the Illinois State Medical Society testified that the Illinois Bureau of Investigation had been lax in processing the triplicate prescriptions for dangerous drugs. With him is Mr. Richard Mott, Executive Director of the Illinois State Medical Society.

in order that the state and local medical societies could suspend or revoke licenses. In addition, it is necessary that the Bureau of Drug Compliance must be given greater latitude to function effectively.

He also stated that the Illinois Bureau of Investigation is not functioning at the level that it should and that it has been lax in enforcing the drug laws. For instance, the processing of triplicate prescription forms is many months in arrear. Dr. Ray believes that that Bureau is understaffed to handle the 30,000 persons able to write or dispense prescriptions.

Executive Director Charles Siragusa offered Dr. Ray a copy of the transcript of these public hearings, which the Society could use as a basis to investigate the physicians who have testified at the hearings and who have been engaged in the practice of abusing medical prescriptions. Dr. Ray stated that this would be of great aid in the Society's determination as to whether or not these doctors, if they are members of the Society, should be censured.

Executive Director Siragusa stated that the Society should exert pressure on various facets of the government to remove those physicians who abuse their license privileges from a position where they can injure the health of the public. This should apply whether or not a physician is a member of the Illinois Medical Society. Dr. Ray indicated that the Society has no jurisdiction over physicians who are not members of its organization.

Mr. Siragusa indicated that drug manufacturers are dependent upon physicians to a large extent for their livelihood. He suggested to Dr. Ray that the Society should notify all drug manufacturers within the country that they should exercise careful discretion in supplying drugs at wholesale directly to retail pharmacies where there is an obvious indication that the pharmacy is ordering an inordinate amount of a particular drug. Dr. Ray agreed with this concept.

Representative Peter P. Peters stated that if the Medical Society is going to be the spokesman for physicians



Representative Peter P. Peters (right), commented that the Illinois State Medical Society should not only lobby in Springfield as a proponent of proper health care but should also testify in favor of legislation which would impose effective sanctions against physicians who indiscriminately prescribe dangerous drugs where there is no medical need.

it also must take some responsibility in attempting to prohibit a physician, who is a member of the Society and whose activities are injurious to the public, from practicing. Dr. Ray, in response to Representative Peters' comment, stated that it is necessary that the Society make governmental agencies more aware of the activities in the medical area.

Representative Peters further commented that the setting up of an independent medical board should include public representation and not only a Board composed of physicians. It was his opinion that much of society is becoming wary of any professional group of people. "If the board is going to work, you cannot start off setting up that board, which is there to whitewash the situation, at least in the public mind." Dr. Ray responded that he was quite blatantly aware of this mistrust.

Representative Peters also commented that it was inconceivable how the Society could permit any doctor, including Drs. Leu and Palmer, who have sold medical prescriptions for controlled substance drugs to Commission investigators, to retain his license. It was Representative Peters' opinion that the Medical Society must speak for all physicians if it is going to represent the profession at all and not just take action against physicians who are included in its membership. He also urged that the Society be present at legislative hearings when topics of appropriation for the Department of Registration and Education and the Illinois Bureau of Investigation are being discussed.

He further stated that the Society should not only lobby in Springfield as a proponent of health but should also testify in terms of legislation which, in fact, is going to benefit the public as a whole.

In response to Representative Peters' comments, Dr. Ray asked that the Medical Society be given similar powers as those the Bar Association possesses; such powers would be equivalent to disbarment procedures.

Co-chairman Joseph G. Sevcik queried whether there should be some law enforcement agency which polices pharmacists

who are dispensing an inordinate amount of a particular controlled substance drug or drugs. Dr. Ray responded that rather than have a formal investigation of a pharmacist informal local pressure can be more effective. Dr. Ray also added that in the area of misuse of medical prescriptions foreign and senior or elderly physicians are prevalent. In the case of the elderly physician, he continues to practice when he reaches the age of 70 or 75, either for financial reasons or because the motivation that allowed him to survive back in his early years is an intrinsic part of his being. Dr. Ray suggested that some method be devised in which these physicians can maintain their dignity as doctors in their later years.

In response to Executive Director Siragusa's question as to what the medical societies and medical schools are doing to mitigate the drug problem, Dr. Ray stated that until the last eight to ten years the problem was prevalent in the ghetto and among the poor. The medical profession is now becoming involved because it is affecting other areas of society. He further testified that medical schools are now offering drug programs, which they have not previously done; and the Illinois State Medical Society in its annual meeting will devote an afternoon to the practical aspects of treating a patient who has a drug problem.

In conclusion, Mr. Siragusa recommended that the Society print in its monthly magazine the names of all doctors who have been mentioned at these hearings.

V. Dr. Dean Barringer

Dr. Barringer is the Director of the Department of Registration and Education. Accompanying him were Mr. Peter A. Kotsos, Assistant Director of the Department of Registration and Education, Mr. Lawrence Slotnik, Coordinator of Drug Compliance, Mr. John Galvin, Department's Chief Counsel and Coordinator of Professional Supervision.

Dr. Barringer testified that the Department is responsible for the licensing of various professions, including pharmacists and pharmacies under the Illinois Pharmacy Practice Act and physicians under the Illinois Medical Practice Act.



Dr. Dean Barringer, Director of the Illinois Department of Registration and Education at the time of his appearance at the Commission's public hearings on December 7, 1973, testified that his agency had not as yet registered physicians pursuant to the Illinois Controlled Substances Act.

Under the Illinois Pharmacy Practice Act there are twelve investigators who are registered pharmacists; and their duties include inspection and investigation of pharmacies to ensure compliance with the Act. According to Dr. Barringer, when the Illinois Controlled Substances Act was adopted in 1971, a Drug Compliance Unit was created with the Department. This Unit was charged with responsibilities under the Illinois Controlled Substances Act in concert with duties under the Illinois Pharmacy Practice Act.

Dr. Barringer admitted that the Department of Registration and Education has not promulgated the rules and regulations relating to the registration and control of the manufacture, distribution and dispensing of controlled substances within the State as mandated by Section 301 of the Illinois Controlled Substances Act. However, he stated that the Department, as required by statute, will be consulting with the Department of Law Enforcement in the near future in order that these rules be promulgated.

Dr. Barringer stated that pursuant to Section 303 of the Illinois Controlled Substances Act, there have been no physicians and only a few pharmacists who have registered under the Illinois Controlled Substances Act.

He further stated that as of the date of these hearings there were no specific enforcement actions taken under Section 304 of the Act against either pharmacists or physicians for non-registration; but proceedings have been instituted against pharmacists and physicians under the Illinois Medical Practice Act and the Illinois Pharmacy Practice Act.

Dr. Barringer testified that an important ground for revoking a physician's license to practice medicine would be engaging in unprofessional conduct as set forth in the Illinois Medical Practice Act. In his opinion, a licensee who is involved in the abuse of medical prescriptions would be violating the above mentioned provision of that Act. However, Dr. Barringer warned that the statutory avenues for revoking a physician's license (which have been discussed in Chapter 1 of this report) are subject to constitutional

challenge on the basis that the law in this area does not adequately define the standards for the type of conduct to be prohibited.

Dr. Barringer strongly urged that a study be made in order that amendatory legislation should be enacted, specifically broadening the grounds for revocation and suspension. These grounds should state offenses that would be appropriate in eliminating drug abuse as it pertains to licensed physicians and pharmacists.

Dr. Barringer further stated that complaints registered with the Department against physicians are concerned mostly with licensed physicians who have abandoned the practice of medicine to engage directly in illicit drug traffic using their authority to write prescriptions to supply drug addicts and with physicians who limit their practice to weight control and behind such a facade deal extensively in controlled substances.

He further explained that these doctors' licenses are subject to suspension; however, while their case is pending before the Department, some of them continue to engage in this practice. In order to circumvent their illegal activities, on occasion the Department has taken direct action against them by filing complaints with the appropriate law enforcement agencies.

Dr. Barringer criticized the Department's hearing procedure for revocation of a license. Each enforcement action must be brought before a committee, which invariably becomes involved in ascertaining details of a licensee's registration which may not be relevant to the grounds for revocation. Since the members of the committee are unsalaried, these hearings depend upon the availability of the members. In Dr. Barringer's opinion, these committees do not have the expertise to evaluate the evidence brought before them.

Dr. Barringer suggested that qualified hearing officers should be employed. This would reduce the time commitment of the committees in that their enforcement function would be limited to reviewing the findings of fact and conclusions of law of the hearing officer.

Mr. Slotnik testified upon inquiry by Executive Director Charles Siragusa that the Bureau of Drug Compliance for the State of Illinois investigates pharmacies licensed practitioners to determine if they are in compliance with Illinois law. He testified that approximately 50 or 60 pharmacists a month are inspected.

Mr. Siragusa further indicated that pursuant to the Illinois Controlled Substances Act doctors must register with the Department in order to issue prescriptions for controlled substances; however, that aspect of the law has not as yet been implemented.

Mr. Siragusa further stated that the registering of physicians under the Illinois Controlled Substances Act might have been ignored in the past. Dr. Barringer, agreeing with this comment, testified that the Department had some misgivings as to the practicality of licensing all physicians under this Act. He stated that such registration should be a joint effort with the Department of Law Enforcement.

Mr. Slotnik suggested that since the Illinois Bureau of Investigation and the Bureau of Drug Compliance have overlapping responsibilities in regard to inspection of pharmacies it might be more effective if the inspection responsibility of pharmacists be delegated entirely to the I.B.I. since they are most capable. Dr. Barringer agreed with this delegation of responsibility.

Mr. Galvin stated that information received by the Commission during the hearings regarding Dr. Payming Leu and Dr. Valeriano Suarez could be used as grounds for revocation of their licenses in that they were engaging in dishonorable, unethical, and unprofessional conduct likely to deceive, defraud, or harm the public.

Mr. Galvin further indicated that charges against these doctors have already been filed. He further stated that there were allegations in the Department's complaints which stated as follows:

"...in that the doctor has not engaged in the practice of medicine, but his activities consist of using his medical license as a cover to supply the needs of drug addicts."

Co-chairman Joseph G. Sevcik suggested that complaints against physicians be referred to the Illinois Medical Society, who would hold hearings and make their recommendations to the Department. Such proceedings would be similar to disbarment hearings of attorneys.

Mr. Galvin disagreed with this concept. He indicated that disbarment proceedings of lawyers are directly related to the fact that an attorney is an officer of the Supreme Court of Illinois; the Illinois Supreme Court is, in effect, disciplining him as a member of its bar.

Dr. Barringer stated that the Department could not delegate its authority to a separate body, such as the Illinois Medical Society, to execute the duties that were imposed upon the Department by statute. He further stated that not all physicians are members of a medical society, and it might be discrimination against those who are members of the associations and those who are not.

Mr. Galvin testified that when a person is deprived of his license by virtue of being convicted for violating a federal or state law he may re-apply after a prescribed period for his license, which must be granted to him unless not in the public interest.

Mr. Galvin further stated that if the crime for which the individual was convicted was directly related to the medical or pharmaceutical professions, then a license should not be granted. Co-chairman Sevcik agreed with this concept and indicated that the Commission would consider this proposal in its recommendations to the Legislature.

Mr. Siragusa suggested since a physician has to be registered under the Illinois Controlled Substances Act in order to write prescriptions for controlled substances it might be a deterrent to revoke his registration under that Act while proceedings against him are pending for revocation of the physician's general license to practice medicine. In this way, you are only taking away their power to continue their "evil business."

Representative Peter P. Peters, pursuant to Executive Director Siragusa's suggestion, stated that one of the

priority operations of the Department should be to suspend the registration numbers of those doctors who abuse prescriptions and who are and should be registered under the Illinois Controlled Substances Act. Representative Peters further suggested that these physicians should then prove to the satisfaction of the court that they have a right to continue to write prescriptions for addicts.

Dr. Barringer previously stated that the revocation of these registration numbers could prove to be a tedious and exhausting task for the Department and questioned the effectiveness of this suggested deterrent to the problem of drug abuse.

Mr. Kotsos agreed with Representative Peters that the committees which heard evidence pertaining to complaints filed against an individual in a particular profession should not only be composed of people who engage in that profession but also of public membership. Mr. Kotsos further stated, in reply to Representative Peters' inquiry, that the Department receives very few complaints lodged by the Illinois State Medical Society against physicians for the illegal practice of medicine. Mr. Galvin stated that in his experience since May, 1973, he knew of no complaint filed against any physician by another physician on the subject of drug abuse.

Mr. Galvin commented upon the licensing of Drs. Suarez and Leu. Each had presented documents from their respective countries which stated that each had fulfilled certain educational requirements prior to becoming a physician. He stated that it is very difficult to ascertain the authenticity of these documents at the time these physicians applied for an Illinois license.

To revoke the licenses of foreign doctors, such as Drs. Leu and Suarez, on the basis of the authenticity of their credentials, would be extremely difficult.

Dr. Barringer stated that upon receipt of the names of those doctors under investigation by the Commission, the Department would make a thorough examination into their records.

Mr. Slotnik commented on Mr. Jerome Midanek's refusal to allow the Department's audit of Landsman Pharmacy. He stated that on November 29, 1973, after being cited on November 27, 1973, to appear before the Department authorities, Mr. Midanek agreed not to fill prescriptions for Drs. Leu and Suarez. An audit, however, of that pharmacy was not subsequently performed. Mr. Slotnik questioned whether or not a pharmacist has a right to refuse the Department access to audit a pharmacy.

He further indicated that the Department's power to take legal action against a pharmacist who refuses to submit to an audit is questionable. However, the Illinois Bureau of Investigation would be notified; and in instances where this has occurred, access was immediately granted.

Concluding the testimony given by the various representatives of the Department of Registration and Education, Mr. Slotnik elaborated on the audits performed on various pharmacies pursuant to the Commission's request. A thorough analysis of these audits is explained in Chapter 2 of this report.

W. Dr. Louis H. Coggs

Dr. Coggs did not appear before the Commission to testify as required by the subpoena previously served upon him. Mr. Warren Wolfson, who represented Dr. Coggs, did appear contesting the validity of the subpoena and the holding of these public hearings on the basis that House Resolution 285 ordered that a report of the Commission's investigation be made to the General Assembly no later than September 1, 1973. Since that date had passed, the Commission was acting without power in this investigation.

Co-chairman Joseph G. Sevcik and Representative Horace L. Calvo advised Mr. Wolfson that the court was the proper forum for objecting to the validity of the subpoena and that Dr. Coggs should have appeared at these hearings in person.

Representative Calvo further advised Mr. Wolfson that the resolution mandates the Commission to conduct an investigation into this area, but there is no language which directs

the Commission to conclude its investigation on a certain date.

Mr. Wolfson was also advised by Co-chairman Sevcik that the disposition of this matter would be taken up with the Commission's Chief Counsel.

X. Mr. Frederick W. Oyen

Mr. Oyen has been a registered pharmacist in the State of Illinois since 1951. He is currently the owner of Garden Apartments Pharmacy, which is located at 1452 North Sedgwick Street, Chicago, Illinois. He was accompanied by his attorney, Mr. Robert L. Edwards.

Mr. Oyen testified that on November 26 and 27, 1973, Commission Investigator William P. White III came to his pharmacy to audit his supply of various controlled substance drugs and the prescriptions for such drugs from August 1, 1973, through November 27, 1973.

Upon inquiry by Representative Horace L. Calvo, Mr. Oyen testified that Dr. Payming Leu was one of the physicians for whom he had filled prescriptions. He further testified that, although he did not have personal knowledge, Agent White's audit revealed that out of 16,235 20-mg. Ritalin tablets dispensed by his pharmacy during that period 13,245 tablets, or approximately 81.6 per cent, were dispensed pursuant to prescriptions written by Dr. Leu. Again, he indicated that he did not know for sure whether or not this was the fact as he did not make any verification of Agent White's audit.

In response to Representative Calvo's indication that it appeared highly irregular for one doctor to prescribe within a 15-week period 13,000 20-mg. Ritalin tablets, Mr. Oyen replied he was in no position to give a medical opinion.

Mr. Oyen also testified that he had contacted Dr. Leu to verify various prescriptions but never questioned the medical reason for the prescription of a particular drug even though, in the case of Ritalin, he was dispensing between 800 to 900 tablets a week.



Frederick W. Oyen, owner and operator of the Garden Apartments Pharmacy at 1452 North Sedgwick Street, Chicago, admitted that he had filled numerous prescriptions for dangerous drugs issued by Dr. Payming Leu and Dr. Valeriano Suarez, two of the largest Chicago area traffickers.

Mr. Oyen testified that prescriptions which he received from Dr. Leu for Ritalin tablets were on a xerox form, but each prescription had the number of tablets filled in as well as being separately signed by the doctor. Mr. Oyen further testified that there were many companies that supplied preprinted prescriptions with the name of the drug on the face of the prescription; however, he replied that this procedure is inapplicable at this time to controlled substance drugs.

Mr. Oyen testified that during Agent White's inspection it was revealed that 3,369 75-mg. Preludin tablets were dispensed by his pharmacy, although he did not know, in fact, whether that amount was correct. He further stated that, according to Agent White's inspection, 1,165 tablets, or 49 per cent of the total, were prescribed by Dr. Leu. Again, Mr. Oyen testified that he did not know the medical reason for which these tablets were prescribed; but on various occasions, he and his assistant pharmacist, Mr. Dean L. Rogan, would verify these prescriptions with Dr. Leu.

It was determined in Agent White's investigation that from August 1, 1973, to November 27, 1973, there was a total of 18,657 tablets or capsules of Preludin, Tuinal, Doriden, and Ritalin dispensed from the Garden Apartments Pharmacy. Mr. Oyen stated that he had confirmed many of these prescriptions, and he knew many of them were legitimate because he recognized Dr. Leu's handwriting. He further testified that he only questioned Dr. Leu in regard to the authenticity of the Doctor's signature.

Executive Director Charles Siragusa, in noting Mr. Oyen's reluctance to answer questions pertaining to the dispensing of a large volume of controlled substance drugs pursuant to Dr. Leu's prescriptions, injected his comment that as a pharmacist he should be acting in "good faith." There are many aspects of a prescription prior to its being filled that may be questioned. For instance, the person who presents the prescription for filling; the fact that a prescription filled for 30 tablets on one day with the direction of taking three a day and three days later the same person presents another prescription for the same

amount of tablets by the same doctor; and the fact that the man who signed the prescription is actually the physician. Each of the aforementioned instances should put the pharmacist on notice that there may be some improprieties.

In response to Representative George H. Ryan's question as to what he would do if he received a prescription for 1,000 Phenobarbital tablets for one patient, Mr. Oyen stated that he would refuse to fill the prescription. Representative Ryan noted the fact that one doctor prescribing as many Ritalin tablets as Dr. Leu did not invoke Mr. Oyen's refusing to fill those prescriptions.

Representative Calvo stated that from August 1, 1973, through November 27, 1973, 2,280 20-mg. Ritalin tablets were dispensed by the Garden Apartments Pharmacy pursuant to Dr. Valeriano Suarez's prescriptions. Again, Mr. Oyen stated that he was not a doctor and did not believe it to be his duty to question the medical reason for this amount of controlled substances being prescribed.

When confronted with the fact that 99.3 per cent of the total Ritalin tablet sales for the aforementioned period were the results of prescriptions written by Dr. Suarez and Dr. Leu, Mr. Oyen again responded with the same answer as previously testified.

Co-chairman Joseph G. Sevcik asked Mr. Oyen whether or not he had ever received a "kickback" from either of these doctors for filling their prescriptions. In response thereto, Mr. Oyen stated he did not.

Representative Peter P. Peters, in reviewing testimony given by Mr. Irving Cotovsky, owner of Irv's Pharmacy No. 1 and No. 2, stated that Mr. Cotovsky had received an inordinate amount of prescriptions written by Dr. Suarez and Dr. Leu for controlled substance drugs. Representative Peters further stated that Mr. Cotovsky indicated that he was rendering a service to the people in his area, who were basically Negro and Spanish, as these individuals were a "special class of people."

In response to Representative Peters' question as to whether or not Mr. Oyen believed himself to be performing

a similar type of social service by filling these prescriptions and not questioning their validity, Mr. Oyen stated that he is not performing any type of service except filling prescriptions.

Mr. Oyen hesitated in giving any answer in regard to whether or not he acted in good faith in following the ethics of his profession in not inquiring into the validity of these prescriptions. Executive Director Siragusa pointed out the fact that he was under no legal or moral obligation to fill a prescription merely because it had been issued. Mr. Siragusa also indicated that Mr. Oyen's reason for never questioning the medical purpose for which these prescriptions were being written was because he filled them out of fear of bodily harm rather than for monetary remuneration. Mr. Siragusa based this comment on a previous interview with Mr. Oyen.

Mr. Oyen further testified that he had contacted various law enforcement agencies in regard to what he could do about the problems he was incurring. He testified that he could justify not filling a prescription if he could say to the person presenting it that the federal or state government would not allow him to do so.

He further testified, upon inquiry by Representative Ryan as to his margin of profit on Ritalin tablets, that he pays approximately \$6.30 for 90 Ritalin tablets and charges \$30.00 for that same amount. He also believes this to be a deterrent to having to fill controlled substance prescriptions. Mr. Siragusa strenuously disagreed with this method.

Y. Mr. Michael Friedman

Mr. Friedman is the manager of Austin Pharmacy, located at 6801 West Roosevelt Road in Berwyn, Illinois. With him appeared W. Leo Simon, who is the owner of that pharmacy.

Mr. Simon testified that neither he nor Mr. Friedman, his son-in-law, fills any prescriptions. Mr. Paul Weissman and Mr. Anthony Eden are the store's pharmacists.

According to Mr. Friedman, the pharmaceutical section of the store is independent of the general merchandise



Michael Friedman, manager of Austin Pharmacy at 6801 West Roosevelt Road, Berwyn, testified that he was afraid that unless he filled drug prescriptions for Dr. Valeriano Suarez' patients, he would find that the store would be vandalized.

section. He further testified that the pharmacy did fill prescriptions for Dr. Suarez. Mr. Friedman stated that at first he had only received a few prescriptions, but the volume increased as it became known that his pharmacy would fill Dr. Suarez's prescriptions.

He claimed the pharmacist would check to see whether Dr. Suarez had a telephone and then call his office. Prescriptions from Dr. Payming Leu were received but not filled as Dr. Leu had no permanent office and could not be contacted.

Mr. Simon testified that it was very difficult to keep Dr. Suarez's "patients" out of the store. If he refused to fill their prescriptions, he would find that his store would be vandalized. The police had been called on numerous occasions to remove offenders. He also told Dr. Leu's patients that the federal government to whom he had turned over 2,000 of Dr. Suarez's prescriptions obtained over a four-month period, prohibited the pharmacy from filling them.

Z. Mr. Wayne A. Kerstetter

Mr. Kerstetter is the Superintendent of the Illinois Bureau of Investigation. Mr. Robert A. Galbraith, General Counsel for the I.B.I., Special Agent Ernest Salone, and Mr. John Dreske, Jr., Executive Assistant to the Director of the Department of Law Enforcement appeared with him.

According to Mr. Kerstetter, the I.B.I., among its other duties, is responsible for the investigation of violations of Illinois laws relating to narcotics and dangerous drugs. Mr. Kerstetter testified that during 1973 the I.B.I. made 689 arrests, 541 of which were drug arrests. During the same period, 319 convictions were obtained, 235 of these were on drug charges.

Mr. Kerstetter stated that of the 541 drug arrests, 45 were the result of investigations conducted by the I.B.I. relating to the illegal distribution of drugs by persons licensed to handle drugs or by the illegal acquisition of drugs by non-licensed persons from legitimate channels of



Wayne A. Kerstetter, Superintendent of the Illinois Bureau of Investigation, testified that his staff of ten Compliance Inspectors in Springfield and Chicago was inadequate to properly inspect 140,000 registrants in Illinois, 22,000 of which are physicians, licensed to deal in dangerous drugs.

distribution. According to Mr. Kerstetter, this type of investigation is known as a drug compliance or registrant investigation. Mr. Kerstetter's explanation of the low number of arrests of this type was that the I.B.I. concentrates its efforts on drug violations where neither the criminal nor the victim is a licensed distributor of drugs for legitimate medical use.

In order to meet its statutory responsibility to investigate criminal violations by persons registered to handle or distribute controlled substances, the I.B.I. has established a Compliance Squad in Springfield and Chicago. However, each Squad consists of only four or five individuals and a larger staff is contemplated as there are over 140,000 licensed registrants in Illinois, 22,000 of which are physicians.

Mr. Kerstetter testified that its primary duty in assisting the Department of Registration and Education is to investigate alleged violations of the Illinois Controlled Substances Act by registrants or by patients or purported patients illegally acquiring drugs from physicians. The I.B.I. also is charged with the duty of verifying triplicate prescriptions, which are required for Schedule II controlled substance drugs. The prescribing physicians must retain one copy of the triplicate form for their records for a period of two years. The pharmacist retains the original for the same period, and the second copy is forwarded to the I.B.I. office in Springfield where it is processed. The prescriptions are hand-sorted and inspected for obvious discrepancies, such as alterations, mutilations, or forgeries. The information from the form is then computer processed. A print-out is obtained, which gives the prescription number, the practitioner's federal registration number, and the patient's name. A copy of the print-out is forwarded to the Compliance Unit in Chicago for further investigation, if necessary.

Representative Peter P. Peters suggested that the information fed into the computer should also include the name of the pharmacy.

Approximately 25,000 completed prescription forms reach Springfield each month; however, the amount will

increase due to the fact that as of October 1, 1973, all amphetamines were designated Schedule II drugs, thereby subjecting them to the triplicate blank requirement.

Mr. Kerstetter gave testimony in regard to the I.B.I. examination of several Chicago area pharmacies, which was requested by Executive Director Charles Siragusa on November 16, 1973. I.B.I. agents, in performing these audits, were primarily concerned with reporting the volume of prescriptions filled for certain controlled substance drugs which are subject to potential abuse. These drugs include Ritalin, Preludin, Desoxyn, Demerol, Barbiturates, Percodan, Doriden, Morphine Sulphate, and Robitussin-AC.

In cooperation with the Commission investigation, Mr. Kerstetter testified that audits had been performed on Lake View Pharmacy, 613 West Diversey, Chicago, Garden Apartments Pharmacy, 1452 North Sedgwick, Chicago, and Austin Drug Company, 8801 West Roosevelt Road, Chicago, Illinois.

Executive Director Siragusa commented that the I.B.I. is extremely far behind in processing the triplicate order forms forwarded to the Springfield office. Mr. Kerstetter responded that there is a delay from two to five months depending on the work load. At the present time, two women are doing the work; and he has requested an additional three or four. Mr. Salone added that since the prescriptions are hand-sorted, the process is tedious.

Mr. Siragusa also suggested that the I.B.I. and the Department of Registration and Education work out a system whereby a physician, whose registration number is revoked by the Department of Registration and Education and continues to write prescriptions, be arrested for violation of the specific portion of the statutes which he has broken.

Mr. Kerstetter also commented, upon inquiry by Mr. Siragusa, that Ritalin and Preludin, although Schedule III drugs in Illinois, are Schedule II drugs under federal law. However, the I.B.I. is proposing that these drugs be categorized as Schedule II in Illinois, and therefore, subject to the triplicate prescription form requirement.

Representative Peters stated that the triplicate process is an exceptionally effective tool in law enforcement and in ascertaining those individuals who are engaged in illicit drug operations. He commented that Representative George Ryan and he, as members of the Appropriations Committee, would be most interested in seeing that the I.B.I.'s budget be adequately funded for this particular program.

Mr. Kerstetter then stated that when a pharmacist or physician has been divested of his license because he has abused his authority the law enforcement techniques become more effective. A private citizen selling a controlled substance can be criminally prosecuted more readily. Representative Peters agreed with Mr. Kerstetter and added that whatever can be done to mitigate the drug problem, especially as it affects the juvenile, would evoke the gratitude of the public.

Upon Representative Ryan's inquiry, Mr. Kerstetter suggested that rehabilitation after drug abuse is very problematic. In order to eliminate the problem of drug abuse, the medical and pharmaceutical professions must be subjected to close scrutiny and appropriate remedial legislation must be enacted.

In conclusion, Mr. Kerstetter, in responding to Mr. Siragusa's suggestion that the I.B.I., rather than the Department of Registration and Education, be responsible for the examination of all pharmacies, stated that he would need some time to examine all aspects of the problem.

AA. Mr. Ronald Boerner

At the time of these hearings, Mr. Boerner was the Supervisor for the Compliance Section of the U.S. Drug Enforcement Administration. With him appeared Mr. Leon Morris, who was an Investigator in the Compliance Section of the Administration.

Mr. Boerner testified that the most popular drugs on the "street," which come from legitimate manufacturers, are Schedule II controlled substance drugs, such as Ritalin, Tuinal, Seconal, Preludin, and Desoxyn. Mr. Boerner indicated that under federal law the Schedule II drugs must be transferred from the manufacturer to the wholesaler and to

the pharmacist on triplicate order forms. At each stage that these drugs are transferred, a copy of the completed form is forwarded to the Compliance Section of the U.S. Drug Enforcement Administration. These forms are utilized in ascertaining whether there has been excessive purchases by the wholesaler or pharmacist.

Mr. Boerner indicated that pursuant to an agreement with the State of Illinois the federal government is concerned with abuse by manufacturers and wholesalers. The state's responsibility encompasses the pharmacists and physicians. It was Executive Director Charles Siragusa's opinion that the Illinois Department of Registration and Education, which is responsible for registering pharmacists and physicians, has not fulfilled its obligations satisfactorily. Mr. Boerner stated that the Uniform Controlled Substances Act is a guideline to the state to maintain the same level of enforcement as the federal government.

It was Mr. Boerner's opinion that the Illinois Controlled Substances Act should be amended so that the Illinois law places controlled substance drugs in the same or in a higher schedule as those drugs placed by the federal government. He also suggested that the authority of the Department of Registration and Education and the Illinois Bureau of Investigation be more clearly defined as to the licensing of physicians and pharmacists.

Mr. Boerner further testified that in the last few years eight to ten physicians have been subjected to federal prosecution. He indicated that some of these physicians were indicted and tried for being "out-and-out" dope peddlers rather than for non-compliance with controlled substance laws. According to Mr. Boerner, it is difficult to convict a physician because he will use "medical judgment" as a defense.

Mr. Boerner testified that when a physician applies to the Bureau of Narcotics for registration under the Illinois Controlled Substances Act, he is assigned a BNDD (Bureau of Narcotics and Dangerous Drugs) number, which enables him to write prescriptions for controlled substance drugs. His receiving that number is contingent upon his

being licensed by the state. If he is not so licensed at the time he applies, his application is not approved. Further, if a physician's state license is revoked, his federal registration will simultaneously be revoked upon notice being given by the state authorities.

Mr. Boerner further testified that in 1971 the Bureau established a quota system, which determined how many Schedule II drugs could be manufactured annually. In the case of amphetamines, for instance, the 1973 quota for a manufacturer was 20 per cent of what he had manufactured the previous year. Representative Peters suggested that in order to "control" the production and illegal trafficking of controlled substance drugs a lower quota should be established. However, Mr. Boerner indicated that it is very difficult to determine what the actual medical need is of a particular controlled substance drug.

Representative George H. Ryan stated that the federal government should establish a warning system whereby a wholesaler who purchases an inordinate amount be suspect of possible abuse. Mr. Boerner indicated that this was the main purpose of the triplicate order form system. He also stated if a registrant is subjected to robbery he must report that theft to the Bureau.

Mr. Boerner indicated that in the past eleven months thefts involving pharmacies within Illinois have increased one per cent. Physicians' offices are less likely to be burglarized because of the limited supply of controlled substance drugs kept in their offices.

In conclusion, Mr. Boerner, in reply to Mr. Siragusa's suggestion that the BNDD number not be imprinted on the prescription pad but handwritten in order to foster confidentiality of that number, stated that the number itself has no validity until the pharmacist checks the legitimacy of that number. The pharmacist, as is the physician, is responsible for insuring that the prescription given to him is a "legitimate medical prescription for a legitimate medical use."

## Chapter 6

PUBLIC HEARINGS: CHICAGO  
FEBRUARY 20, 1974 AND JULY 15, 1974

### A. Introduction

At the Commission's first set of public hearings on December 6-7, 1973, Dr. Valeriano Suarez contended that House Resolution 285 called for the Commission to submit its report to the General Assembly on or before September 1, 1973, that the reporting date had expired, and consequently the subpoena previously served upon him was invalid. Accordingly, he refused to answer any questions, without invoking the Fifth Amendment against self-incrimination.

Dr. Louis H. Coggs, who had also been subpoenaed to testify at the December 6-7, 1973, public hearings, did not appear at those hearings. His counsel made the same contention that the termination of the reporting date rendered our subpoena invalid.

On January 9, 1974, the General Assembly extended the reporting date of House Resolution 285 from September 1, 1973 to September 1, 1974.

Accordingly, Dr. Suarez and Dr. Coggs were again notified to appear and give testimony at the Commission's second series of public hearings on February 20, 1974. Dr. Suarez did appear.

Following the Commission's first series of public hearings Dr. Gerald McCabe requested the opportunity of testifying before the Commission. Accordingly, he was notified that he could appear on February 20, 1974.

The fourth witness at our February 20, 1974, hearings was Irving Cotovsky, owner and operator of Irving's Pharmacy No. 1 and Irving's Pharmacy No. 2. Cotovsky, who had testified at the December 6, 1973, public hearings appeared on February 20, 1974, without advance notice, and the Commission acceded to his request to furnish additional testimony.

Despite the fact that House Resolution 285 was amended on January 9, 1974, to extend the reporting date from September 1, 1973 to September 1, 1974, Dr. Coggs' attorney contended at the February 20, 1974, hearings that our investigation and hearings beyond September 1, 1973, were still invalid. Dr. Coggs did not appear.

Accordingly, the Commission filed an appropriate petition with the Circuit Court of Cook County to compel Dr. Coggs' appearance. The Court ruled that Dr. Coggs had to appear before us and he was subpoenaed to give testimony at our last series of public hearings on July 15, 1974.

B. Dr. Gerald E. McCabe

Dr. McCabe, whose office is at 4301 North Ashland Avenue, Chicago testified that he was present at the Commission's public hearings on December 6-7, 1973, and he wished to make certain comments concerning medical prescriptions.

He distributed a cartoon strip which decried the system of triplicate prescriptions for certain controlled substances. Among other things the drawings sarcastically depicted a dope pusher who said that his business was up 10,000 per cent with the passage of the Illinois law requiring triplicate prescription forms for certain drugs.

Dr. McCabe also distributed copies of a letter dated October 9, 1973, which he had disseminated to all Illinois legislators, as follows:

"House Bill 982 was passed and put into law on October 1, 1973. This law which puts medications of all Amphetamines and their combinations and Methaqualone on triple prescription blanks, takes medicine out of the hands of the doctor and into the hands of the non-professional, and makes a new black market of illicit drugs. This law is an obstacle to proper medical care.

"This law puts all sick people needing proper medication on computers in Springfield and denies them all rights or a confidential relationship with their doctor. This law increases the price of medication, increases the doctor's fee, and limits the doctor's practice. If you are on any of the medications now on triple scripts you will be marked for life, and there will be no true doctor-patient relationship because the State is spying on you.

"In subtle, unmeasurable ways, the triple script law will interfere with the freedom of the physician to select the drug

of choice. From the patient's point of view, the results of the new law are anything but subtle. He knows that any one of a wide range of drugs which the doctor prescribes for him will be reported to a government agency. There it will remain on file for the rest of his life, open to any bureaucratic eye which may want to peer at it for any reason. And some valuable part of the doctor-patient relationship will be lost forever.

"This is a law which no ethical physician can live with. The idea that the State would enter into a computer file the names of innocent children suffering from a hyperkinetic disorder along with the names of drug abusers, while providing no way of distinguishing the names of these children from the names of drug abusers, is appalling. God help these children if later in life they want a job in a sensitive area or try to enter a profession.

"Actually, however, the objections of the physicians in Illinois goes beyond the entry of names into a computer. For what's at stake here, as has so often been the case in the recent past, is the physician's right to prescribe the right drug for the right patient at the right time - without outside monitoring of, or interference with, his actions.

"We must recognize the dangers in a society which permits the government to know the intimacies of its citizens' lives and especially the consequences to those people against whom such information is maliciously or malevolently used.

"We have had the triple script here in Illinois since 1958 and the only thing it did was increase our drug problem, increase crime, decrease proper treatment of patients, and taking medical treatment out of the hands of the doctor and into the hands of the pusher.

"What you can do as a legislator is to repeal this House Bill and start letting the

doctors solve the problem, and not let the drug problem be increased by the police and the drug peddlers.

"You may be the next victim of not getting the proper medication for a painful and debilitating disease such as cancer. This law effects all of us."

Dr. McCabe testified at some length on February 20, 1974, concerning his opposition to the system of triplicate prescriptions for drugs with a high potential for abuse. He stated that in addition to Illinois, the following states also have the same system: California, New York and Idaho. He said that when the Illinois law was passed in 1958 it only required triplicate prescriptions for narcotics but that it had since been expanded to include certain amphetamine drugs.

Dr. McCabe attributed the rise in deaths in Cook County from overdoses of drugs to the triplicate prescription system. Executive Director Charles Siragusa disputed the validity of that observation.

The witness then complained that a methadone clinic he had initiated on June 11, 1970, was closed down by the federal government about 14 months ago and that since then 47 persons had died. Executive Director Siragusa asked the witness if it were not possible that some of those people had died from an overdose of drugs prescribed by Dr. McCabe, but he did not answer that question. Representative Joseph G. Sevcik remarked that he disagreed with Dr. McCabe's contention that some of these persons died because of the triplicate prescription system.

Dr. McCabe testified that none of his patients had ever been arrested for illicit sale of drugs. Executive Director Charles Siragusa disputed this, citing the case of one William Kirby, who upon his arrest by the Chicago Police for sale of drugs claimed he had obtained them from Dr. McCabe.

Representative George H. Ryan, Sr. observed that in certain emergency situations the triplicate prescription system created hardships, and he objected to the system, citing a case in point.

Dr. McCabe agreed. Chief Counsel Louis R. Fine pointed out that in an emergency situation a controlled substance

may be orally prescribed by a physician who later would present a written prescription to the pharmacist. In response thereto, Dr. McCabe questioned what constituted an "emergency."

Dr. McCabe agreed with Senator Hudson R. Sours that the triplicate prescription system served no useful purpose in checking on individuals who are not known addicts.

Upon questioning by Executive Director Siragusa, Dr. McCabe admitted that the triplicate prescription system was instituted to lessen the abuse of the more dangerous drugs. However, Dr. McCabe said, he believed the situation had worsened in those states that adopted it. This contention was disputed by Director Siragusa.

Dr. McCabe was examined concerning the fact that the United States Department of Health, Education and Welfare had terminated his methadone clinic because he had been negligent in determining whether (1) the patient was truly an addict, (2) the methadone which he dispensed was being sold on the street, and (3) the patient was medically capable of taking this drug.

In response, Dr. McCabe stated that at the termination of the 90 day period given to him by the Department to correct the abovementioned charges, every patient was given a urine test to determine whether he or she was an addict. He further denied that his methadone program was cancelled because he failed to take urine tests for detection of narcotics at least once a week and to make formal arrangements for the care of his patients (despite documentation to that effect in the Commission's files).

Executive Director Siragusa cited from records in the Commission's files indicating the types and amounts of controlled substances included in medical prescriptions he had issued. Dr. McCabe refused to answer questions concerning the medical need for prescribing these drugs claiming it would be a violation of the doctor-patient relationship.

When confronted with the fact that an examination of prescriptions written by him disclosed that some of his patients had renal colic one day, osteomyelitis two or three days later, and renal colic again two or three days after that, Dr. McCabe testified that "addicts can have ten different diseases." Dr. McCabe further admitted prescribing

the same drugs for the same person at two and four day intervals. He also testified that on occasion he has prescribed two barbiturates or two amphetamines for the same person or wrote two prescriptions for different drugs dated the same day and issued to the same person.

Upon inquiry by Senator Sours, Dr. McCabe indicated that a physician was more susceptible to being a drug addict because of the nature of his profession, and that it was possible that doctors wrote prescriptions for patients and then used the drugs themselves.

Representative Ryan agreed with Dr. McCabe's philosophic opposition to the triplicate prescription program and indicated that addicts are in need of treatment and that legislating against them is not the cure.

In conclusion, Dr. McCabe believed it was important that a physician have a good rapport with a nearby pharmacist. He indicated that he has such a relationship with Irving Cotovsky, owner of Irving's Pharmacy No. 1 and Irv's No. 2 Pharmacy, which fills all his prescriptions.

C. Dr. Louis H. Coggs

Dr. Coggs, whose office is located at 850 West 103rd Street, Chicago, Illinois, did not appear on February 20, 1974, but his attorney, Warren Wolfson, appeared for him.

Mr. Wolfson said that when he appeared before the Commission's public hearings on December 7, 1973, in response to a subpoena that was served on the doctor, he took the position that the subpoena was void because the resolution expired in September of 1973, and the subpoena was unauthorized.

It was further stated by Mr. Wolfson that at that time the Commission gave him the impression that there had been an extension of the resolution and it was his position that if there had been such an extension, it should have been on the subpoena.

Mr. Wolfson said the next communication he received was a copy of a letter from the Commission's Executive Director in February of 1974, to Dr. Coggs that the legislature had, on January 9, 1974, extended the reporting date to September 1, 1974. Mr. Wolfson further stated that the January extension was invalid because in law you could not extend something that no longer existed.

Senator Philip J. Rock advised counsel that in his judgment and that of the Commission members, the reporting date on a resolution of that type was merely directory as opposed to mandatory; that it was not substantive; and that it had no effect whatever on the validity or the invalidity of the resolution. Senator Hudson R. Sours commented to the effect that he supported Senator Rock's arguments.

Subsequently, the Commission filed a petition with the Circuit Court of Cook County to compel Dr. Coggs' appearance. The court ruled that Dr. Coggs had to appear before us and that he was subpoenaed to give testimony at our last series of public hearings on July 17, 1974.

Upon advice of counsel, Dr. Coggs invoked the Fifth Amendment and declined to answer the following questions:

"Will Agent Edward Doyle please stand up and state your position with the Commission. Dr. Coggs, do you recognize this man?"

"On August 16, 1974, Commission Investigator Edward J. Doyle came to your office using the undercover name of Eddie DeGrazia and stated that he wanted a prescription for some Demerol because he was a narcotic addict and was using Demerol to get off a heroin habit. Is that true?"

"Did you then also write another prescription for 30 cc's of Demerol on that date but postdated it August 23, 1973?"

"Isn't it a fact that you merely took Agent Doyle's blood pressure and temperature and did not perform any other physical examination on August 16, 1973?"

"On November 13, 1973, Agent Doyle, using his undercover name of Eddie DeGrazia, telephoned you. Did you promise to mail him a prescription for Demerol?"

"I show you an envelope postmarked November 18, 1973, addressed to Mr. E. DeGrazia. On the upper lefthand corner is a return address stamped Louis H. Coggs, M.D., Friendship Medical Center, Ltd., 850 West 103rd Street, Chicago, Illinois. I also show you two prescriptions for Demerol HCl 30 cc. Did you have this sent to Mr. Doyle?"

"Dr. Coggs, are you aware of Section 312(a) of the Illinois Controlled Substances Act, which states that a practitioner in "good faith" may prescribe controlled substance drugs?"

"Would you agree that in order for a valid prescription to be dispensed in "good faith" the following standard should be imposed? --:

' A prescription for a controlled substance to be effective must be issued for legitimate medical purpose by an individual practitioner acting in the usual course of his practice.'

"An audit of controlled substance drugs sold by the Schmid-Lofgren Pharmacy indicated that from May 1, 1973, to November 20, 1973, 75 per cent of the total prescriptions that pharmacy filled for Schedule II controlled substance drugs were filled pursuant to medical prescriptions written by you. How do you explain such a vast amount of prescriptions for Schedule II drugs?

"It further appears that out of 334 prescriptions for 20 mg. Ritalin tablets filled by Schmid-Lofgren you wrote prescriptions for 322. Was there medical necessity for each of these prescriptions?

"Of 339 prescriptions for 30 cc Demerol injectibles filled by that pharmacy, you wrote 331. How do you explain this inordinate amount?"

D. Dr. Valeriano Suarez

Upon advice of his counsel Michael Kahn, who was present, Dr. Suarez invoked the Fifth Amendment and refused to answer any of the questions posed to him on the grounds of self-incrimination.

Following are some of the questions:

"Is it not a fact that on November 13, 1972, you were arrested for (illegally) dispensing dangerous drugs?

"Were you also arrested on July 12, 1965, for soliciting for an act of male prostitution?

"Are you currently under federal indictment on 46 counts of conspiracy to violate the federal narcotic statutes for dispensing medicine without legitimate medical reason?

"Is it not a fact that Commission Agent Edward J. Doyle purchased prescriptions from you on June 22, 1973, for Preludin and Tuinal for \$10?



Dr. Valeriano Suarez (left), with his attorney, invoked the Fifth Amendment against self-incrimination when he was subpoenaed to testify at the Commission's public hearings on February 20, 1974. He had written several thousand dangerous drug prescriptions.

On May 21, 1974, Dr. Suarez was convicted for illegal dangerous drugs violations in a Chicago Federal Court, and was sentenced to five years in prison.

"On June 26, 1973, Agent Doyle and Guy Long again visited your office and you advised them they would have to wait two weeks between visits before you would prescribe drugs for them and that they should return on July 3, 1973?"

"That on that date you issued a prescription for 30 tablets of Desoxyn and gave it to Agent Doyle for \$10?"

"Isn't it a fact that most of your prescriptions are filled at Irv's No. 2 Pharmacy at 1601 West Montrose and at the Garden Apartments Pharmacy on Sedgwick Street, Chicago, where they ask few questions as to the number and amount of medication prescribed?"

"Isn't it a fact that Irv's No. 2 Pharmacy had filled approximately 100 prescriptions written by you on September 18, 1973, and 75 written by you on September 19, 1973?"

"Austin Drugs at 6801 Roosevelt Road in Berwyn fills many of your prescriptions. If your office is located on Madison and Western, why would a drug store in Berwyn be a major source of filling your prescriptions?"

"Wouldn't you describe your activities as generating a prescription mill as opposed to practicing medicine?"

"Since it is apparent that there was no legitimate medical purpose for your writing these prescriptions, wouldn't you agree that you did not meet the standard of good faith and that you illegally prescribed a controlled substance drug?"

"How much do you earn per month from the selling of these prescriptions for controlled substances?"

"Are all of the monies obtained for the selling of these prescriptions reported on your Federal and State income tax returns?"

"An audit of Landsman Pharmacy for the period of June 1, 1973, through September 30, 1973, indicated that you had prescribed 604 four-ounce bottles of Robitussin AC and 12,540 Tuinal three-grain capsules. How can you possibly explain the medical necessity for prescribing such an inordinate amount of Tuinal capsules and Robitussin AC during such a short period?"

"An audit of Irv's No. 2 Pharmacy for the period of August 1, 1973, through November 15, 1973, revealed that

you wrote 2,316 prescriptions for Schedules III, IV, and V controlled substances. What medical justification can you show for issuing so many prescriptions?"

"An audit of Garden Apartments Pharmacy which covered the period of controlled substance drugs dispensed from August 1, 1973, through November 15, 1973, disclosed that you prescribed 420 Preludin 75 mg. tablets out of a total of 3,369 Preludin tablets dispensed, 2,310 Tuinal three-grain capsules out of a total of 4,129 capsules dispensed, and 55 four-ounce bottles of Robitussin AC out of a total of 314 bottles dispensed. What were your medical reasons for prescribing so many controlled substance drugs?"

E. Irving Cotovsky

Irving Cotovsky, owner of Irving's Pharmacy No. 1 at 1346 West Irving Park Road and Irv's No. 2 Pharmacy at 1601 West Montrose Avenue, Chicago, had given testimony at our public hearings on December 6, 1973, and is mentioned extensively in Chapters 4 and 5 of this report.

Pursuant to his request to volunteer information to the Commission, he was permitted to testify on February 20, 1974. Cotovsky proceeded to relate that he had heard that Dr. Payming Leu's life had been threatened by two men displaying badges and they had attempted to extort \$2,000 from him.

Cotovsky also said that he received a rumor that Dr. Valeriano Suarez' home had been searched by some men who claimed they were Chicago Police officers. The purported police officers allegedly "planted" marijuana in Dr. Suarez' home. According to Cotovsky, Dr. Suarez paid an attorney \$500 to make a report of this shakedown to the Internal Investigations Division of the Chicago Police Department that an unidentified female attorney at that department told the attorney that for \$28,000 the matter would be dropped.

Cotovsky requested that the Commission investigate these allegations of corruption, but he was advised by two of the Commissioners that no action would be taken on this type of rank hearsay.

Cotovsky falsely accused the Commission's Executive Director of paying witness Debbie Blair \$200 to testify at our hearings on December 6, 1973. Executive Director Siragusa then confronted Cotovsky with a resume of a

telephone conversation Cotovsky had with Commission Agent Ronald Ewert on January 24, 1974, in which he had abusively characterized Siragusa and threatened Commission investigators. Cotovsky falsely denied the use of threatening and abusive language but admitted he was very disgruntled with the manner in which we had investigated the abuse of medical prescriptions.

## Chapter 7

### DOWNSTATE INVESTIGATION

#### A. Introduction

The second phase of our investigation into the misuse of medical prescriptions for controlled substances and other dangerous drugs focused on populous downstate areas. With the assistance of local police departments and confidential informants, our investigators were furnished with the names of 21 suspect physicians and 11 suspect pharmacies in Rock Island, Rockford, Springfield, and East St. Louis.

Charging between \$4 and \$7 per prescription, seven or 33-1/3 per cent of these physicians sold prescriptions to our undercover agents. We believe this is attributable to the fact that the population density in these communities is less than that of Cook County, and, therefore, the prescription charges are less.

We also obtained the names of possible abusing physicians in Peoria, and the Champaign-Urbana areas. However, we were unable to independently corroborate, through our undercover investigation, that these doctors were active abusers.

The table on the following page indicates the physicians from whom our agents were able to successfully purchase prescriptions for controlled substances, as well as the types of drugs and the dates on which the purchases were made. Commission undercover agents did not present any of these prescriptions, for filling, to any pharmacies because the prescriptions will be retained as evidence for possible future prosecution.

Our downstate investigation disclosed that relatively few pharmacies were involved in the irregular dispensing of medical prescriptions for controlled substances. We also conferred with law enforcement authorities, and representatives of local and regional medical and pharmaceutical associations.

It appeared that four pharmacies in Rock Island, two in Rockford and two in the Champaign-Urbana areas were suspected of not exercising good faith in dispensing controlled substances. Commission agents inspected the Schedule II and Schedule V records of those pharmacies. To have audited the Schedule III and IV records would have required an excessive amount of time and we lacked the resources to expand our audits. Consequently, only a partial audit was performed.

Based on evidence obtained by Commission agents against several downstate physicians, one physician has already been

Physician & Address	First Purchase	Second Purchase	Third Purchase	Fourth Purchase
Dr. Cornelius E. Kline Mrs. Claracille A. Kline 618 - 20th Street Rock Island, Illinois	Mar. 14, 1974 30 75-mg. Preludin	Mar. 14, 1974 30 15-mg. Desoxyn	Apr. 11, 1974 30 75-mg. Preludin	Apr. 11, 1974 30 75-mg. Preludin
Dr. Bruce F. Avery 105 North Avon Rockford, Illinois	Mar. 12, 1974 60 75-mg. Tenuate	--	--	--
Dr. Irving B. Ferrias 1456 St. Charles Rockford, Illinois	Mar. 12, 1974 100 75-mg. Preludin	Apr. 9, 1974 50 75-mg. Preludin	--	--
Dr. Kurt Heisler 1114 South Second Street Springfield, Illinois	Jan. 14, 1974 14 5-mg. Dex- tro Ampheta- mine Sulfate Tablets 21 60-mg. Thyroid Tablets (No Prescriptions)	Feb. 27, 1974 60 5-mg. Methadone (Prescrip- tions)	--	--
Dr. William E. Farney 930 North Sixth Street Springfield, Illinois	Jan. 7, 1974 45 75-mg. Preludin	Feb. 27, 1974 60 75-mg. Preludin 50 3-grain Tuinal	--	--
Dr. Walker W. Dean 1520 North Third Street Springfield, Illinois	Jan. 8, 1974 100 75-mg. Preludin	Feb. 26, 1974 100 75-mg. Preludin	--	--
Dr. Wilson H. West 7300 State Street East St. Louis, Illinois	Apr. 4, 1974 42 20-mg. Ritalin	--	--	--

arrested and State prosecution is pending, and two other physicians are the subject of possible arrest and prosecution.

Dr. Bruce F. Avery of Rockford was arrested on July 17, 1974, by the local police department and will be prosecuted by the Winnebago County State's Attorney. This will be the first State prosecution in Illinois of a physician on illegal prescription charges.

At our suggestion, the United States Attorney in Springfield will study the possibility of prosecuting Dr. William E. Farney of Springfield and Dr. Cornelius E. Kline of Rock Island in federal court for illegal sales of prescriptions to Commission undercover agents.\*

No audits were conducted in the Springfield, Peoria and East St. Louis areas.

#### B. Rock Island Physicians

1. Dr. Cornelius E. Kline  
Mrs. Claracille A. Kline

The Commission determined that the most active abusing physician in the Rock Island area was Dr. Cornelius E. Kline, whose office is located at 618 - 20th Street. Assisting him in this illicit activity was his wife, Mrs. Claracille A. Kline. Through reliable sources, we were informed that it has been a common practice for Mrs. Kline, who is not a physician, to fill in prescriptions for controlled substances, sign Dr. Kline's name to them, and sell them without her husband ever examining the patients.

Commission undercover agents purchased prescriptions for Preludin and Desoxyn on four separate occasions. In three instances, Dr. Kline never saw our agents. In one case, he was present but neither examined our agent nor indicated any medical necessity for prescribing the drug requested.

It was further established that in an attempt to circumvent Illinois law, Dr. Kline wrote prescriptions for drugs requiring triplicate prescription forms on single prescription blanks whenever he was told that a prescription would be filled by a pharmacy outside Illinois.

Our investigation of Dr. and Mrs. Kline was initiated on March 13, 1974, when Agent Edward J. Doyle, using an undercover identity, telephoned Dr. Kline's office, and spoke to his wife. Agent Doyle claimed that he had seen the doctor earlier in the year, and wanted a prescription for Preludin. When Mrs. Kline said the doctor was not in the

\*Dr. Kline and his wife have since been charged in State court in Rockford for violation of the drug laws.

C. E. KLINE, M. D.  
 PHYSICIAN AND SURGEON  
 PHONE 786-2315  
 618 - 20TH ST  
 FOR Edie Christofano DATE 3/12/74  
 ADDRESS 2608 Breconway Ave  
 R Bett Simon

Preludin 75mg  
 no XXX  
 Sig: One daily

4/14/74  
 [Signature]

C. E. KLINE, M. D.  
 PHYSICIAN AND SURGEON  
 PHONE 786-2315  
 618 - 20TH ST  
 FOR Dennis Harvey DATE 3/12/74  
 ADDRESS 557-17 Ave  
 R East medicine

Desoxyn 15mg  
 no XXX  
 Sig: One daily

[Signature]

The prescription on the left, for 30 Preludin tablets, was sold to a Commission undercover agent, by Mrs. Claracille A. Kline at her husband's office, 618 - 20th Street, Rock Island. The agent never saw Dr. Cornelius E. Kline.

The other prescription, for 30 Desoxyn tablets, was sold to another Commission agent, without any physical examination, by Dr. Kline.

C. E. KLINE, M. D.  
 PHYSICIAN AND SURGEON  
 PHONE 786-2315  
 618 - 20TH ST  
 FOR Edie Christofano DATE 4/11/74  
 ADDRESS 1211 - 7th  
 R Preline all

Preludin 75mg  
 no XXX  
 Sig: One daily

4/11/74  
 [Signature]

C. E. KLINE, M. D.  
 PHYSICIAN AND SURGEON  
 PHONE 786-2315  
 618 - 20TH ST  
 FOR Dennis Harvey DATE 4/11/74  
 ADDRESS 555 - 17 Ave  
 R C medicine

Preludin 75mg  
 no XXX  
 Sig: One daily

[Signature]

The left-hand prescription, for 30 Preludin tablets, was sold to one Commission agent, on April 11, 1974, by Mrs. Kline. The other one, for the same drug, was also sold on that date, by Mrs. Kline, to another Commission agent.

office, Agent Doyle asked if she could not herself write the prescription for him. Mrs. Kline said she could not.

Acting surprised, Agent Doyle said that the last time he was in to see Dr. Kline she signed the prescription. Without pausing to check the doctor's file cards to determine if Agent Doyle had really visited the doctor, Mrs. Kline admitted, "Yes, I know. I wasn't supposed to be doing that." She then stated that the government had "cracked down," adding that she could not sign prescriptions any more for fear of getting into trouble.

Agent Doyle commented that he would pick up the prescription the next day if the doctor would write it when he returned home that evening. Mrs. Kline said this was possible and that Agent Doyle should see her at 11:00 a.m. the following morning.

On March 14, 1974, Agent Doyle went to Dr. Kline's office at the designated time, and identified himself as the person who had telephoned the night before. Mrs. Kline said that she would write the prescription for him. Agent Doyle was led into the doctor's inner office, and noted that in the center of Dr. Kline's desk was a blank prescription with the name "Kline" inscribed on the signature line. Attached to this prescription was a small slip of paper with Agent Doyle's undercover name and address written on it and an inscription below that of "Preludin." Mrs. Kline took the paper, told Agent Doyle to wait in the examining room, and again stated she would write the prescription and be with him in a second.

Approximately one minute later, she walked into the room, gave Agent Doyle a folded prescription for 30 75 mg. Preludin tablets, and indicated the charge was \$5. This amount was paid and the agent left.

At no time did Agent Doyle ever meet, speak with, nor did Dr. Kline or anyone else give him a physical examination. In fact, the only exposure he had to Dr. Kline was passing him in the hallway.

Immediately following this transaction, Agent Dennis A. Hamilton was instructed to attempt to make another purchase from either Dr. or Mrs. Kline. Information had been previously supplied to the Commission that Dr. Kline would write prescriptions for Schedule II controlled substances (which require a triplicate prescription blank in Illinois) on single prescription blanks with the promise that the patient would take the prescription across the river into Iowa to have it filled. Iowa does not have a triplicate program. Agent Hamilton was directed to attempt to accomplish this.

Agent Hamilton waited a few moments in the examining room; Dr. Kline entered and inquired as to what the problem was. Agent Hamilton, using an assumed name, claimed he had seen the doctor about a year ago and asked for a prescription for Desoxyn. At first, Dr. Kline refused, stating that this drug had to be written on a special form (triplicate prescription blank). However, after Agent Hamilton said he would have the prescription filled in Iowa, Dr. Kline agreed to write it on a single prescription blank.

Dr. Kline then signed a single prescription blank and instructed Mrs. Kline to fill it out for 30 Desoxyn 15 mg. tablets. Originally, he was only going to prescribe 5 mg. strength. However, after Agent Hamilton told him that he usually gets 15 mg. tablets, Dr. Kline directed that this strength be given. Mrs. Kline then filled out the prescription, stating that the "government was cracking down" and that this was the reason for not using the triplicate forms. After payment of \$5 to and receiving the prescription from Mrs. Kline, Agent Hamilton left.

At no time did Dr. Kline physically examine Agent Hamilton in any way, nor did he ask him the reasons he wanted a controlled substance. Furthermore, Dr. Kline apparently never checked his files. Had he done so, he would have easily determined that Agent Hamilton had never previously been to his office.

The third purchase of a prescription from Dr. Kline occurred on April 11, 1974, after Agent Doyle had approached Mrs. Kline at Dr. Kline's office the previous day to ask for a prescription for Desoxyn. At that time, Mrs. Kline answered, "We don't write for that," and that since the doctor was not in she could not sign any prescriptions because the government was getting "pushy." She stated that they recently had a problem with a patient who returned a prescription from a pharmacy based on the grounds that supposedly Mrs. Kline had signed it. She then stated, "I used to sign all the prescriptions, you know, with his (Dr. Kline's) knowledge, of course." Conversation then ensued regarding the stringent requirements set forth by the government, to which she commented that "it's crazy--it's as if the government thinks drug abuse is started in a doctor's office."

After asking her to have Dr. Kline write a prescription for Preludin that night which he could pick up the following morning, Agent Doyle asked for what other kind of drugs he could get a prescription. She replied that he could also get a prescription for Tenuate, to which he inquired if he

could get a prescription for 30 Preludin and 30 Tenuate. She then asked why he wanted so many, to which he stated, "I can get more Preludin by trading off the Tenuate."

Regardless of the implication that these drugs were going to be abused, Mrs. Kline indicated that Agent Doyle could get a prescription for 30 Preludin tablets or a prescription for 15 Preludin and 15 Tenuate tablets. Agent Doyle replied that he would rather have just one prescription for Preludin because he could only trade 15 Tenuate tablets for 7 Preludin tablets.

On April 11, 1974, Agent Doyle returned to Dr. Kline's office. Mrs. Kline informed him that the doctor was not in and had not left a prescription for him. However, at Agent Doyle's suggestion, she agreed to see if there was a signed prescription blank in the office.

As he entered the doctor's office area, Agent Doyle saw her pick up a blank medical prescription with the signature C. E. Kline affixed to the bottom. After checking Doyle's file card, Mrs. Kline filled out a prescription for 30 Preludin 75 mg. tablets. Noticing that his last visit had been on March 14, 1974, 28 days previously, she commented that he should still have some of the pills he had obtained from the other prescription. Agent Doyle smiled and stated, "Well, they go pretty fast, like they only last a couple of days."

After payment of \$5 to her, and receipt by him of the prescription, Agent Doyle left without ever seeing the doctor or being examined in any way.

On that same date, April 11, 1974, immediately following Agent Doyle's purchase and departure, Agent Hamilton went to Dr. Kline's office, again identified himself under his assumed name, and asked Mrs. Kline for another prescription for Desoxyn which he had received on his first visit. Mrs. Kline stated that she could not give him a prescription for Desoxyn or any other drug which required being written on a triplicate prescription form. She agreed, however, to write a prescription for Preludin.

Agent Hamilton then followed her into an examining room, where she sat down, brought over a pre-signed prescription form, with Dr. Kline's signature, and wrote in the necessary language for 30 Preludin 75 mg. tablets.

Upon payment of \$5 to her, Mrs. Kline handed him the completed prescription. Dr. Kline never saw our agent

except as he was leaving the building. Dr. Kline was walking across the lawn outside his office and called to Agent Hamilton asking him if he got what he wanted. Our investigator assured him that he had.

### C. Rockford Physicians

#### 1. Dr. Irving B. Ferrias

Our investigation indicated that Dr. Irving B. Ferrias, whose office is located at 1456 Charles Street, was suspected of being involved in the misuse of medical prescriptions and that on numerous occasions had allegedly prescribed controlled substances for prostitutes.

On March 12, 1974, Commission investigator Edward J. Doyle, accompanied by a confidential informant, purchased two prescriptions, each for 50 Preludin 75 mg. tablets from Dr. Ferrias at a cost of \$10. Dr. Ferrias sold another prescription for 50 Preludin 75 mg. tablets to our investigator on April 9, 1974, for \$5. On both occasions, Dr. Ferrias was aware that the drugs obtained from the prescriptions were going to be abused. In order to make it appear that there was some medical necessity for the issuance of these prescriptions, Dr. Ferrias conducted a very cursory physical examination.

Our investigation of Dr. Ferrias was initiated on March 12, 1974, at which time Agent Edward J. Doyle and a Commission informant appeared in Dr. Ferrias' office and asked for a prescription for Desoxyn. Stating that the government was controlling that drug, Dr. Ferrias indicated that he would not write a prescription for that drug. Agent Doyle then asked for a prescription for Preludin, specifying that the drug was not going to be used for weight loss, that he had been a heroin addict and had now developed an addiction to amphetamines.

The doctor shook his head, commenting that he did not know whether he could write a prescription for Preludin. He apparently was not concerned with his patient's welfare but with the possibility of getting into trouble with the government.

Our informant, however, told Dr. Ferrias that the prescriptions were going to be filled outside of the Rockford area and that he should not worry. Again hesitating, the doctor weighed Agent Doyle, who was fully clothed in a hat, coat, bulky knit sweater, jeans and cowboy boots. Agent

DR. IRVING B. FERRIAS  
 1456 CHARLES STREET  
 ROCKFORD, ILLINOIS  
 OFFICE PHONE 384-9322  
 REL. PHONE 389-2505

FOR *Desoxyn*  
 ADDRESS *1132 Fairmount Ave.* DATE *3/17/74*

R *Tab. Preludin Endurets No. 50*  
*Sig: Tab. before*  
*breakfast each*  
*day.* *5/12/74*  
*GD*

THIS PRESCRIPTION MAY BE FILLED AT  
 THE PHARMACY OF YOUR CHOICE  
 BND/NO AF3718559 M. D.

DR. IRVING B. FERRIAS  
 1456 CHARLES STREET  
 ROCKFORD, ILLINOIS  
 OFFICE PHONE 384-9322  
 REL. PHONE 389-2505

FOR *Desoxyn*  
 ADDRESS *1132 Fairmount Ave.* DATE *3/17/74*

R *Tab. Preludin Endurets No. 50*  
*Sig: Tab. before breakfast*  
*each day.* *5/12/74*  
*GD*

THIS PRESCRIPTION MAY BE FILLED AT  
 THE PHARMACY OF YOUR CHOICE  
 BND/NO AF3718559 M. D.

DR. IRVING B. FERRIAS  
 1456 CHARLES STREET  
 ROCKFORD, ILLINOIS  
 OFFICE PHONE 384-9322  
 REL. PHONE 389-2505

FOR *Desoxyn*  
 ADDRESS *1132 Fairmount Ave.* DATE *3/17/74*

R *Tab. Preludin Endurets No. 50*  
*Sig: Tab. each P.M.* *4/9/74*  
*GD*

THIS PRESCRIPTION MAY BE FILLED AT  
 THE PHARMACY OF YOUR CHOICE  
 BND/NO AF3718559 M. D.

DR. IRVING B. FERRIAS

Dr. Irving B., Ferrias, 1456 St. Charles, Rockford sold two prescriptions, each for 50 Preludin tablets, and one prescription for 50 Preludin tablets, on March 12 and April 9, 1974, respectively, to a Commission undercover agent.

DR. IRVING B. FERRIAS  
 1456 CHARLES STREET  
 ROCKFORD, ILLINOIS  
 OFFICE PHONE 384-9322  
 REL. PHONE 389-2505

FOR *Desoxyn*  
 ADDRESS *1132 Fairmount Ave.* DATE *3/17/74*

R *Tab. Preludin Endurets No. 50*  
*Sig: Tab. each P.M.* *4/9/74*  
*GD*

THIS PRESCRIPTION MAY BE FILLED AT  
 THE PHARMACY OF YOUR CHOICE  
 BND/NO AF3718559 M. D.

Doyle commented, "I don't care what excuse you use. I know you have to cover yourself. All I want is the drug."

The doctor then returned to his desk, produced a prescription pad, and started to write a prescription after first inquiring as to what strength tablets the agent wanted. Upon being told that the 25 mg. strength did not get him high but that the 75 mg. did, Dr. Ferrias prescribed 50 Preludin 75 mg. tablets. Agent Doyle gave him \$5 and received the prescription.

Agent Doyle commented that the doctor had been very nice and he did not want to get him into trouble. However, Agent Doyle said he wanted to know whether it was possible to get a second prescription under another assumed name. The doctor said he could not write another prescription because "many physicians were getting into trouble for prescribing drugs like this."

Dr. Ferrias also said that many patients pressure their physicians into prescribing drugs. At that remark, Agent Doyle confronted him with the question of whether he was now being pressured. Dr. Ferrias just laughed and said, "No but other patients have tried."

Agent Doyle then asked whether the woman with him, our informant, could also obtain a prescription. Dr. Ferrias said that she could, proceeded to weigh her, and wrote a prescription for 50 Preludin 75 mg. endurets. While he was writing this prescription, Agent Doyle interrupted him and told him quite frankly that these pills were not going to be used for weight loss and that they were going to be abused. He emphatically stated, "I am ashamed of it, but that's what we are--drug abusers."

Dr. Ferrias asked whether or not either of them had tried a drug program. Laughing, they both answered negatively. Our informant further stated, "We just want to get high, that is all we care about, and these drugs can get us high." Agent Doyle paid \$5 for the second prescription.

A second undercover purchase of a prescription from Dr. Ferrias was made on April 9, 1974. Remembering our agent from the last visit, Agent Doyle requested a prescription for Desoxyn, but was refused. Dr. Ferrias indicated that the government was controlling that drug. At this time, Agent Doyle stated that he would settle for another Preludin prescription.

While paging through his patient index, Dr. Ferrias commented that this was a "terrible thing" that Agent Doyle was doing to himself. Replying to this comment, Agent Doyle stated that he was not addicted to this drug but that he used it to get high; and those tablets which he did not take himself he gave to his friends. The doctor's reply to this was, "I know, but it can only hurt your central nervous system."

In an apparent effort to find some excuse to write this prescription, Dr. Ferrias took Agent Doyle's weight while he was fully clothed in winter garb. The scale read 240 lbs. to which Agent Doyle exclaimed that he had just been weighed by another doctor the previous day at 210 lbs. Dr. Ferrias then stated, "So, you are going to other doctors too." In reply, Agent Doyle stated, "Yeah, well, everybody has to make a living." Dr. Ferrias then commented, "You don't sell these, do you?", to which our investigator replied he just traded them with some of his friends.

After this brief conversation, Dr. Ferrias proceeded to write a prescription for 50 Preludin 75 mg. tablets. After he finished writing it, Agent Doyle presented him with \$5 and was given the prescription.

In order that Dr. Ferrias be made fully aware that this prescription was going to be misused as were the others previously obtained from him, our agent again advised him that he did not want to lose weight and that he just wanted to get "high." The doctor made no reply and Agent Doyle left the office with the prescription.

## 2. Dr. Bruce F. Avery

The Commission's investigation in the Rockford area revealed that Dr. Bruce F. Avery, whose office is located at 105 North Avon Street, was suspected of being an abuser of medical prescriptions for controlled substances.

With the assistance of a reliable informant, Agent Edward J. Doyle purchased two medical prescriptions, each for 30 Tenuate 75 mg. tablets, on March 12, 1974, at a total cost of \$5. Prior to this sale, Dr. Avery was made completely aware that the pills obtained from these prescriptions were going to be traded to other abusers, for other controlled substance drugs.

The Commission's investigation was initiated on March 12, 1974, when Agent Doyle, accompanied by a Commission

BRUCE F. AVERY, M. D.

FOR Eddie Derestafus MAR 3 12 74

ADDRESS 1122 Fairview

R Nov 1973

Tenuate Depan<sup>TM</sup>

#30 (Tenuate)

1 tab daily

B. Avery M. D.

RELIABLE SERVICE  
WEST END PHARMACY  
1065 WEST STATE ROCKFORD, ILLINOIS  
DIAL 983-1833  
HONEST PRICES  
BNDD NO AA 413412

BRUCE F. AVERY, M. D.

FOR Denise Harvey MAR 3 12 74

ADDRESS 1123 Fairview

R Nov 1973

Tenuate Depan<sup>TM</sup>

#30 (Tenuate)

1 tab daily

B. Avery M. D.

RELIABLE SERVICE  
WEST END PHARMACY  
1065 WEST STATE ROCKFORD, ILLINOIS  
DIAL 983-1833  
HONEST PRICES  
BNDD NO AA 413412

Dr. Bruce F. Avery, 105 North Avon, Rockford sold two prescriptions to a Commission agent, one each for 30 Tenuate tablets, on March 12, 1974.

From March 1973 through April 18, 1974, a total of 1,243 prescriptions for a total of 44,439 dosage units of controlled substances, were issued by Dr. Avery and filled by drug users at the West End Pharmacy, 1065 West State Street, Rockford.

informant, proceeded to Dr. Avery's office. After asking Dr. Avery for prescriptions for various drugs, Dr. Avery finally agreed to sell a prescription for Tenuate. Upon reaching for his prescription pad, the doctor asked for what purpose our agent needed the drug. At that time, Agent Doyle said that he had no intention of taking the Tenuate but was going to trade it with other drug abusers, for Desbutal. The informant motioned Agent Doyle to place \$10 on Dr. Avery's desk, which was this doctor's customary charge for a prescription. According to the informant, when the money is actually put down, the doctor has no hesitation in writing any prescription.

The doctor proceeded to fill out the prescription using the undercover name Agent Doyle gave him. Dr. Avery was asked to write two prescriptions for the same drug, but he refused. However, after he was told that different names were going to be used in filling the prescriptions, he then nodded that he would write a second one. He wrote out a prescription for Tenuate using another fictitious name given to him by Agent Doyle. When asked the charge for both prescriptions, Dr. Avery stated it would be \$5. Upon payment, these prescriptions were given to our agent.

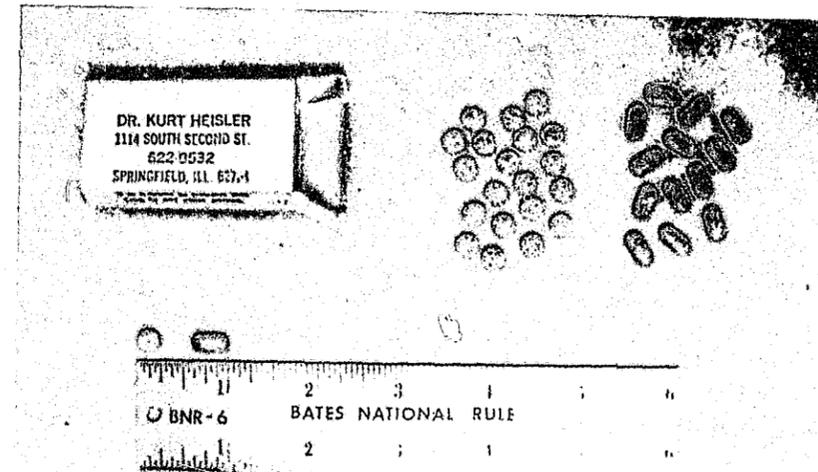
At no time did Dr. Avery conduct any semblance of a physical examination. His only comment after the prescriptions were given to Investigator Doyle was, "All I ask is that you don't sell them to kids. Just please don't sell them to kids."

An attempt to make a second purchase of a medical prescription from Dr. Avery was made on April 9, 1974. However, at that time Dr. Avery refused to sell any medical prescriptions.

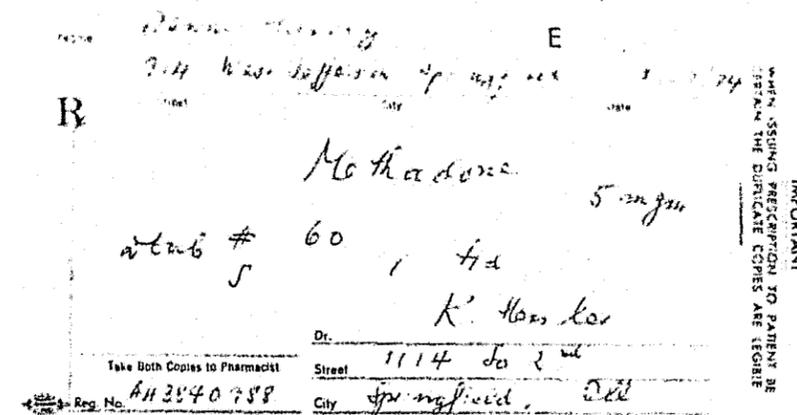
D. Springfield Physicians

1. Dr. Kurt Heisler

During our investigation into the misuse of medical prescriptions within the Springfield area, the Commission received information that Dr. Kurt Heisler, whose office is located at 1114 South Second Street, was suspected of being a prescription abuser and extremely lax in his dispensing of controlled substances. Throughout the Springfield area, Dr. Heisler was notoriously known to specialize in dispensing pills for weight reduction. This allegation was substantiated when our undercover agents purchased 14 Dextro Amphetamine Sulphate 5 mg. tablets and 21 Thyroid 60 mg. tablets at a cost of \$10 on January 4, 1974.



Dr. Kurt Heisler, (known to drug users who falsely said they were on diets, as "The Fat Doctor") 1114 South Second Street, Springfield, sold 14 Dextro-Amphetamine Sulfate tablets and 21 Thyroid tablets, directly to a Commission agent, without a prescription, on January 14, 1974.



A prescription for 60 Methadone tablets sold by Dr. Heisler to a Commission agent on February 27, 1974.

A second undercover purchase was made from Dr. Heisler by a Commission agent on February 27, 1974. On that date Dr. Heisler sold him a prescription for 60 Methadone 5 mg. tablets at a charge of \$7.

On January 4, 1974, when our undercover investigation of Dr. Heisler began, Agent Dennis A. Hamilton advised the doctor that he wanted to lose some weight and that he had tried Preludin which "seemed to work pretty well."

Dr. Heisler then brought out two kinds of pills that he said would work better than Preludin or Desoxyn, which our agent had also requested. One tablet was Dextro Amphetamine Sulphate and the second was a Thyroid pill. Dr. Heisler stated that the Dextro Amphetamine tablet was to be taken twice a day, and the Thyroid pill was to be taken three times daily. He gave our agent a week's supply of that pill stating that at the end of that period he should return. A "six-meal-a-day" reducing plan, which our agent was to follow, was also provided by the doctor.

After deciding to give the pills to Agent Hamilton, Dr. Heisler took him to the examining room where he checked his weight. At no time did Agent Hamilton remove his coat or hat, nor did the doctor determine whether, in fact, Agent Hamilton had any physical maladies that would affect his taking either or both of the pills. Upon payment of \$10 to Mrs. Heisler, who was acting as receptionist, the agent received the tablets and left.

On February 27, 1974, a second undercover purchase was made by Agent Hamilton. On that date, Agent Hamilton told Dr. Heisler that the last time he saw him he had lied about his weight problem and that in reality he has been a drug addict for six months and was using Desoxyn. He further advised the doctor that he had been on "street drugs" and that he had been in the hospital in Chicago for some time and wanted some "good drugs" to use which would help him. Dr. Heisler would not give Agent Hamilton a prescription for Preludin, Desoxyn or Dilaudid as requested and emphatically stated that the Dextro Amphetamine Sulfate tablets, which he had given him on January 4th, would get him "higher" than Preludin or Desoxyn. Dr. Heisler then thought for a moment and stated that there was a drug called Methadone that he would prescribe, which is used to help an addict "get off" of regular drugs. He then began writing a prescription for 60 Methadone 5 mg. tablets to be taken three times daily. Again, Mrs. Heisler was paid \$7, and a prescription for Methadone was given to the agent.

WILLIAM E. FARNEY, M.D.  
PHYSICIAN AND SURGEON  
930 NORTH SIXTH STREET  
OFFICE PHONE 3-7321  
DATE 2-27-74  
FOR Dennis Horney  
ADDRESS 6141 So. Hamilton  
Chicago, Ill.  
R Preludin Endurock #60  
75mg  
Sig: T at 10a, m, p, repeat  
with day if necessary  
Wm E Farney M.D.  
AF 3764117

WILLIAM E. FARNEY, M.D.  
PHYSICIAN AND SURGEON  
930 NORTH SIXTH STREET  
OFFICE PHONE 3-7321  
DATE 2-27-74  
FOR Dennis Horney  
ADDRESS 6141 So. Hamilton  
Chicago, Ill.  
R Thyroid 97711 #50  
Sig: T H.S. repeat one if  
absolutely necessary  
Wm E Farney M.D.  
AF 3764117

WILLIAM E. FARNEY, M.D.  
PHYSICIAN AND SURGEON  
930 NORTH SIXTH STREET  
OFFICE PHONE 3-7321  
DATE 1-1-74  
FOR Dennis Horney  
ADDRESS 6141 So. Hamilton Rd.  
Chicago, Ill.  
R Preludin Endurock 75mg #45  
Sig: T Daily if absolutely necessary  
repeat when in hospital  
W E Farney M.D.  
AF 3764117

A total of three prescriptions were purchased by a Commission undercover agent, one on January 7, 1974, and two on February 27, 1974, for a total of 105 Preludin tablets and 50 Tuinal capsules, from Dr. William E. Farney, 930 North Sixth Street, Springfield.

At no time did Dr. Heisler ever conduct a physical examination or take Agent Hamilton's blood pressure or perform a urine test to determine whether, in fact, he was addicted to drugs.

It did appear from the foregoing that although Dr. Heisler is not the same type of abusing physician as others that were uncovered in our investigation, there is no question that he is careless in his dispensing practices.

2. Dr. William E. Farney

Our downstate investigation disclosed that Dr. William E. Farney, whose office is located at 930 North Sixth Street, was a suspected misuser of medical prescriptions. This allegation was substantiated when Dr. Farney sold a Commission agent a prescription for 45 Preludin 75 mg. tablets for \$6 on January 7, 1974, and two prescriptions for 60 Preludin 75 mg. tablets and one for 50 Tuinal 3-grain capsules, at a cost of \$7, on February 27, 1974. On both dates, Dr. Farney was aware that the drugs were going to be diverted for illicit purposes.

The investigation of Dr. Farney was initiated on January 7, 1974, when Agent Edward J. Doyle, working undercover, came to Dr. Farney's office, paid the receptionist \$6, and told the doctor that he was an addict using Preludin as a substitute for heroin. He further represented he had been "treated" in Chicago by Dr. Payming Leu, who would use "hypoglandular something or other" as an excuse for writing the prescription.

Dr. Farney agreed to write the prescription, then took Agent Doyle's weight and blood pressure and without asking him to remove his sweater and shirt checked his heartbeat. Apparently, this cursory examination was a subterfuge for issuing this prescription.

The doctor then wrote a prescription for 30 Preludin 75 mg. tablets. However, he destroyed this prescription and wrote another one for 45 tablets after he was told by Agent Doyle that in order for him to get high he needed three to four tablets a day. Agent Doyle admitted that he had been going to several doctors with the same story in order to get the drug.

Dr. Farney indicated that if it were up to him he would supply our agent with all the tablets he wanted but that the government was controlling these drugs, and therefore, he

could not. Dr. Farney admitted that in order to justify the prescribing of large dosage of tablets, he would direct that one tablet be taken daily. After inscribing these directions on the prescription Dr. Farney stated that when Agent Doyle goes to other doctors for the same drug prescription he should be careful not to fill the prescription at the same pharmacy as this was a sure way to get caught. Upon Agent Doyle's departure, Dr. Farney told him not to return for at least a month.

On February 27, 1974, Agent Doyle, again working undercover, proceeded to Dr. Farney's office, paid the receptionist \$7, and waited his turn to see the doctor.

After a two hour wait, Dr. Farney told Agent Doyle to come into his office. The doctor, informed by his receptionist that our agent wanted a prescription for Preludin and Tuinal, commented that "this pill thing is getting out of hand." Agent Doyle agreed, but then asked for a prescription for Dolophine, which was a trade name for Methadone.

Throughout his entire conversation with Dr. Farney, Agent Doyle told him that the drugs he was requesting were used to get him "high." In the case of Tuinal, he stated that this drug would be traded to other users for Dilaudid. Dr. Farney commented that he did not care what he did with them as that was none of his business.

In addition to the prescription for Tuinal, Agent Doyle wanted a prescription for Dilaudid, which requires a triplicate prescription form. However, Dr. Farney refused to write it, stating he was afraid Agent Doyle might get into trouble with the Illinois Bureau of Investigation. He was obviously concerned that one copy of his prescription would be sent to the Bureau, which could result in an investigation of his illicit activities.

Dr. Farney then wrote a prescription for 50 Tuinal 3-grain capsules, admitting that the directions he was writing were justification for the high quantity of the drug prescribed.

Agent Doyle then asked for a prescription for Preludin and told him that this drug would also be traded with other drug abusers for stronger drugs. Dr. Farney again commented that he didn't care what happened to the prescriptions after they were taken from his office and proceeded to write a prescription for 60 Preludin 75 mg. tablets. While writing

DR. W. W. DEAN  
1520 NORTH THIRD STREET  
SPRINGFIELD, ILLINOIS 62702  
217-228-8114  
1-8-74

Mr. Edward D. Doyle  
623 Washington  
Springfield, Ill.

Dr. Preludin 100

sig. Pills or directed by  
physician

Prescriptions # 8703  
BDD #AD 315-0757

Dr. Walker Dean

11/17/74

DR. W. W. DEAN  
1520 NORTH THIRD STREET  
SPRINGFIELD, ILLINOIS 62702  
217-228-8114  
1-8-74

Mr. Eddie D. Doyle  
623 W. Washington  
Springfield, Illinois

Dr. Preludin Embocet 75mg. \$100

sig. Pills or directed by  
physician

Prescriptions # 8703  
BDD #AD 315-0759

Dr. Walker Dean

11/17/74

Two prescriptions were issued by Dr. Walker W. Dean, 1520 North Third Street, Springfield to a Commission undercover agent: one on January 8, 1974, for 100 Preludin tablets, and the other was for the same quantity of that drug.

this prescription, he said that "it was awfully risky to go trading these drugs and you better be careful."

As Dr. Farney escorted Agent Doyle to the door, the doctor stated that if the agent was ever questioned about these prescriptions he should "deny everything and say that these pills are for weight control and to aid sleeping."

At no time did Dr. Farney examine Agent Doyle during this second visit, which would indicate that he was aware that the prescriptions which he wrote were going to be abused.

3. Dr. Walker W. Dean

Another physician identified as a misuser of medical prescriptions in the Springfield area was Dr. Walker W. Dean, whose office is located at 1520 North Third Street. On January 8, 1974, and on February 26, 1974, a Commission undercover agent made purchases of medical prescriptions from Dr. Dean. On each of these dates, Dr. Dean sold a prescription for 100 Preludin tablets to the investigator at a total cost of \$8.

Our investigation of Dr. Dean was initiated on January 8, 1974, when Agent Doyle, using an assumed name and in slovenly dress, went to Dr. Dean's office. Upon being ushered into the examining room, the agent told Dr. Dean that he was referred to him by a Chicago physician who had been prescribing Preludin to satisfy his heroin habit, and that he was trying to "kick" his addiction. Without giving a physical examination or determining whether, in fact, our agent was a drug addict, Dr. Dean produced a plain piece of stationery with his name, address, and phone number on the top and proceeded to write a prescription for Preludin. However, he first hesitated and asked Agent Doyle how many pills he took per day. Agent Doyle responded that the Chicago physician usually prescribed 100 tablets per month. At this time, Dr. Dean prescribed 100 tablets 75 mg.

Our undercover agent stated that he would not come to Dr. Dean's office too often. However, the doctor commented that Agent Doyle should not worry about that because he had not been writing too many prescriptions for controlled substance drugs. The doctor further stated that he "hated" to charge our agent a fee as he "really did not treat" him. He added, that the cost would be \$4, at which time Agent Doyle paid him and received the prescription.

A subsequent undercover purchase of a medical prescription from Dr. Dean occurred on February 26, 1974. On that date, Dr. Dean sold another prescription for \$4 to Agent Doyle. Again, the prescription was for Preludin and written on a plain sheet of office stationery. It is noteworthy, however, that the doctor did not write down the strength but merely wrote "Preludin No. 100" to be taken as directed by physician. No examination was given nor was any medical necessity determined for the issuance of this prescription.

E. East St. Louis Physicians

1. Dr. Wilson H. West

Dr. Wilson H. West, whose office is located at 7300 State Street, was suspected of selling prescriptions for Preludin to local prostitutes and other abusers. On April 4, 1974, Dr. West sold Agent Dennis A. Hamilton, who was using an assumed name, a prescription for 42 Ritalin 20 mg. tablets. There was no apparent medical necessity for this prescription.

When Agent Dennis A. Hamilton went to Dr. West's office and asked the nurse if he could obtain a prescription for Preludin, she replied that Dr. West does not write for that drug any more. The nurse proceeded to take Agent Hamilton's blood pressure. Dr. West appeared in the hallway outside his examining room, and commented that the agent's blood pressure was high, and then checked his heartbeat.

While this brief examination was being conducted, the agent requested a prescription for Preludin. Dr. West refused to write the prescription for that drug because the Illinois Bureau of Investigation was checking on individuals who received Preludin prescriptions, and that he was concerned more for the agent's welfare than for himself. However, the latter statement was an apparent contradiction because when the agent requested a prescription for Ritalin, Dr. West agreed to write it. He indicated that the Bureau was not checking Ritalin prescriptions as much as those for Preludin.

Agent Hamilton told Dr. West that there was nothing wrong with him. When the agent said that 20 mg. Ritalin tablets were better than 10 mg. tablets, Dr. West changed the prescription from the weaker strength to 20 mg.

In an apparent effort to protect himself, Dr. West asked if the agent was going to another physician. Upon

stating that he was not, Dr. West wrote on the prescription that the "patient accepts script with his statement not getting Ritalin from another source." It would appear that if Dr. West believed that there was a legitimate medical reason for issuing that prescription, there would not have been any necessity in writing that statement.

Agent Hamilton then paid \$6 for the prescription for 42 Ritalin 20 mg. tablets and left.

F. Physicians in Other Areas

1. Peoria

Our investigation of the Peoria area disclosed some prescription abuse activity. We determined that:

- there were several physicians who were in the business of selling medical prescriptions;

- there were instances of physicians and pharmacists who were addicted to drugs and who were fraudulently issuing and filling prescriptions;

- there were some problems involving the forging of prescriptions for diet pills and other controlled substances; and

- physicians and drug salesmen have an abundant surplus of sample drugs which can readily reach the hands of abusers.

(a) Physicians Selling Prescriptions

Although we received names of several suspect physicians who have allegedly sold prescriptions to local prostitutes as well as to other drug abusers, our investigators were unable in each case to substantiate whether, in fact, these physicians were engaged in this illicit practice.

(b) Addict Physicians and Pharmacists

One of the problems that seemed to be more prevalent in this area than in other parts of the State that we investigated, is the use of drugs by addict physicians and pharmacists. These individuals would forge prescriptions in order to obtain drugs to satisfy their habits. For instance, Dr. Rudolph D'Elia, 1336 East Frey Street, Peoria, Illinois, had been addicted to Demerol and other controlled

substances for over 14 years. He had been writing prescriptions for fictitious patients and going to pharmacies to get them filled using the excuse that he would be taking the drugs directly to the patients' homes. After the prescriptions were filled, he would use the drugs himself.

Dr. D'Elia was arrested in May of 1973 on charges of unlawful possession of controlled substances and obtaining controlled substances by fraud and deceit. At the time of his trial, he pleaded guilty to all charges and received a two-year probation and a fine of \$1,000. His license to practice medicine within the State of Illinois has not yet been revoked even though his conduct is unethical and violative of the Illinois Medical Practices Act.

According to information we received, Mr. William Symonds, owner of Symonds Pharmacy, 416 St. Mark's Court, Peoria, Illinois, was a registered pharmacist who was addicted to morphine. Prior to the revocation of his license to practice pharmacy in Illinois in August 1973, it was discovered in an investigation conducted jointly by the Department of Registration and Education and the Illinois Bureau of Investigation that Symonds was forging his own prescriptions. Symonds' Pharmacy had printed the prescription blanks for several physicians; hence, it was relatively easy for him to make the fraudulent alterations.

(c) Forging of Prescriptions and Burglaries of Pharmacies

Ancillary to our findings regarding our investigation of abusing physicians and pharmacies in the Peoria area, the Commission, acting upon information supplied by local police departments concluded that there are many incidents of forged prescriptions being passed by individuals who are generally under 30 years of age. The extent of this activity varied depending upon the location of the pharmacies.

We were also told that there were several burglaries of pharmacies which occurred in Peoria. However, we could not determine whether or not they were committed by an organized ring. From the information given us, it appeared that these burglaries were committed at random by amateurs who stole mostly amphetamines and barbiturates.

(d) Abuse of Drug Samples

During the course of our investigation, the Commission received information that the drug abuse problem in the Peoria area has been aggravated by physicians who indis-

minately dispense or discard drug samples from their office. It is apparent that many of these physicians do so in order to reduce their inventory of that sample without realizing that a sample which is not physically destroyed could reach the illicit drug market.

In order that a pharmaceutical company keep an inventory of the sample drugs their salesmen give out, a monthly report is required to be submitted by each salesman. This report indicates the amount of samples the salesman has on hand. However, these reports are virtually useless. Regardless of the amount indicated by the salesman, he receives the same allotment each month. For example, if a salesman gets 500 packages of Preludin samples for the month of July and does not get rid of any and so indicates on his monthly report, he is still given 500 additional packages for the following month. These drugs end up being stored in the salesman's garage to be thrown away later. Obviously, when they are discarded, there is a good chance they can get into the hands of drug addicts and abusers.

We also learned that some salesmen work on a salary basis while others work on a salary plus bonus or commission. In the latter instance, there is definite pressure on the salesman to "push" his product. If he does not get rid of his samples, then there is the possibility that the employer thinks he is not doing his job. Therefore, the salesman will try to leave as many samples with a physician as possible even though the physician has no need for them or already has a quantity of that particular drug.

We have determined from the information given us that a common practice among drug salesmen and pharmacists is to use the samples which the drug salesmen have on hand as a means of bartering. In effect, the samples are another form of currency which can be used to obtain other commodities. Drug salesmen naturally become close friends with pharmacists as well as with other salesmen. It is not uncommon for salesmen to trade drugs with one another or for a pharmacist to trade a drug which should be dispensed only by prescription for a sample that the salesman has.

In conclusion, the results of our investigation indicated that the Peoria police have not been able to obtain sufficient evidence to prosecute physicians for misuse of medical prescriptions. Since doctors have the alleged privilege to write prescriptions, the police believe this to be a medical rather than a legal problem; and, therefore, do not actively enforce the law regarding prescription-related offenses.

## 2. Champaign

Through local police departments and other sources in the Champaign-Urbana area our investigators were able to identify suspect physicians and pharmacies that either issued or filled prescriptions for controlled substances exclusively for financial gain and for no medical reason.

The information supplied us also disclosed that several of these physicians were lax in their prescription practices and would "dispense anything" upon request.

Because of the brief amount of time allotted to this facet of our investigation, the Commission was unable to determine whether the target physicians and pharmacists were, in fact, violating state and federal law pertaining to prescription oriented offenses.

## G. Rock Island Pharmacies

Partial audits were conducted on April 17-18, 1974, by a Commission investigator of four pharmacies in Rock Island, principally to determine the extent of Schedule II and Schedule V prescriptions for controlled substances written by Dr. Cornelius E. Kline.

Prescription records were audited for the period from November 1, 1973, to March 31, 1974.

### 1. Blackhawk Drug Store

This drug store, located at 1831 Third Avenue, is owned by Robert C. Ellis, and registered pharmacist in charge is Russell H. Thorp.

The five month period of the audit indicated there was a total of 113 controlled substance Schedule II prescriptions, requiring triplicate prescription forms. A total of 75 such prescriptions, or 66.3 per cent, were written by Dr. Kline.

For the months of November and December 1973, most of the prescriptions were for Biphedamine 20, changing about the first of the year to Preludin. In checking the Schedule V exempt narcotics book, we determined that Robitussin AC, was in no case prescribed without a written prescription, although prescriptions are not legally required.

## 2. Prescription Shop

This pharmacy, at 310 - 18th Street, is owned and operated by registered pharmacist Charles N. Cudworth. For the five month period there were 62 Schedule II prescriptions, 11 of which, or 17.7 per cent were written by Dr. Kline. Sixteen prescriptions or 25.8 per cent, were issued by a Dr. R. J. Belyea, 224 - 18th Street, (a few doors down the street from the pharmacy) most of which were for Eskatrol, a combination of amphetamine and non-sedative tranquilizer.

This store sells Robitussin AC without prescriptions. In a few instances, more than four ounces of this cough medicine were dispensed to one person within 96 hours, which is a violation of State law.

## 3. McPike's Drugs

This pharmacy at 1804 Third Avenue is owned and operated by registered pharmacist Richard M. Haynes. A total of 137 prescriptions for Schedule II drugs were dispensed, with only one such prescription issued by Dr. Kline.

Of the 137 prescriptions, 67 of them, or 48.9 per cent, were public aid prescriptions, with 30 of them written by Dr. Theodore Grevas, 1800 Third Avenue, located next door to the pharmacy. Dr. Grevas' prescriptions accounted for 44.7 per cent of the public aid prescriptions, most of them for empirin compound.

This drug store did not show any discrepancies in their Schedule V exempt narcotics book, and require a prescription for Robitussin AC, although none is legally required.

## 4. Ellis Drugs

This pharmacy is located at 3830 - 11th Street, and is owned and operated by pharmacist Robert C. Ellis. For the five month period under examination, there were 95 Schedule II prescriptions, with 6 or 6.3 per cent, issued by Dr. Kline. One of these prescriptions appeared to have his forged signature on it: this was probably done by Mrs. Kline.

Robitussin AC is not sold over-the-counter at this drug store and its Schedule V exempt narcotics book appeared to be in order.

## H. Rockford Pharmacies

As was the case with regard to Rock Island pharmacies, a Commission investigator also conducted a partial audit on April 17-18, 1974, of Schedule II and Schedule V controlled substances prescriptions, for the period from November 1, 1973, to March 31, 1974.

We were particularly on the alert for prescriptions written by Dr. Bruce F. Avery and Dr. Irving B. Ferrias, local physicians, from whom undercover purchases of prescriptions were made.

### 1. West End Pharmacy

This pharmacy at 1065 West State Street, owned and operated by registered pharmacist David J. Mauk, has dispensed very many Schedule III and IV prescriptions for controlled substances issued by Dr. Bruce F. Avery. A Commission investigator audited these records on April 19, 1974, and interviewed pharmacist employee Peter D. Menke.

From November 1, 1973, to March 31, 1974, the pharmacy filled 55 Schedule II prescriptions issued by various physicians on triplicate forms, a few of which were issued by Dr. Avery but not to an unusual degree.

Menke provided us with two books prepared by his daughter which were not official pharmacy records but which were meticulous records of Dr. Avery's vast volume of prescriptions for controlled substances. The books represented the period from March 1973 through April 18, 1974, indicating that Dr. Avery had written a total of 1,243 prescriptions for a total of 44,439 dosage units of controlled substances, as follows:

Didrex	654 prescriptions	29,194 dosage units
Tenuate	462	14,239
Preludin	4	300
Seconal	115	442
Secobarbital	5	174
Tuinal	2	60
Doriden	1	30

Totals 1,243 prescriptions 44,439 dosage units

These books disclosed that Dr. Avery had also authorized the dispensing of 620 ounces of Robitussin AC during that same period.

Menke admitted that the pharmacy was well aware of the fact that Dr. Avery's Didrex prescriptions were excessive. For example, he said in one day he dispensed 330 Didrex tablets just on Dr. Avery's prescriptions. He added that he knew that not all the patients receiving those prescriptions had any medical need for weight reduction. Menke also said that he also realized that when some customers came in with Didrex prescriptions they were merely getting them filled for the actual recipients. However, in other cases he admitted that some patients presenting prescriptions for themselves were not in any way obese.

Menke recalled one instance when Dr. Avery walked into the store at about 1:30 p.m. stating that he was "fed up" and was going home. Menke's stated reason for that attitude was that a 14 year old child had just been in to see him, requesting a prescription for a controlled substance.

### 2. Tru-Value Pharmacy

This pharmacy, located at 1450 Charles Street, owned by Ray J. Nihan and operated by registered pharmacist David J. Mauk, was audited by a Commission agent on April 19, 1974, for the period from November 1, 1973, to March 31, 1974.

Dr. Ferrias' prescription blanks contain the name of this pharmacy. However, it would appear that his abuser patients are not filling their prescriptions at this pharmacy but are probably taking them to other pharmacies in the Rockford area.

## I. Champaign-Urbana Pharmacies

Local police departments were unable to supply the names of pharmacies suspected of dispensing an inordinate amount of controlled substances on prescriptions. On December 12, 1973, Commission agents examined the records of the Kieffer-Stewart Wholesale Drug Company, 1100 Bloomington Road, Champaign in an effort to identify customer pharmacies that may have made unusually large purchases of controlled substances.

The following two pharmacies were identified as making what appeared to be such large purchases: Bongart's Pharmacy, 1402 West University, Champaign, owned and operated by registered pharmacist Perin V. Little; and the Baker-Illini Pharmacy, 77 East University, Champaign, owned and operated by registered pharmacist Harry J. Baker.

Both of these pharmacies were audited on December 18, 1973, but no irregularities or unusual situations were reflected, with two exceptions. Bongart's Pharmacy once filled one of Dr. Payming Leu's prescriptions for a Frank Jones of 7826 South Paxton, Chicago, for 90 Ritalin 20 mg. tablets. We also determined that Dr. David Bruns of 212 South Main, Gifford, Illinois had written a prescription for himself for cocaine, and had stipulated that it was for office use. This is not permitted since he must have a special form from the United States Drug Enforcement Administration in order to obtain drugs for office use.

Fifty prescriptions for Schedule II controlled substances were filled during the audit period, 12 of which were written by Dr. Irving B. Ferrias, which is not an inordinate amount. No irregularities or unusual situations were established as a result of the audit.

#### J. Pharmacies in Other Downstate Areas

##### 1. Springfield Pharmacies

Pharmacies in Springfield have been very cooperative with the local police department. On the infrequent occasions when persons have presented questionable prescriptions for controlled substances, the pharmacies immediately contacted the police department. We also approached other law enforcement agencies, and professional medical and pharmaceutical associations, with negative results.

##### 2. Peoria Pharmacies

There was only one pharmacy mentioned by law enforcement authorities as abusing the medical prescriptions provisions of the Illinois Controlled Substances Act. This was the Symonds Pharmacy, 416 St. Mark's Court owned and operated by registered pharmacist William Symonds. In August 1973, his license to practice pharmacy was revoked by the Illinois Department of Registration and Education following an investigation jointly conducted by that Department and the Illinois Bureau of Investigation which established that Symonds was addicted. It was further established that Symonds had printed prescription blanks for several physicians, without their knowledge, and was forging prescriptions for controlled substances, in their names, to obtain drugs to satisfy his own addiction.

Other than this pharmacy, law enforcement authorities, medical and pharmaceutical associations advised us there were no others suspected of medical prescription violations.

#### 3. East St. Louis Pharmacies

Two pharmacies in the East St. Louis area were allegedly involved in selling controlled substances over-the-counter without medical prescriptions. However, we were unable to substantiate this to be a fact because our attempted undercover purchases of controlled drugs in each pharmacy proved futile.

Law enforcement authorities were unable to point to any other pharmacies allegedly involved in any other irregularities pertaining to the abuse of medical prescriptions for controlled substances. Negative reports were also received from professional associations.

Chapter 8

PUBLIC HEARINGS: SPRINGFIELD  
MAY 27, 1974

A. Introduction

Public hearings were conducted in Springfield on May 27, 1974, concerning the Commission's downstate investigation.

A total of eight witnesses were subpoenaed to give testimony at these hearings. They included: Dr. Irving B. Ferrias and Dr. Bruce F. Avery of Rockford; Dr. Cornelius E. Kline and his wife Claracille A. Kline of Rock Island; Dr. Walker W. Dean, Dr. Kurt Heisler, and Dr. William E. Farney of Springfield; and Dr. Wilson H. West of East St. Louis. Dr. Robert Johnson of the Illinois State Medical Society also testified in response to our invitation.

Following is a summary of the testimony of each of these witnesses.

B. Dr. Irving B. Ferrias

Dr. Irving B. Ferrias, aged 70, 1456 Charles Street, Rockford, Illinois, testified that he has been practicing medicine in Illinois since 1930.

He did not fully recognize Agent Edward J. Doyle, who stood up and identified himself, and who had purchased one medical prescription from him on March 12, 1974, and another one on April 9, 1974. However, he remembered the name Eddie DeCristofano, the fictitious name used by Agent Doyle on both occasions.

When shown copies of the two prescriptions, each for 50 Preludin 75 mg. tablets, one dated March 12, 1974, and the other dated April 9, 1974, Dr. Ferrias denied "selling" the prescriptions for \$5 each. He indicated that he gave them to Agent Doyle for weight reduction.

Dr. Ferrias admitted that he had not performed a physical examination of Agent Doyle, and weighed him while he was fully clothed in winter garb prior to writing the prescription. He claimed that Agent Doyle was in a hurry and very demanding. "When he came in he asked for this type of medication, and I took it for granted that he had been on this type of medication from another physician."

Upon questioning by Co-chairman Joseph G. Sevcik, he denied selling prescriptions or "pushing drugs," and that the fee he charged was for an office visit. However, in answer to the question "How come our undercover agent can purchase drugs from you?" Dr. Ferrias responded, "Because the drug that I prescribed for him has been used for years for reducing weight."

Executive Director Charles Siragusa asked Dr. Ferrias if he wrote a prescription for the woman accompanying Agent Doyle. He admitted that he did and that he likewise did not perform an examination upon her.

Dr. Ferrias testified that he originally wrote the March 12, 1974, prescription for 50 Preludin 25 mg. tablets but changed the strength to 75 mg. upon Agent Doyle's request. When asked why, he said that 25 mg. tablets can be taken three times a day or a 75 mg. tablet can be taken once in the morning. He indicated that he, like any other doctor, could not know whether the patient would take more than the prescribed amount.

Dr. Ferrias remembered writing the second prescription on April 9, 1974, but could not remember that prior to writing this second prescription, Eddie DeCristofano told him that this drug was going to be used to get high, nor did he remember telling Agent Doyle "You are doing a terrible thing to yourself."

Dr. Ferrias stated that he wrote the second prescription because he thought Agent Doyle would not be able to get a refill of the drug when he needed it. "It was my generosity and sympathy for him that I wrote out the second prescription."

He said that he might have warned him regarding the adverse effect that these drugs might have on a person's central nervous system, but he had not extended this warning to Agent Doyle.

Dr. Ferrias indicated that he had consulted the Physician's Desk Reference book in regard to Preludin but could not recall reading any warnings of drug dependency and the dangers of overdoses. He stated that he uses the 1971 edition and was unaware that Preludin is a controlled substance.

Upon questioning by Representative George H. Ryan, Jr., Dr. Ferrias testified that he wrote possibly two prescriptions a month requiring the triplicate form and that no one

else has ever come to his office and asked for drugs in order to get "high."

Through questioning by Representative W. Timothy Simms, it was brought out that Dr. Ferrias only practices a couple of hours a day in order to keep occupied, and that he is essentially semi-retired.

Representative George H. Ryan, Sr. stated that apparently Dr. Ferrias had never been in any kind of similar unusual circumstance in over 40 years of practice; that the fact Dr. Ferrias only charged \$5 for each prescription was that he was not engaged in this practice for profit; that he believed our investigation served as a warning for Dr. Ferrias to heed in the future.

C. Dr. Cornelius E. Kline and Mrs. Claracille A. Kline

Dr. Kline maintains his medical office at 1935 Seventh Avenue, Rockford, Illinois. Before any questions were posed of him and his wife, their attorney questioned the validity of the subpoena since the reporting date on House Resolution 285 was September 1, 1973. The attorney was advised that the House of Representatives had, on January 9, 1974, extended the reporting date to September 1, 1974.

After stating their address, and upon advice of their counsel, the witnesses refused to answer any questions, invoking their Fifth Amendment privilege against self-incrimination. Some of the questions posed of them are as follows:

"Do you recognize Agent Edward Doyle (who stood up and identified himself) who used the fictitious name of Eddie DeCristofano, and to whom Mrs. Kline sold a prescription for controlled substances, for \$5, on March 14, 1974?"

"Did you (Dr. Kline) sign this blank prescription, (which was produced) which Mrs. Kline later filled in with the name of a controlled substance and the amount, and given to Agent Doyle?"

"Isn't it true Dr. Kline that you never saw or physically examined Agent Doyle on March 14, 1974?"

"Did you Mrs. Kline also give another prescription for Desoxyn on that same date to Agent Dennis Hamilton for \$5, and do you recognize Agent Hamilton (who stood up and

identified himself) who used the fictitious name of Dennis Harvey?

"Did you (Dr. Kline) ever give Agents Doyle or Hamilton any physical examination?

"Isn't it true, Mrs. Kline, that on April 11, 1974, you gave another prescription for 30 Preludin 75 mg. tablets to Agent Doyle for \$5?

"Isn't it true, Mrs. Kline, that on April 11, 1974, you also gave a prescription for the same drug in the same amount to Agent Hamilton for \$5?

"Isn't it true that there was no medical necessity for issuing these prescriptions to Agents Doyle and Hamilton?

"Wouldn't it be fair for the Commission to assume that you and your wife are really in the business of selling medical prescriptions and not practicing medicine?

"Mrs. Kline have you ever signed your husband's name to a prescription?

"Doctor, how many prescriptions for controlled substances would you say you have written in the past six months?"

D. Dr. Bruce F. Avery

Dr. Avery, 58 years of age, has his medical office at 105 North Avon, Rockford, Illinois.

Agent Edward Doyle, who had used the fictitious name of Eddie DeCristofano in making purchases of medical prescriptions from Dr. Avery, stood up and identified himself. Dr. Avery testified he did not recognize Agent Doyle.

Dr. Avery was shown two prescriptions, each for 30 Tenuate 75 mg. tablets which he had sold to Agent Doyle on March 12, 1974, each for \$5, and recognized the signatures as being his.

Dr. Avery denied that Agent Doyle had told him he did not intend to use the Tenuate pills but was going to trade them for other drugs with other addicts and abusers.

When asked why he made the comment "I hope you are not selling pills to juveniles" to Agent Doyle, Dr. Avery

said it was because he thought it was wrong to do so and that he made it a point not to sell pills to juveniles.

Dr. Avery was shown two books given to us by the West End Pharmacy, 1065 West State Street, Rockford, indicating very many prescriptions written by Dr. Avery for controlled substances, principally for Didrex and Tenuate. Many of the names of patients for whom these prescriptions had been written by Dr. Avery, could not be recalled by him. However, Dr. Avery kept insisting that Didrex and Tenuate were not controlled substances although he was informed by Executive Director Siragusa that the Physician's Desk Reference clearly indicated these drugs as being dangerous and subject to abuse.

Dr. Avery claimed to be unaware of the distinction of the controlled substances which require single prescriptions and those requiring triplicate prescriptions, or for that matter, the provisions of the Illinois Controlled Substances Act.

In response to questioning by Co-chairman Joseph G. Sevcik, Dr. Avery said that he works four days a week and sees an average of from 30 to 40 patients a day. Representative Sevcik also asked him why he repeatedly prescribes Didrex and Tenuate and he replied that they both worked well as appetite depressants.

E. Dr. Walker W. Dean

Dr. Dean, whose office is at 1520 North First Street, Springfield, Illinois, appeared with his attorney and answered all questions posed of him.

Dr. Dean, who has been licensed to practice medicine in Illinois for 22 years, vaguely recollected Agent Edward J. Doyle, who came to his office on January 8, 1974, and represented himself as a patient of Dr. Gerald McCabe.

Dr. Dean admitted that on that date he had written a prescription for Agent Doyle, who used his undercover name of Eddie DeGrazia, for 100 Preludin 75 mg. endurets and charged him \$4. He could not, however, recollect whether he conducted a physical examination of Agent Doyle or took his history. He further stated that his normal procedure was to give physical examinations to his patients but he could not remember whether he did this in the instance of Agent Doyle.

Dr. Dean claimed that without checking his records, he could not state what was his medical reason for prescribing this drug to Agent Doyle. He also said that he has written very few prescriptions for drugs on triplicate blanks this year, perhaps a total of six at the most.

Although he does not write prescriptions for controlled substance drugs too often, Dr. Dean admitted he wrote this prescription for Agent Doyle because he represented himself as a drug addict who had been on hard drugs and was trying to "go straight." Dr. Dean said he neither knew nor ever met Dr. McCabe but that when Agent Doyle mentioned that name he thought it was sufficient reason for writing a prescription.

When confronted with the accusation that he told Agent Doyle if he wanted another prescription he should call beforehand and he would have the prescription ready, Dr. Dean replied that he did not like patients coming in without an appointment. He further indicated that he did not think he would have said that to someone he did not know.

Dr. Dean also admitted writing a prescription dated February 26, 1974, again for 100 Preludin 75 mg. endurets and charging \$4 for it. This prescription was again made out to Agent Doyle using the name of Eddie DeGrazia. However, Dr. Dean could not recall whether or not on the second visit he conducted a physical examination or took a medical history.

Mr. Delano interceded on behalf of Dr. Dean, stating that his client was not trying to be evasive with respect to the prescriptions issued to Agent Doyle. However, since he did not have his records with him, it was difficult to answer the questions regarding specific situations.

Representative Peter P. Peters commented that the witness had indicated that Agent Doyle had been to his office on two occasions and on both occasions had received a prescription, but had never received a physical examination. This, in Representative Peters' opinion, constituted a violation of medical ethics because a physical examination should be conducted prior to prescription of a drug in order to determine medical necessity.

Further questions were asked by Representative George H. Ryan, Sr. In response thereto, Dr. Dean testified that his normal office charge is \$8 and that he has never written a

prescription out of fear. He further testified that he has not incurred any adverse publicity or been hurt professionally pursuant to these hearings. However, he stated he is through writing prescriptions for weight reduction.

Representative Horace L. Calvo pointed out that within a 45 day period Dr. Dean prescribed 200 Preludin 75 mg. tablets.

In response to the comment that since the 75 mg. Preludin tablets were to be taken only once a day, Representative Calvo inquired if there had been some indication that something was wrong or that the drug was being abused. Dr. Dean stated that since Agent Doyle represented that he was trying to get off hard drugs, taking two a day would not have been unreasonable.

In concluding his testimony in regard to the dispensing or prescribing of drugs, Dr. Dean testified, "It is not worth it. I am 68 years old, and I have never had anything like this before and I don't intend to have anything like it again."

F. Dr. Wilson H. West

Dr. Wilson H. West, 7300 State Street, East St. Louis, Illinois, another subject of our investigation, appeared with his counsel, Mr. Frank Hudak, at the Springfield hearings.

Dr. West testified that he had nothing to contribute to the Commission pertaining to the illegal use of medical prescriptions in East St. Louis.

When confronted by Mr. Charles Siragusa, Executive Director, with the prescription for 42 Ritalin 20 mg. tablets that Agent Dennis A. Hamilton purchased from him on April 4, 1974, for \$6, Dr. West could not recall writing the prescription or whether he gave him a physical examination.

Dr. West testified that he had no knowledge of physicians writing prescriptions for illegitimate medical reasons and recommended that limitations should be placed upon the amount of prescriptions physicians can write. He also indicated that Ritalin and Preludin should require triplicate prescriptions. Dr. West further testified that in the past two years he has written 19 triplicate prescriptions.

Mr. Hudak stated that Dr. West had been working under strain the past six months because of an alleged kidnap plot against him, and presented the Commission with a memorandum dated May 24, 1974, on Dr. West's behalf. It is quoted below:

"This memorandum is being submitted on behalf of Wilson H. West, M. D. (since it is believed the instant hearing will be brief) for the purpose of assisting the Commission in evaluating the testimony given by him and in the hope that his testimony might be as beneficial as possible in accomplishing the end purposes of the Commission's function.

"Dr. West is a physician and surgeon engaged alone in the general practice of medicine at 7300 State Street, East St. Louis, Illinois. He graduated from St. Louis University, and has practiced medicine since 1938, about 36 years.

"He served as assistant professor in the Department of Urology at Washington University, which is affiliated with Barnes Hospital, St. Louis, during the period from 1940 to 1952.

"He is presently on the staffs of Christian Welfare Hospital and St. Mary's Hospital, East St. Louis, Illinois, Memorial Hospital, Belleville, Illinois, and Centerville Township Hospital, Centerville, Illinois. He has been for two years, Chief of Staff of Christian Welfare Hospital. He is past president of and member of the Executive Staff of the St. Clair Hospital Association and is president-elect of the Board of Centerville Township Hospital.

"He is past president and past vice president and is now a member of the Executive Board of the St. Clair County Medical Society. He has been an active member of committees of the Illinois State Medical Society.

"He has been a member of the Selective Service Board for St. Clair County from 1940 until the Selective Service System was recently terminated. In connection with his Selective Service work, he reviewed all examinations of

selectees whose physical examinations indicated unfitness for service. He has received merit citations for his Selective Service work from both Presidents Kennedy and Johnson. He was an active member of the East St. Louis Chamber of Commerce for more than 15 years.

"He practices medicine for as long as 80 hours each week including his hospital rounds and his office practice at 7300 State Street, East St. Louis. He is assisted in his office practice by two practical nurses and three other women assistants. His employees have the responsibility under his direct supervision for such duties as performing blood pressure tests, blood analysis, urine analysis, dispensing medicine, weighing patients, and keeping patient history records.

"Within the past year he has himself undergone major surgery. Since the end of February, 1974, he has been under continuous protective surveillance by the St. Clair County Sheriff's Office in connection with the continuing investigation by the Federal Bureau of Investigation of a plot to kidnap him and hold him for ransom money. He cooperated fully with agents of the F.B.I., who disclosed the plot to him, and who arranged for his constant surveillance and for the anticipated apprehension of criminals known to the F.B.I. to have been perpetrating the kidnapping plot."

G. Dr. Kurt Heisler

Dr. Kurt Heisler, 1114 South Second Street, Springfield, Illinois, who has been practicing for 34 years, testified that he was hospitalized and undergoing shock treatments for depression on January 8, 1974, when Agent Dennis Hamilton purchased 14 Dextro-amphetamine Sulphate 5 mg. tablets and 21 Thyroid 60 mg. tablets for \$10. He denied selling these tablets using the pretense of weight control and commented that he had no recollection of this incident due to the shock treatments administered to him.

He admitted that he was known in the Springfield area as the "Diet Doctor," and sees 60 to 80 patients daily. He added that he dispenses a minimal amount of pills, which are used for weight control.

In response to Representative W. Timothy Simms' inquiry of whether he makes a profit from the pills he dispenses, Dr. Heisler stated, "Yes. That is why I am in the practice of medicine to make a profit." Clarifying his question, Representative Simms asked, "To make a profit selling drugs?" In response thereto, Dr. Heisler candidly testified, "Yes, of course."

Dr. Heisler was shown a prescription dated February 27, 1974, for 60 Methadone 5 mg. tablets, which was issued by him to Dennis Harvey, Agent Hamilton's undercover name. Dr. Heisler admitted that he was paid \$7 for the prescription by Agent Hamilton. He gave the prescription to him "out of a feeling of sympathy" when Agent Hamilton told him that he was a drug addict and that the pills the doctor had given him on January 8, 1974, were not used for weight control but rather to satiate his drug habit. "...I was trying to help him get off the heroin or whatever he was taking."

Dr. Heisler admitted that he only took Agent Hamilton's word that he was an addict and did not verify medically whether, in fact, he was. He stated, "Gentlemen, I am a very innocent, very conscientious man, and I wanted to help him. He wanted to get off this heroin, and Methadone is supposed to be the drug which is used for withdrawal for potentially dangerous drugs."

In response to the comment by Representative Simms that a possible conflict of interest may arise by profiting from the sale of the drugs which he dispenses, Dr. Heisler stated that he has the right to dispense drugs. He further stated that he sells his drugs cheaper than the drug store sells them. He also commented that in his 34 years of practice he has never written a prescription which did not serve a particular purpose.

He objected to Co-chairman Joseph G. Sevcik's comment that he was an illegal legal drug pusher.

#### H. Dr. William E. Farney

Dr. William E. Farney, 930 North Sixth Street, Springfield, Illinois, appeared with his attorney. He testified that he remembered Agent Edward J. Doyle who came to his office on January 7, 1974, and identified himself as Dennis Harvey. He further admitted that he had sold a prescription for 45 Preludin 75 mg. endurets to Agent Doyle and that he had given him a medical examination which consisted of taking

his weight and blood pressure and listening to his heart and lungs.

He also indicated that Agent Doyle had represented to him that he was a Viet Nam veteran, had pain in his leg and back, and wanted Dilaudid. However, Dr. Farney refused to give him this drug and told him would have to see a doctor more acquainted with his case history.

Dr. Farney indicated that on February 27, 1974, he also issued a prescription for 50 Tuinal three grain capsules to Agent Doyle, who was again posing as Dennis Harvey. Dr. Farney stated that Agent Doyle claimed he had difficulty in sleeping. Dr. Farney stated that it was impossible to give a physical examination to determine whether an individual needs sleeping pills. He also said that he gave the Tuinal capsules because of the pain which Agent Doyle claimed that he had from his alleged war injuries.

Dr. Farney also issued a prescription for 60 75 mg. Preludin endurets to Agent Doyle on that date. He indicated that he had weighed Agent Doyle who to the best of his recollection, had lost weight. Dr. Farney further stated that he could find no evidence of drug abuse.

According to Dr. Farney, Agent Doyle indicated that he lived in Chicago and thought that if he gave him a two-month supply of Preludin it would save him a trip to Chicago. Dr. Farney denied that there was any conversation initiated by Agent Doyle to the effect that the Tuinal would be traded for another controlled substance, namely, Dilaudid.

Upon examination by Executive Director Charles Siragusa, Dr. Farney testified that within a six-month period he had prescribed controlled substances to between 350 to 400 patients.

When confronted with the accusation that Agent Doyle told him that the Preludin was not going to be used for weight control, but was for his gratification, Dr. Farney denied it.

#### I. Dr. Robert Johnson

Dr. Johnson, who serves on the Illinois State Medical Society Council on Social and Medical Services, presented a prepared text, as follows:

"Thank you for the opportunity to appear before this Commission and present additional viewpoints on behalf of the Illinois State Medical Society regarding misuse of drugs and medical prescriptions.

"I am Dr. Robert Johnson, of Springfield, licensed to practice medicine in all its branches in Illinois, a member of the Sangamon County and Illinois State Medical Societies and the American Medical Association. I am a Chicago native, and a graduate of the University of Illinois College of Medicine.

"I serve on the ISMS Council on Social and Medical Services, and am extremely concerned about the misuse of medical prescriptions, which the thorough work of this Commission and its investigators has revealed as a serious problem throughout the state. Enough "bad apples" have been identified to document the need for some definitive action.

"I commend Mr. Siragusa for his investigation of this matter, and the Commission for its analysis and appraisal of the findings. The efforts by Mr. Slotnik, of R & E, (Illinois Department of Registration and Education) to refine the mechanisms for administering the Controlled Substances Act also are recognized.

"The Illinois State Medical Society is committed to protecting the Public Health, and is vitally concerned about the crucial problem of drug misuse. Last month, the ISMS House of Delegates -- our official policy making body -- reaffirmed its position that misuse of a medical prescription by a physician which would contribute to drug misuse is unethical.

"In addition, our House of Delegates endorsed the concept of a medical practice review system, and directed development of legislation which would create a state-level medical disciplinary system in Illinois. The Medical Society already has developed a proposed bill which may be introduced during the current legislative session. This legislation will expedite investigation of physicians through

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the use of trained medical investigators, and will allow appropriate professional input to hearing officers.

"We believe that this system will be far more effective in dealing with the problem than the review procedures now employed by the Department of R & E Office of Professional Supervision.

"The Legislative Investigating Commission's activity helped in recent federal convictions of two physicians in Chicago for illegally writing for and dispensing controlled substances. The ISMS Disciplinary System bill, likewise, is aimed at ferreting out wrongdoers and taking disciplinary action, including suspension or revocation of the offender's license. Our legislation would expedite the investigation through the use of trained medical investigators.

"Your efforts point up what the medical society has contended for some time. Physicians who break the law, or who do not practice quality medicine, or who conduct themselves in less than an ethical manner, are not prevented from continuing these practices under the current checks and balances system in Illinois. Put simply, our present system isn't working. The Medical Society strongly believes that our proposed disciplinary system will be a major step in correcting deficiencies.

"Illinois needs a system to review the standard of care -- on both a professional and legal basis -- regarding the misuse of medical prescriptions. This state also needs an improved system for initiating disciplinary action against professionals guilty of illegal practice.

"While the problem of street drug traffic is not due primarily to diversion from legitimate prescribing or dispensing, this has been a factor.

"The Illinois State Medical Society has reviewed this Commission's House Bill 2571, to amend the Controlled Substances Act. There is agreement with and support for its intent. The

proposal is a positive step towards solving the problem of prescription misuse.

"I have two comments regarding H.B. 2571. First, the definition of "Good Faith" should include the statement that prescriptions issued in "Good Faith" are consonant with medical etiquette and ethical standards.

"Second, perhaps this legislation should require a "patient's" personal identification as well as signing a record by name and address when a prescription is filled for a controlled substance. This would protect the pharmacist and physician and deter some clandestine activity. Better inventory controls and professional surveillance will assist in reducing illicit traffic.

"While the problems with misuse of medical prescriptions are being identified, and while various pieces of remedial legislation are being developed, the medical society has taken steps to implement procedures which will help to reduce illegal and unethical activities. I understand that recent discussions have been held between various enforcement, investigative and professional groups. The ISMS, Dangerous Drugs Commission, Illinois Bureau of Investigation, Chicago Police Department, Registration and Education and this Commission's staff have agreed on an urgent, immediate need for a realignment of interrelationship.

"There must be a reorientation of the interface between enforcement, regulation and the profession. This would allow a greater sharing of information as well as providing expert opinion to those needing this to make value judgments in various investigations.

"Different ideas being studied, designed to help resolve this problem, include: (1) establishment of an advisory panel of physician experts available to enforcement agencies to provide consultation on individual cases under investigation. Such a panel could identify abuses in prescribing habits and possibly even abuses in terms of prescribing excessively: (2) development of a set

of guidelines which could be used to educate prescribers of controlled substances in identification of drug misusers -- be they either other physicians or patients who dupe the prescriber: (3) providing direction to the appropriate medical group to cause it to take action in drug misuse allegations.

"Great strides can be made in alleviating many drug misuse problems, by concerted action between various regulatory agencies and the professions. By involving the professions in the review of individuals suspected of practicing improperly or illegally, the problem of identifying persons misusing drugs can be reduced.

"In summation, the Illinois State Medical Society strongly requests the cooperation of this Commission in passing well-written new laws which will create an effective medical disciplinary system in this State. We have with us today a copy of our rough draft proposal which we would like to submit to the Commission for its review and comment.

"I support the Commission's efforts and again offer the services of the State Medical Society in a cooperative effort to rectify a malodorous situation.

"Thank you for this opportunity to comment."

Following his formal statement Dr. Johnson answered questions from Commission members. Senator Hudson R. Sours inquired as to whether physicians obtain sufficient information from the State advising them as to what is and what is not permitted in issuing prescriptions for controlled substances, and whether there was a good method of disseminating this information to physicians. Dr. Johnson said that through the Illinois Medical Journal and newsletters physicians are receiving this type of education. He also mentioned that the federal government notifies physicians when there is a change in scheduling of controlled substances.

Dr. Johnson stated that it is a responsibility of all physicians to keep themselves continuously informed concerning the pharmacology of drugs he prescribes.

Representative W. Timothy Simms asked if Dr. Johnson did not think drug companies were culpable in a way by advertising and otherwise pushing controlled substances in an irresponsible manner. Representative Simms also asked if there was some type of peer medical review of physicians in advanced age. Dr. Johnson emphasized the need for ongoing education of physicians and that the Illinois Medical Society was overwhelmingly coming to the conclusion that the investigation, by the Illinois Department of Registration and Education, of the medical prescriptions problem has not been sufficiently effective.

Representative Simms also asked about the propriety of a physician dispensing drugs from his office in competition with drug stores. Representative George H. Ryan, Sr. stated that neither the Illinois Medical Association nor the American Medical Society has discouraged that practice, but Dr. Johnson said there was an implied objection against that kind of medical practice.

## Chapter 9

### LEGISLATION

#### A. Introduction

Our exhaustive investigation into the field of misuse of medical prescriptions by some physicians and pharmacists, and the illegal acquisition of controlled substances or dangerous drugs, established that there are glaring statutory deficiencies in the current Controlled Substances Act, as well as gross inefficiency in the enforcement of this Act.

In order to draft the most appropriate and effective amendments to the Controlled Substances Act, the Commission, at its public hearings and in private meetings, obtained authoritative input from experts in the drug abuse area as well as from representatives of various governmental agencies directly responsible for enforcing the current Illinois law.

On April 17, 1974, the Commission introduced House Bill 2571 (See Appendix A), the legislative product of its year's intensive investigation into this problem. The following are highlights of our proposed amendments which will be effectuated when this Commission's sponsored Bill is hopefully enacted:

1. Definition of "Good Faith"
2. Dangerous Drugs Advisory Council to Replace Department of Law Enforcement in Scheduling Controlled Substances
3. Transfer of Triplicate Prescription Program to Department of Registration and Education
4. Elements of a Legitimate Prescription and Responsibilities of Physicians and Pharmacists Defined
5. Suspension and Revocation of License of Violating Practitioner
6. Administrative Inspections to be Initiated Without Court Warrant

B. Definition of "Good Faith"

Although the current Controlled Substances Act uses the phrase "good faith" in its application to the dispensing activities of physicians and pharmacists, this term had not been defined. Section 102(w) of our proposed law defines the type of "good faith" that must be exercised by a practitioner in his regular course of professional treatment. This would give law enforcement sufficient criteria, now lacking in existing law, to determine whether or not a physician or pharmacist has violated the Act.

C. Dangerous Drugs Advisory Council to Replace Department of Law Enforcement in Scheduling Controlled Substances

In order that the widest range of expertise be consulted in determining which controlled substances should be added, deleted, or rescheduled, Section 201(a) proposed the delegation of this duty to the Dangerous Drugs Advisory Council, whose membership includes various public and governmental agencies directly involved in the drug abuse field. Currently, the Department of Law Enforcement, which does not have the necessary scientific expertise, has the responsibility for such scheduling.

D. Transfer of Triplicate Prescription Program to Department of Registration and Education

The Department of Law Enforcement currently conducts belated and inadequate supervision of the triplicate prescription program which had been instituted to safeguard the dispensing of Schedule II controlled substance drugs, those drugs with a high potential for abuse. In order to place all administrative aspect of the Controlled Substances Act under the jurisdiction of one department, Section 308 proposes the transfer of the enforcement of this program to the Department of Registration and Education.

E. Elements of a Legitimate Prescription and Responsibilities of Physicians and Pharmacists Defined

In an attempt to prohibit the dispensing of a controlled substance or the issuing of a prescription therefor without medical need, Section 312 of the current law would be expanded to include a definition of the elements of a legitimate prescription, and sets forth the respective responsibili-

ties of the physician and pharmacist when prescribing or filling prescriptions.

F. Suspension and Revocation of License of Violating Practitioner

Under the present law, practitioners who violate the Controlled Substances Act are subject to a fine not to exceed \$10,000 and imprisonment up to three years. In addition to these penalties, the proposed law would mandate that licenses of physicians and pharmacists to distribute, dispense, and prescribe controlled substance drugs be subjected to immediate suspension and revocation by the Department of Registration and Education.

G. Administrative Inspections to be Initiated Without Court Warrant

Under existing law, the Department of Law Enforcement and the Department of Registration and Education are required to obtain an inspection warrant from a circuit court judge in those cases where physicians or pharmacists refuse to voluntarily submit to an examination of their controlled substances inventories and records pertaining thereto. The proposed law would empower these State authorities to conduct administrative inspections without a court warrant, a concept embodied under the federal drug laws.

H. Conclusion

Although the aforementioned is only a synopsis of some of the more important amendments to the Illinois Controlled Substances Act, we are confident that with the hopeful enactment of our proposed amendments, there will be a significant reduction in the abuse of medical prescriptions for controlled substances by physicians and pharmacists.

Chapter 10

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

A. Addicts and Abusers

1. There is a serious abuse of dangerous drugs by addicts in the Chicago area, and to a much lesser degree in downstate Illinois.

2. Much of the dangerous drugs are acquired by addicts and abusers through prescriptions illegally issued by unscrupulous and unethical physicians, which are then filled by pharmacists.

3. Almost invariably, addicts and abusers have no medical need for such dangerous drugs, and consume these drugs solely for self-gratification.

4. A significant amount of the retail, black market trade in the dangerous drugs underworld stems from the fact that a portion of such drugs, that are illegally acquired by addicts and abusers through medical prescriptions, are illegally sold to other addicts and abusers.

5. Addicts and abusers prefer certain dangerous drugs and pointedly request, and usually receive, prescriptions from some physicians for specific drugs of their preference.

6. Of all the dangerous drugs used by addicts and abusers, the amphetamines are the most popular.

7. The two amphetamines most preferred by addicts and abusers are Preludin and Ritalin, which unlike other Schedule II drugs included in the Illinois Controlled Substances Act, do not require triplicate prescriptions.

8. The obvious preference for these two specific drugs is attributable to gratifying "highs" received by users, and to the fact that regulatory and law enforcement authorities are less likely to discover violations of the use of these drugs because of the less rigid, single prescription requirement.

9. Other amphetamines that are widely used but to a lesser degree than Preludin and Ritalin, are Desoxyn,

Dexamyl, Dexedrine and Tenuate. (Desoxyn, Dexamyl and Dexedrine are Schedule III drugs with a high potential for abuse, but less than Schedule II. Tenuate is a Schedule IV drug with a potential for abuse less than for Schedule II).

10. The depressant dangerous drugs are also widely used, but less than the amphetamine stimulants.

11. Of the depressant drugs, Seconal (Schedule III) and Tuinal (Schedule IV) are most preferred by addicts and abusers. Other depressant drugs of preference are Quaalude and Demerol (Schedule II) and Doriden (Schedule III).

12. Robitussin AC, a cough medicine depressant (Schedule V) is greatly abused.

13. There are some depressant substances requiring single prescriptions but which are not subject to the provisions of the Illinois Controlled Substances Act, namely Librium, Talwin and Valium, which are widely abused.

#### B. Physicians

14. The abuse of medical prescriptions for controlled substances is a serious problem in the greater Chicago area, and to a lesser degree, in other large metropolitan areas of the State.

15. The fact that relatively few physicians are engaged in this illegal practice does not minimize the problem in the light of the fact that just two Chicago physicians, namely Dr. Payming Leu and Dr. Valeriano Suarez, issued thousands of illegal prescriptions from which they profited an aggregate of almost \$2,000,000 a year.

16. Of all the physicians investigated by this Commission, Dr. Payming Leu and Dr. Valeriano Suarez were by far the most serious offenders.

17. The recent landmark convictions of these two physicians in federal court should materially improve the situation in the greater Chicago area where they had been operating "prescription mills" with virtual impunity. A Commission agent testified in federal court concerning several evidential purchases he made of medical prescriptions for controlled substances from Dr. Leu. Dr. Leu was sentenced on May 16, 1974, to five years in prison, after he was tried and convicted.

18. With regard to Dr. Suarez, the Commission submitted a detailed report of its investigation against him to the federal court, which was taken into account on May 21, 1974, when he was sentenced to five years imprisonment after his trial and conviction.

19. There were several other physicians in the Chicago area, Rockford, Springfield and Rock Island against whom the Commission obtained evidence for court prosecution. Copies of our investigative reports and transcripts of our public hearings were furnished to federal and State prosecution authorities. Successful prosecution of these physicians should have a deterrent effect and reduce illegal prescription practices in Illinois.

20. Dr. Bruce F. Avery of Rockford was arrested on July 17, 1974, by the local police department and will be prosecuted by the Winnebago County State's Attorney. This will be the first State prosecution in Illinois of a physician on illegal prescription charges.

21. The United States Attorney in Chicago has indicated, in response to our suggestion, that prosecution will be initiated toward the prosecution in federal court of Dr. Charman Palmer of Lockport.

22. The United States Attorney in Springfield has indicated interest, in response to our suggestion, in the prosecution of Dr. William E. Farney of Springfield and Dr. Cornelius E. Kline of Rock Island.

23. Most of the physicians from whom purchases were made of prescriptions for controlled substances were principally motivated by greed, and they knowingly and willfully violated the law by not exercising the required good faith. In many instances Commission undercover agents specifically requested and received prescriptions for specific dangerous drugs.

24. Some of the physicians from whom Commission agents made undercover purchases of prescriptions appeared to be guilty of one or more of the following law violations when: they knowingly issued prescriptions to persons using false names; predated or postdated prescriptions to cover excessive dosages; failed to conduct any physical examinations, or very superficial examinations; complied with patients' desire for gratification; failed to determine whether any medical need was indicated; and generally did not exercise good faith or good professional practice.

25. A few physicians from whom evidential purchases were made of prescriptions for controlled substances claimed that the physical appearance of the Commission's undercover agents was such as to frighten them into violating their principles of good medical practice, although the physicians admitted that no coercive speech, demeanor or action were utilized. Even if the Commission were to acknowledge the validity of that alibi, it would still constitute a violation of law and medical canon of ethics.

#### C. Pharmacists

26. The Commission was unable to establish the existence of any illegal cooperative arrangements between prescribing physicians and dispensing pharmacists, in relation to controlled substance drugs.

27. We did not establish any "kickback" relationship whereby pharmacists give any portion of their proceeds on controlled substance prescriptions to physicians for knowingly filling such prescriptions in violation of law.

28. We were unable to establish that pharmacists are dispensing controlled substances over-the-counter without prescriptions, although this situation may very well exist in some isolated instances.

29. The Commission established that pharmacists in downstate Illinois are generally not involved in the illegal dispensing of controlled substances.

30. The situation in Chicago was radically different. Although relatively few pharmacies were involved in abusive practices, they accounted for the dispensing of an enormous amount of dangerous drugs pursuant to prescriptions, under circumstances which indicated a lack of good faith and possible violation of law.

31. We established that nine pharmacies in Chicago filled an inordinate number of such prescriptions under circumstances which indicated that monetary profit was the over-riding motivation.

32. Based on our investigations which included audits of these pharmacies and their testimony at our public hearings we believe they were involved in one or more of the following questionable practices in filling prescriptions in instances where: (1) recipients used false names, (2) prescriptions issued to one person for one drug were being

filled prior to the expiration of preceding prescriptions, (3) recipients were obtaining prescriptions from more than one physician at a time for the same drug, (4) amounts of drugs called for were excessive to the extent that there was a presumption that recipients were illegally selling drugs obtained on prescriptions to other persons, and (5) generally dispensing drugs on prescriptions where there were strong suspicions that the prescribing physicians were not exercising "good faith."

#### D. Department of Registration and Education

33. This Department disregarded the provision of the Illinois Controlled Substances Act, adopted in 1971, which required it to register physicians engaged in prescribing and dispensing of controlled substances.

34. The Illinois Medical Practice Act and the Illinois Pharmacy Practice Act provide that the Department of Registration shall suspend and/or revoke licenses of physicians and pharmacists for any one of several reasons which include the illegal prescribing and dispensing of controlled substances. The Department has not adequately enforced those laws. For example, in the past, pharmacists have been convicted of felonies which constituted sufficient grounds for license revocation, but the Department only proceeded toward suspension and/or revocation on grounds of gross immorality.

35. The Department's Bureau of Drug Compliance has not performed systematic audit inspections of inventories and records of controlled substances of suspect physicians and pharmacists, to determine abusive practices.

#### E. Department of Law Enforcement

36. There has not been an effective effort by State, county and local law enforcement officials to investigate and prosecute physicians and pharmacists for the abuse of medical prescriptions for controlled substances.

37. Although local, county and State law enforcement agencies in Illinois share the responsibility of enforcement of the Illinois Controlled Substances Act, the primary responsibility to detect abusive practices of physicians and pharmacists lies with the Illinois Bureau of Investigation (IBI) of the Department of Law Enforcement.

38. The Department has not effectively implemented the provisions of existing State law to monitor records of triplicate prescriptions for controlled substances in Schedule II, drugs having a high potential for abuse.

39. Although the Illinois Controlled Substances Act was adopted in 1971, the Department delayed until this year in promulgating rules and regulations.

40. Controlled substances included in Schedule II of the Illinois Controlled Substances Act must be declared by the Department of Law Enforcement to be "designated products" before those substances are subjected to the triplicate prescription requirement. Currently, the two most abused controlled substances in that schedule, Preludin and Ritalin, have unfortunately not been declared as "designated products." This has encouraged the continued widespread abuse of these specific substances.

41. Although registrant physicians and pharmacists have the primary responsibility to be acquainted with applicable provisions of the Illinois Controlled Substances Act, the Commission believes that the Department should have prepared and distributed copies of the Act to these professional persons.

#### F. State Legislation

42. The Illinois Controlled Substances Act does not contain adequate provisions to enable law enforcement authorities to effectively investigate and prosecute physicians and pharmacists engaged in the abuse of medical prescriptions for controlled substances.

43. Existing law is defective because it does not define the "good faith" that must be employed by physicians and pharmacists in prescribing and dispensing controlled substances.

44. The responsibility for the issuance and distribution of triplicate prescription forms for controlled substances in Schedule II, and the monitoring of this data to identify physicians and pharmacists possibly engaged in the abuse of such prescriptions, should be transferred from the Department of Law Enforcement to the Department of Registration and Education.

45. Existing law does not adequately identify the elements of a legitimate prescription for controlled sub-

stances and the responsibilities of physicians and pharmacists in the prescribing and dispensing of such substances.

46. The current law impedes the proper administrative inspections of controlled substances inventories and pertinent records of physicians and pharmacies by requiring State authorities to obtain court warrants.

#### G. Pharmaceutical Manufacturers

47. The Commission finds that some manufacturers of controlled substances with a high potential for abuse and which are, in fact, so abused, engage in unethical and sensational advertising practices in professional trade magazines which unnecessarily emphasize the profits which can be accrued by dispensing pharmacists.

48. We were advised by authorities in Peoria that manufacturers of controlled substances allot an excessively large supply of samples to their salesmen. Much of these samples are given to physicians but many of them are also discarded by the salesmen, and are often found and used by abusers. We were also advised that salesmen of manufacturing companies also give free samples to pharmacists who illegally dispense them without proper prescriptions. It is reasonable to assume that the same unfortunate situation exists in Chicago and other large metropolitan areas.

#### Recommendations

##### A. Law Enforcement

1. Local and county law enforcement agencies, and especially the Illinois Bureau of Investigation of the Department of Law Enforcement, should place a higher priority on the investigation of physicians and pharmacists who are criminally involved in violations of the Illinois Controlled Substances Act when they knowingly abuse the prescribing and dispensing of controlled substances, where there is no medical need, and there is an absence of good faith.

##### B. Regulation and Supervision of Physicians and Pharmacists

2. We recommend that prompt and continuous compliance be made with the provision of the Illinois Controlled Substances Act, adopted in 1971, to register physicians

engaged in prescribing and dispensing of controlled substances.

3. In the future, proceedings should be promptly initiated, pursuant to the Illinois Medical Practice Act and the Illinois Pharmacy Practice Act, against physicians and pharmacists, towards suspension and/or revocation of licenses of those registrants involved in the illegal prescribing and dispensing of controlled substances, on one or more of the various grounds, and not just solely for "gross immorality," as has been the case in the past.

4. Under present Illinois law both the Department of Registration and Education and the Department of Law Enforcement share the responsibility for auditing triplicate and single medical prescriptions for controlled substances to detect suspected irregularities by physicians, pharmacists and other registrants. We recommend that this be the sole responsibility of the Department of Registration and Education, and we have included a provision to that effect in our proposed law (See Appendix A).

5. We realize that it is the responsibility of physicians and pharmacists to become acquainted with the provisions of the Illinois Controlled Substances Act. However, because of the complexity of that law, we recommend that the Department of Registration and Education disseminate to all physicians and pharmacists summaries of appropriate provisions of that Act.

6. As soon as the Rules and Regulations for the Illinois Controlled Substances Act have been promulgated by the Department of Law Enforcement, we recommend that copies be promptly disseminated to all physicians and pharmacists by the Department of Registration and Education. We believe the latter bears the ultimate responsibility of keeping these registrants informed concerning medical prescriptions for controlled substances.

7. The Commission recommends that in the future the Department of Registration and Education be much more responsive than it has been in the past in acting upon cases of suspected illegal prescription practices reported to it by the Illinois State Medical Society and various county societies throughout the State.

A representative of the Illinois State Medical Society testified at the Commission's public hearings that it and county medical societies in Illinois have in the past noti-

fied the Department of Registration and Education of physicians suspected of misusing medical prescriptions for obtaining drugs for abuse, and requests for action toward suspension and/or revocation of licenses went unheeded. In one instance that was so reported to that Department, it took eight years before any action was taken by that agency, and at that, only his privilege of writing prescriptions for controlled substances was revoked.

#### C. Rescheduling of Drugs of Current Widespread Abuse

8. Certain dangerous drugs that have been subjected to current widespread abuse should be subjected to stronger controls.

9. The Illinois Controlled Substances Act provides that certain drugs with a high potential for abuse, and included in Schedule II, require triplicate prescriptions. This has acted as an effective deterrent in discouraging the widespread abuse of certain particularly dangerous drugs.

The Commission recommends that the General Assembly resist efforts to amend the current triplicate prescription requirements.

10. Preludin and Ritalin are two stimulants of the amphetamine class that should be subjected to greater control by the State because our investigation has clearly demonstrated they have a high potential for abuse, and, in fact, are currently greatly abused. Although they are now included in Schedule II of the Controlled Substances Act, they are not subject to triplicate prescriptions because the Illinois Department of Law Enforcement has not declared these two specific drugs as "designated products." That Department should take immediate steps to rectify this unfortunate situation by making them "designated products."

11. Tenuate is a stimulant controlled substance which is currently, and in our opinion, improperly classified in the Controlled Substances Act under Schedule IV. Its abuse is such that it should more logically be under Schedule III, and we recommend that the Department of Law Enforcement take prompt measures to accomplish this transfer.

12. Desoxyn, Dexamyl and Dexedrine are Schedule III drugs, requiring only single prescriptions, but which are currently being abused to a widespread degree. The Danger-

ous Drugs Commission should closely watch future trends of abuse of these particular drugs to determine the advisability of transferring them to Schedule II as "designated products," which would require triplicate prescriptions for those substances.

13. Under existing law, the power to classify new dangerous drugs into either one of the five Schedules, the power to transfer specific drugs from one Schedule to another Schedule, and the power to declare certain drugs as "designated products" rest with the Illinois Department of Law Enforcement. We believe these powers should be transferred to the newly created Dangerous Drugs Commission where it more logically rests, and we have incorporated such provision in our proposed Act (See Appendix A).

#### D. Professional Responsibilities

14. In spite of the fact that the Illinois Department of Registration and Education has been lax in acting appropriately against physicians suspected of involvement in illegal prescription practices, we would recommend that the Illinois State Medical Society and county medical societies continue to refer such physicians to that agency, and also to State's Attorneys in Illinois.

15. The Illinois State Medical Society should notify drug manufacturers within Illinois and elsewhere to exercise greater discretion in supplying controlled substance drugs in wholesale quantities to retail pharmacies, which implicitly indicates that such pharmacies are ordering inordinate amounts of particular drugs.

16. The Illinois State Medical Society should increase its efforts to educate its membership concerning the Illinois Controlled Substances Act and their responsibilities in complying with the provisions of the law pertaining to medical prescriptions.

17. The Illinois Pharmaceutical Association should advise its membership of their responsibility to exercise all ethical and legal precautions in not filling medical prescriptions where they have reasonable grounds to believe such prescriptions for controlled substances were issued under questionable circumstances.

#### E. Pharmaceutical Manufacturers

18. Manufacturers of controlled substances should cease unethical and sensational advertising practices in professional

trade magazines which unnecessarily emphasize the profit motive.

19. Manufacturers should exercise greater caution in selling wholesale quantities of dangerous drugs to retail pharmacists.

20. Manufacturers should make serious efforts to control the distribution of free samples of dangerous drugs to physicians and pharmacists to prevent the illicit diversion of these controlled substances.

#### F. Remedial Legislation

21. There are some flaws and loopholes in the existing Illinois Controlled Substances Act which have encouraged the widespread abuse of medical prescriptions. Commission members introduced Senate Bill 1420 and House Bill 2571 (See Appendix A) during the 78th General Assembly but they were not acted upon. Consequently, these bills will be reintroduced during the 79th General Assembly.

We recommend the adoption of these bills which are designed principally to:

(a) Better define "good faith" to be exercised by physicians and pharmacists in connection with medical prescriptions;

(b) Transfer the responsibility for scheduling of controlled substances from the Department of Law Enforcement to the Advisory Council of the newly created Dangerous Drugs Commission;

(c) Transfer the program of supervision and control of the triplicate prescription program from the Department of Law Enforcement to the Department of Registration and Education;

(d) Define, with more particularity, the elements of a legitimate prescription and the responsibilities of physicians and pharmacists in the prescribing and dispensing of controlled substances;

(e) Provide for the suspension and revocation of licenses of violating practitioners, and;

(f) Empower State authorities to make administrative inspections of physicians and pharmacists without court warrants.

Appendix A

PROPOSED AMENDMENTS  
TO THE  
CONTROLLED SUBSTANCES ACT

The following represents the Commission's recommendations for amendments to the Controlled Substances Act. The amendments, among other changes, include assigning many of the present duties of the Department of Law Enforcement to the Dangerous Drugs Advisory Council and the Department of Registration and Education, as well as deleting and adding certain substances to the schedules of controlled substances.

The wording that the Commission recommends be added is underlined. The words through which dash marks have been placed are to be deleted.

Section 1. Sections 102, 201, 203, 205, 206, 207, 208, 209, 210, 211, 213, 301, 302, 303, 304, 308, 309, 310, 311, 312, 406, 501, 505, 507, and 508 of the "Controlled Substances Act," approved August 16, 1971, as amended, are amended to read as follows:

(Ch. 56 1/2, par. 1102)

Sec. 102. As used in this Act, unless the context otherwise requires:

(a) "Addict" means any individual who habitually uses any controlled substance so as to endanger the public morals, health, safety or welfare, or who is so far addicted to the use of controlled substances as to have lost the power of self-control with reference to his addiction.

(b) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

(1) a practitioner (or, in his presence, by his authorized agent), or

(2) the patient or research subject at the lawful direction of the practitioner.

(c) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(d) "Administration" "Bureau" means the Drug Enforcement Administration Bureau of Narcotics and Dangerous Drugs, United States Department of Justice, or its successor agency.

(e) "Control" means to add a drug or other substance, or immediate precursor, to a Schedule under Article II of this Act whether by transfer from another Schedule or otherwise.

(f) "Controlled Substance" means a drug, substance, or immediate precursor in the Schedules of Article II of this Act.

(g) "Dangerous-Drugs-Advisory Council" means the Dangerous Drugs Advisory Council of the State of Illinois or its successor agency.

(h) "Counterfeit substance" means a controlled substance, which, or the container or labeling of which, without authorization bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

(i) "Deliver" or "delivery" means the actual, constructive, or attempted transfer of possession of a controlled substance, with or without consideration, whether or not there is an agency relationship.

(j) "Department" means the Department of Law Enforcement of the State of Illinois or its successor agency.

(k) "Department of Corrections" means the Department of Corrections of the State of Illinois or its successor agency.

(l) "Department of Mental Health" means the Department of Mental Health of the State of Illinois or its successor agency.

(m) "Department of Registration and Education" means the Department of Registration and Education of the State of Illinois or its successor agency.

(n) "Depressant" or "stimulant substance" means:

(1) a drug which contains any quantity of (i) barbituric acid or any of the salts of barbituric acid which has been designated as habit forming under section 502(d) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 352(d)); or

(2) a drug which contains any quantity of (i) amphetamine or methamphetamine and any of their optical isomers; (ii) any salt of amphetamine or methamphetamine or any salt of an optical isomer of amphetamine; or (iii) any substance which the Council Director, after investigation, has found to be, and by rule designated as, habit forming because of its depressant or stimulant effect on the central nervous system; or

(3) lysergic acid diethylamide; or

(4) any drug which contains any quantity of a substance which the Council Director, after investigation, has found to have, and by rule designated as having, a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect.

(o) "Designated product" means narcotic, amphetamine, methamphetamine or methaqualone containing products listed in Schedule II and also means a controlled substance determined by the Council or its successor agency, to be Schedule II controlled substance, which is required to be dispensed upon an official State triplicate prescription form.

(p) ~~(e)~~ "Director" means the Director of the Department of Law Enforcement or his designated agents.

(q) ~~(p)~~ "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant

to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

(r) ~~(q)~~ "Dispenser" means a practitioner who dispenses.

(s) ~~(r)~~ "Distribute" means to deliver, other than by administering or dispensing, a controlled substance.

(t) ~~(s)~~ "Drugs" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure of any function of the body of man or animals; and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

(v) ~~(t)~~ "Immediate precursor" means a substance:

(1) which the Council Director has found to be and by rule designated as being a principal compound used, or produced primarily for use, in the manufacture of a controlled substance;

(2) which is an immediate chemical intermediary used or likely to be used in the manufacture of such controlled substance; and

(3) the control of which is necessary to prevent, curtail or limit the manufacture of such controlled substance.

(w) "Good Faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his treatment for a pathology or condition other than that individual's physical or psychological dependence upon or

addiction to a controlled substance, except as provided herein; and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards included, but not limited to the following, in making the judgment:

(1) consistency of doctor-patient relationship;

(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients;

(3) quantities beyond those normally prescribed;

(4) unusual dosages;

(5) unusual geographic distances between patient, pharmacist and prescriber;

(6) consistent prescribing of only habit-forming drugs.

(x) ~~(v)~~ "Local authorities" means a duly organized State, County or Municipal peace unit or police force.

(y) ~~(w)~~ "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling of its container, except that this term does not include:

(1) by an ultimate user, the preparation or compounding of a controlled substance for his own use; or

(2) by a practitioner, or his authorized agent under his supervision, the preparation, compounding, packaging, or labeling of a controlled substance:

(a) as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or

(b) as an incident to lawful research, teaching or chemical analysis and not for sale.

(z) ~~(\*)~~ "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(2) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), but not including the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salts, compound, derivative, or preparation of coca leaves, and any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine.

(aa) ~~(y)~~ "Nurse" means a registered nurse licensed under the Illinois Nursing Act.

(bb) ~~(z)~~ "Official prescription blanks" means the triplicate prescription forms supplied to practitioners by the Bureau of Drug Compliance, Department of Registration and Education for prescribing Schedule II controlled substances.

(cc) ~~(aa)~~ "Opiate" means any substance having an addiction forming or addiction sustaining liability similar

to morphine or being capable of conversion into a drug having addiction forming or addiction sustaining liability.

(dd) ~~(bb)~~ "Opium poppy" means the plant of the species *Papaver somniferum* L., except its seeds.

(ee) ~~(ee)~~ "Parole and Pardon Board" means the Parole and Pardon Board of the State of Illinois or its successor agency.

(ff) ~~(dd)~~ "Person" means any individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other entity.

(gg) ~~(ee)~~ "Pharmacist" means any person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act.

(hh) ~~(ff)~~ "Pharmacy" means any store, shop or other place in which pharmacy is authorized to be practiced under the Pharmacy Practice Act.

(ii) ~~(gg)~~ "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(jj) ~~(hh)~~ "Practitioner" means a physician, dentist, podiatrist, veterinarian, scientific investigator, pharmacist, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

(kk) ~~(ii)~~ "Prescriber" means a physician, dentist, podiatrist or veterinarian who issues a prescription.

(LL) ~~(jj)~~ "Prescription" means a lawful written or verbal order of a physician, dentist, podiatrist or veterinarian for any controlled substance.

(mm) ~~(kk)~~ "Production" or "produce" means manufacture, planting, cultivating, growing, or harvesting of a controlled substance.

(nn) ~~(jj)~~ "Registrant" means every person who is required to register under Section 302 of this Act.

(oo) ~~(mm)~~ "Registry number" means the number assigned to each person authorized to handle controlled substances under the laws of the United States and of this State.

(pp) ~~(nn)~~ "State" includes the State of Illinois and any state, district, commonwealth, territory, insular possession thereof, and any area subject to the legal authority of the United States of America.

(qq) ~~(ee)~~ "Ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his house hold or for administering to an animal owned by him or by a member of his household.

(Ch. 56 1/2, par. 1201)

Sec. 201. (a) The Council ~~Department~~ shall carry out the provisions of this Article. ~~The Director, with the concurrence and approval of the Dangerous Drugs Advisory Council or its successor agency may add substances to or delete or reschedule all controlled substances in the Schedules of Sections 204, 206, 208, 210 and 212 of this Act and shall determine "designated products" as required under Sections 308, 309, 311 and 312 of this Act. In making a determination regarding the rescheduling of a substance, the Director and the Dangerous Drugs Advisory Council shall consider the following:~~

- (1) the actual or relative potential for abuse;
- (2) the scientific evidence of its pharmacological effect, if known;
- (3) the state of current scientific knowledge regarding the substance;

- (4) the history and current pattern of abuse;
- (5) the scope, duration, and significance of abuse;
- (6) the risk to the public health;
- (7) the potential of the substance to produce psychological or physiological dependence;
- (8) whether the substance is an immediate precursor of a substance already controlled under this Article;
- (9) the immediate harmful effect in terms of potentially fatal dosage; and
- (10) the long-range effects in terms of permanent health impairment.

(b) In making a determination regarding a "designated product," ~~the Director and the Dangerous Drugs Advisory Council shall consider the above criteria, and in addition shall consider whether use of the official prescription form is required to control significant actual illicit traffic of the substance.~~

After considering the factors enumerated in subsection (a) or in the case of making a determination of a "designated product," the additional factors of subsection (b), the Council shall submit to the General Assembly a detailed and comprehensive written report of its findings with respect thereto, and issue a rule controlling the substance which it has determine to have a potential for abuse ~~Director shall make findings with respect thereto and issue a rule controlling the substance. No rule adding, deleting or rescheduling a controlled substance or determining a "designated product" shall have any effect prior to the concurrence of the Dangerous Drugs Advisory Council.~~ Each such rule shall then be submitted to the General Assembly, in the form of a proposed law amending this Act, and unless the proposed law is adopted by the General Assembly and enacted into law within 2 years after the Council Director has issued the rule, such rule shall expire and have no further force and effect.

(c) If the Council Director designates a substance as an immediate precursor, substances which are precursors of the controlled precursor shall not be subject to control solely because they are precursors of the controlled precursor.

(d) If any substance is designated, rescheduled, or deleted as a controlled substance under Federal law and notice thereof is given to the Council Director, the Council Director shall similarly control the substance under this Act after the expiration of 30 days from publication in the Federal Register of a final order designating a substance as a controlled substance or rescheduling or deleting a substance, unless within that 30 day period the Council Director objects, or a party adversely affected files with the Council Director substantial written objections objecting to inclusion, rescheduling, or deletion. In that case, the Council Director shall publish the reasons for objection or the substantial written objections and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the Council Director shall publish his decision, by means of a rule, which shall be final unless altered by statute. Upon publication of objections to inclusion, rescheduling or deletion under this Act by the Council Director, control under this Act is stayed until the Council Director publishes his ruling.

(e) The Council Director shall by rule exclude any non-narcotic substances from a schedule if such substance may, under the Federal Food, Drug, and Cosmetic Act, be lawfully sold over the counter without a prescription.

(f) Dextromethorphan shall not be deemed to be included in any schedule by reason of enactment of this title unless controlled after the date of such enactment pursuant to the foregoing provisions of this section.

(g) Authority to control under this section does not extend to distilled spirits, wine, malt beverages, or tobacco as those terms are defined or used in The Liquor Control Act and the Tobacco Products Tax Act.

(Ch. 56 1/2, par. 1203)

Sec. 203. The Council Director shall issue a rule scheduling a substance in Schedule I if it he finds that:

(1) the substance has high potential for abuse;  
and

(2) the substance has no currently accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

(Ch. 56 1/2, par. 1204)

Sec. 204. (a) The controlled substances listed in this section are included in Schedule I.

(b) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation:

(1) Acetylmethadol or its isomers including Alpha-acetylmethadol, and Beta-acetylmethadol;

(2) Allylprodine;

(3) Alphameprodine;

(4) Dimepheptanol (Methadol, Bimethadol) or its isomers including Alphamethadol, Betamethadol;

(5) Benzethidine;

(6) Betameprodine;

(7) Betaprodine;

(8) Clonitazene;

(9) Dextromoramide including Levomoramide and Racemoramide;

(10) Dextrorphan;

- (11) Diampromide;
- (12) Thiambutene (Diethylthiambutene);
- (13) Dimenoxadol;
- (14) Dimethylthiambutene (Aminobutene);
- (15) Dioxaphetylbutyrate;
- (16) Dipipanone (Pipadone);
- (17) Ethylmethylthiambutene;
- (18) Etonitazene;
- (19) Carbetidine (Etoxeridine);
- (20) Furethidine;
- (21) Bemidone (Hydroxypethidine);
- (22) Ketobemidone;
- (23) Levophenacymorphan;
- (24) Morpheridine;
- (25) Noracymethadol;
- (26) Norlevorphanol;
- (27) Normethadone (Mepidon);
- (28) Norpipanone;
- (29) Phenadoxone (Morphodone, Heptone);
- (30) Phenampromide;
- (31) Phenomorphan;
- (32) Phenoperidine;

- (33) Pirinitramide;
- (34) Proheptazine;
- (35) Properidine (Ipropethidine);
- (36) Trimeperidine;
- (37) Propriam

(c) Any of the following opium derivatives, their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers and salts of isomers is possible within the specific chemical designation:

- (1) Acetyldihydrocodeine;
- (2) Benzylmorphine;
- (3) Codeine methylbromide (Eucodin);
- (4) Codeine N-Oxide;
- (5) Cyprenorphine;
- (6) Desomorphine;
- (7) Dihydromorphine;
- (8) Etorphine and its salts including acetorphine;
- (9) Heroin;
- (10) Oxymorphone (Hydromorphinol);
- (11) Methyldihydromorphine;
- (12) Morphine methylbromide;
- (13) Morphine methylsulfonate;
- (14) Morphine N-Oxide;

- (15) Myrophine;
- (16) Nicocodeine;
- (17) Morphinedinicotinate (Nicomorphine);
- (18) Normorphine;
- (19) Pholcodine;
- (20) Dihydrocodeninone Enol Acetate;  
Acetyldihydrocodeinone (Thebacon);
- (21) Diacetyldihydromorphine (Dihydroheroin);
- (22) Drotebanol

(d) Any material compound, mixture or preparation which contains any of the following hallucinogenic substances, their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) 3, 4-methylenedioxyamphetamine (alpha-methyl, 3, 4-methylenedioxyphenethylamine, methylenedioxyamphetamine, MDA);
- (2) 3-methoxy-4, 5-methylenedioxyamphetamine, MDMA;
- (3) 3, 4, 5-trimethoxyamphetamine (TMA);
- (4) 5-hydroxydimethyltryptamine (Bufotenine);
- (5) Diethyltryptamine (DET);
- (6) Dimethyltryptamine (DMT);
- (7) 4-methyl, 2, 5-dimethoxyamphetamine (DOM, STP);
- (8) Ibogaine;
- (9) Lysergic acid diethylamide;

- (10) 3, 4, 5-trimethoxyphenethylamine (Mescaline);
- (11) Peyote;
- (12) N-ethyl-3-piperidyl benzilate (JB 318);
- (13) N-methyl-3-piperidyl benzilate;
- (14) Psilocybin;
- (15) Psilocyn;
- (16) Alpha-methyltryptamine (AMT);
- (17) 2, 5-dimethoxyamphetamine (2, 5-dimethoxy-alpha-methylphenethylamine; 2, 5-DMA);
- (18) 4-bromo-2, 5-dimethoxyamphetamine (4-bromo-2, 5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2, 5-DMA);
- (19) 4-methoxyamphetamine (4-methoxy-alpha-methylphenethylamine; paramethoxyamphetamine; PMA).

(Ch. 56 1/2, par. 1205)

Sec. 205. The Council Director shall issue a rule scheduling a substance in Schedule II if it he finds that:

- (1) the substance has high potential for abuse;
- (2) the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and
- (3) the abuse of the substance may lead to severe psychological or physiological dependence.

(Ch. 56 1/2, par. 1206)

Sec. 206. (a) The controlled substances listed in this section are included in Schedule II.

(b) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced

directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis;

(1) opium and opiates, and any salt, compound, derivative or preparation of opium or opiate, but excluding maloxone hydrochloride;

(2) any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subparagraph (1), but not including the isoquinoline alkaloids of opium;

(3) Opium poppy and poppy straw;

(4) Coca leaves, cocaine and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves, which extractions do not contain cocaine or ecgonine.

(c) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation:

- (1) Alphaprodine;
- (2) Anileridine;
- (3) Bezitramide;
- (4) Dihydrocodeine;
- (5) Diphenoxylate;
- (6) Fentanyl;
- (7) Isomethadone;
- (8) Levomethorphan;

(9) Levorphanol (Levorphan);

(10) Metazocine;

(11) Methoadone;

(12) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl 1 butane;

(13) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

(14) Pethidine (meperidine);

(15) Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

(16) Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

(17) Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

(18) Phenazocine;

(19) Piminodine;

(20) Racemethorphan;

(21) Racemorphan.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(2) Methamphetamine, its salts, isomers, and salts of its isomers;

(3) Phenmetrazine and its salts;

(4) Methylphenidate. Any substance which contains any quantity of methamphetamine including its salts, isomers, and salts of isomers.

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Methaqualone;

(2) Amobarbital;

(3) Secobarbital;

(4) Pentobarbital.

(Ch. 56 1/2, par. 1207)

Sec. 207. The ~~Council Director~~ shall issue a rule scheduling a substance in Schedule III if it he finds that:

(1) the substance has a potential for abuse less than the substances listed in Schedule I and II;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) abuse of the substance may lead to moderate or low physiological dependence or high psychological dependence.

(Ch. 56 1/2, par. 1208)

Sec. 208. (a) The controlled substances listed in this Section are included in Schedule III.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or

preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Title 21, Code of Federal Regulations, Section 308.32, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(2) Benzphetamine;

(3) Chlorphentermine;

(4) Clortermine;

(5) Mazindol;

(6) Pseudoephedrine.

~~Any material, compound, mixture or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:~~

~~(1) amphetamine, its salts, optical isomers, and salts of its optical isomers;~~

~~(2) phenmetrazine and its salts;~~

~~(3) methylphenidate.~~

(c) Unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

(2) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital or any salt of any of these drugs and approved by the Federal Food and Drug Administration for marketing only as a suppository;

(3) ~~(1)~~ Any substance which contains any quantity of a derivative of barbituric acid, or any salt ~~of a derivative of barbituric acid~~ thereof;

(4) ~~(2)~~ Chlorhexadol;

(5) ~~(3)~~ Glutethimide;

(6) ~~(4)~~ Methyprylon;

(7) ~~(5)~~ Sulfondiethylmethane;

(8) ~~(6)~~ Sulfonethylmethane;

(9) ~~(7)~~ Sulfonmethane;

(10) ~~(8)~~ Phencyclidine (PCP);

(11) ~~(9)~~ Lysergic acid;

(12) ~~(10)~~ Lysergic acid amide.

(d) Nalorphine.

(e) Any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:

(1) not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts;

(3) not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(5) not more than 1.8 grams of dihydrocodeine, or any of its salts per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(6) not more than 300 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(7) not more than 100 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(8) not more than 50 milligrams of morphine, or any of its salts, per 100 milliliters or per 100 grams with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

(f) Paregoric.

(g) The Council Director may except by rule any compound, mixture, or preparation containing any stimulant or depressant substance listed in subsections (b) and (c) from the application of all or any part of this Act if the compound, mixture, or preparation contains one or more active medicinal ingredients having a stimulant or depressant effect on the central nervous

system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a stimulant or depressant effect on the central nervous system.

(Ch. 56 1/2, par. 1209)

Sec. 209. The Council Director shall issue a rule scheduling a substance in Schedule IV if it he finds that:

(1) the substance has a low potential for abuse relative to substances in Schedule III;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule III.

(Ch. 56 1/2, par. 1210)

Sec. 210. (a) The controlled substances listed in this Section are included in Schedule IV.

(b) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

- (1) Barbital;
- (2) Chloral betaine;
- (3) Chloral hydrate;
- (4) Ethchlorvynol;
- (5) Ethinamate;
- (6) Methohexital;

(7) Meproamate;

(8) Mephobarbital (Methylphenobarbital);

(9) Paraldehyde;

(10) Pentaerythritol Chloral (Petrichloral);

(11) Phenobarbital.

(c) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible:

(1) Fenfluramine.

(d) Unless specifically excepted or unless listed in another schedule any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Diethylpropion;

(2) Phentermine.

(e) ~~(e)~~ The Council Director may except by rule any compound, mixture, or preparation containing any depressant substance listed in subsection (b) from the application of all or any part of this Act if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a depressant effect on the central nervous system.

(Ch. 56 1/2, par. 1211)

Sec. 211. The Council Director shall issue a rule scheduling a substance in Schedule V if it he finds that:

(1) the substance has low potential for abuse relative to the controlled substances listed in Schedule IV;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule IV.

(Ch. 56 1/2, par. 1213)

Sec. 213. The Council Department shall revise and republish the Schedules semi-annually for two years from the effective date of this Act, and thereafter annually. If the Council Director fails to republish the Schedules, the last published Schedules shall remain in full force and effect.

(Ch. 56 1/2, par. 1301)

Sec. 301. The Department of Registration and Education ~~shall in consultation with the Department of Law Enforcement~~ may promulgate rules and charge reasonable fees relating to the registration and control of the manufacture, distribution, and dispensing of controlled substances within this State.

(Ch. 56 1/2, par. 1302)

Sec. 302. (a) Every person, within this State, who manufactures, distributes, or dispenses any controlled substances, or conducts research, chemical analysis, and instructional activities which utilizes controlled substances, within this State or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance, or to conduct research, chemical analysis, and instructional activities, within this State, must obtain annually a registration issued by the Department of Registration and Education in accordance with its rules.

(b) Persons registered by the Department of Registration and Education under this Act to manufacture, distribute, or

dispense controlled substances may possess, manufacture, distribute, or dispense those substances to the extent authorized by their registration and in conformity with the other provisions of this Article.

(c) The following persons need not register and may lawfully possess controlled substances under this Act:

(1) an agent or employee of any registered manufacturer, distributor, or dispenser of any controlled substance if he is acting in the usual course of his employer's lawful business or employment;

(2) a common or contract carrier or warehouseman, or an agent or employee thereof, whose possession of any controlled substance is in the usual lawful course of such business or employment;

(3) an ultimate user or a person in possession of any controlled substance pursuant to a lawful prescription of a practitioner or in lawful possession of a Schedule V substance;

~~(4) officers and employees of this State or of the United States while acting in the lawful course of their official duties which requires possession of controlled substances;~~

(4) (5) a registered pharmacist who is employed in, or the owner of, a pharmacy licensed under this Act and the Federal Controlled Substances Act, at the licensed location, or if he is acting in the usual course of his lawful profession, business, or employment.

(d) A separate registration is required at each principal place of business or professional practice where the applicant manufactures, distributes, or dispenses controlled substances.

(e) The Department of Registration and Education or the Department of Law Enforcement may inspect the controlled premises, as defined in Section 502 of this Act, of a registrant or applicant for registration in accordance with this Act and the rules promulgated hereunder.

(Ch. 56 1/2, par. 1303)

Sec. 303. (a) The Department of Registration and Education shall register an applicant to manufacture, distribute or dispense controlled substances included in Sections 204, 206, 208, 210 and 212 of this Act unless it determines that the issuance of that registration would be inconsistent with the public interest. In determining the public interest, the Department of Registration and Education shall consider the following:

(1) maintenance of effective controls against diversion of controlled substances into other than lawful medical, scientific, or industrial channels;

(2) compliance with applicable Federal, State and local law;

(3) any convictions of the applicant under any law of the United States or of any State relating to any controlled substance;

(4) past experience in the manufacture or distribution of controlled substances, and the existence in the applicant's establishment of effective controls against diversion;

(5) furnishing by the applicant of false or fraudulent material in any application filed under this Act;

(6) suspension or revocation of the applicant's Federal registration to manufacture, distribute, or dispense controlled substances as authorized by Federal law;

(7) whether the applicant is suitably equipped with the facilities appropriate to carry on the operation described in his application;

(8) whether the applicant is of good moral character or, if the applicant is a partnership, association, corporation or other organization,

whether the partners, directors, governing committee and managing officers are of good moral character; and

(9) any other factors relevant to and consistent with the public health and safety; and

(10) evidence from court, medical disciplinary, and pharmacy board records and those of State and Federal investigatory bodies that the applicant has not or does not prescribe controlled substances within the provisions of this Act.

(b) No registration shall be granted to or renewed for any person who has within 5 years been convicted of a wilful violation of any law of the United States or any law of any State relating to controlled substances, or who is found to be deficient in any of the matters enumerated in subsections (a)(1) through (a)(8).

(c) Registration under subsection (a) does not entitle a registrant to manufacture, distribute or dispense controlled substances in Schedules I or II other than those specified in the registration.

(d) Practitioners who are must-be registered to dispense any controlled substances in Schedules II through V ~~if they~~ are authorized to ~~dispense or~~ conduct research or instructional activities with controlled substances in Schedules II through V under the law of this State.

(e) If an applicant for registration is registered under the Federal law to manufacture, distribute or dispense controlled substances, upon filing a completed application for registration in this State and payment of all fees due hereunder, he shall be registered in this State to the same extent as his Federal registration, unless, within 30 days after completing his application in this State, the Department of Registration and Education notified the applicant that his application has not been granted. A practitioner who is in compliance with the Federal law with respect to registration to dispense controlled substances in Schedules II through V need only send a current copy of that Federal registration

to the Department of Registration and Education and he shall be deemed in compliance with the registration provisions of this State.

(f) The fee for registration as a manufacturer or wholesale distributor of controlled substances shall be \$50.00 per year, except that the fee for registration as a manufacturer or wholesale distributor of controlled substances that may be dispensed without a prescription under this Act shall be \$15.00 per year. Each such registration shall expire one year from the date issued on the 31st day of December of each year.

(Ch. 56 1/2, par. 1304)

Sec. 304. (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Department of Registration and Education upon a finding that the registrant:

(1) has furnished any false or fraudulent material information in any application filed under this Act; or

(2) has been convicted of a felony under any law of the United States or any State relating to any controlled substance; or

(3) has had suspended or revoked his Federal registration to manufacture, distribute, or dispense controlled substances; or

(4) has been convicted of bribery, perjury, or other infamous crime under the laws of the United States or of any State; or

(5) has violated any provision of this Act or any rules promulgated hereunder, whether or not he has been convicted of such violation.

(6) has failed to provide effective controls against the diversion of controlled substances in other than legitimate medical, scientific or industrial channels.

(b) The Department of Registration and Education may limit revocation or suspension of a registration to the particular controlled substance with respect to which grounds for revocation or suspension exist.

(c) The Department of Registration and Education shall promptly notify the Bureau and the Department of Law Enforcement or their successor agencies, of all orders denying, suspending or revoking registration, all forfeitures of controlled substances, and all final court dispositions, if any, of such denials, suspensions, revocations or forfeitures.

(d) If Federal registration of any registrant is suspended, revoked, refused renewal or refused issuance, then the Department of Registration and Education shall issue a notice and conduct a hearing in accordance with Section 305 of this Act.

(Ch. 56 1/2, par. 1308)

Sec. 308. Every practitioner who issues a prescription for a controlled substance in Schedule II, which is a narcotic drug listed in Section 206 of this Act, or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; methaqualone; or which is hereafter determined to be a "designated product," as defined in Section 102 201 of this Act, shall issue such prescription on official prescription forms which shall be issued by the Department of Registration and Education Law Enforcement except as otherwise provided in this Act. The prescription forms issued by the Department of Registration and Education Law Enforcement shall be in serial numbered groups of 100 forms, each in triplicate, and shall be furnished at a reasonable charge the cost of \$3.00 per group to such practitioner and such prescription forms shall not be transferable. The prescription forms shall be printed on distinctive paper, serial number of the group being shown on each form and also each form being serially numbered. No more than one such prescription group shall, in any case, be issued or furnished by the Department of Registration and Education to the same prescriber at one time.

(Ch. 56 1/2, par. 1309)

Sec. 309. No person shall issue a prescription for a Schedule II controlled substance, which is a narcotic drug listed in Section 206 of this Act; or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; methaqualone; or which is hereafter determined to be a "designated product," as defined in Section 102 201 of this Act, other than on the official prescription form issued by the Department of Law Enforcement Registration and Education and no person shall fill any such prescription other than on the official prescription form issued by the Department of Registration and Education Law-Enforcement; provided that in the case of an emergency, epidemic or a sudden or unforeseen accident or calamity, the prescriber may issue a lawful oral prescription or a written prescription on a form other than the official prescription form issued by the Department of Registration and Education Law-Enforcement where failure to issue such a prescription might result in loss of life or intense suffering, but such prescription shall have endorsed thereon by the prescriber a statement concerning the accident or calamity, or circumstances constituting the emergency, the cause for which the unofficial form shall be written in triplicate and all three copies signed by the prescriber. No prescription for a Schedule II controlled substance may be refilled.

(Ch. 56 1/2, par. 1310)

Sec. 310. The official prescription forms containing the prescriber's copies of official prescriptions issued shall be retained by the prescriber and shall be preserved for 2 years and shall at all times be open to inspection by any officer or employee engaged in the enforcement of this Act. If any official prescription forms are lost or stolen, such loss shall be reported to the local authorities, the Department of Registration and Education, and the Department of Law Enforcement as soon as such loss is discovered.

(Ch. 56 1/2, par. 1311)

Sec. 311. For all controlled substances covered by Sections 308 and 309 of this Act, the original and one copy of the official prescription shall be delivered to the person filling the prescription. The duplicate shall be properly

endorsed by the person filling the prescription at the time such prescription is filled, with his own signature and the date of filling. The original official prescription form shall be retained by the person filling the prescription and by the 15th of the month following the month in which the prescription was filled, the duplicate shall be returned to the Department of Registration and Education at its principle office Law-Enforcement.

(Ch. 56 1/2, par. 1312)

Sec. 212. (a) A practitioner, in good faith, may dispense a Schedule II controlled substance, which is a narcotic drug listed in Section 206 of this Act; or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; methaqualone; or which is hereafter determined to be a "designated product," as defined in Section 102 201 of this Act to any person upon an official prescription form and Schedule III, IV, or V controlled substances to any person upon a written prescription of any practitioner, dated and signed by the person prescribing on the day when issued and bearing the name and address of the patient for whom, or the owner of the animal for which the controlled substance is dispensed, and the full name, address and registry number under the laws of the United States relating to controlled substances of the person prescribing, if he is required by those laws to be registered. If the prescription is for an animal it shall state the species of animal for which it is ordered. The practitioner filling the prescription shall write the date of filling and his own signature on the face of the official prescription form. The official prescription form or the written prescription shall be retained on file by the practitioner who filled it or pharmacy in which the prescription was filled for a period of 2 years, so as to be readily accessible for inspection or removal by any officer or employee engaged in the enforcement of this Act. Whenever the practitioner's or pharmacy's copy of any prescription form is removed by an officer or employee engaged in the enforcement of this Act, for the purpose of investigation or as evidence, such officer or employee shall give to the practitioner or pharmacy a receipt in lieu thereof. A written prescription for Schedule III, IV, or V controlled substances shall not be filled or refilled more than 6 months

after the date thereof or refilled more than 5 times unless renewed, in writing, by the practitioner.

(b) In lieu of a written prescription required by this Section, a pharmacist, in good faith, may dispense Schedule III, IV, or V substances to any person upon a lawful oral prescription of a practitioner which oral prescription shall be reduced promptly to writing by the pharmacist and such written memorandum thereof shall be dated on the day when such oral prescription is received by the pharmacist and shall bear the full name and address of the ultimate user for whom, or of the owner of the animal for which the controlled substance is dispensed, and the full name, address, and registry number under the law of the United States relating to controlled substances of the practitioner prescribing if he is required by those laws to be so registered, and the pharmacist filling such oral prescription shall write the date of filling and his own signature on the face of such written memorandum thereof. The written memorandum of the oral prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of not less than two years, so as to be readily accessible for inspection by any officer or employee engaged in the enforcement of this Act in the same manner as a written prescription. The oral prescription and the written memorandum thereof shall not be filled or refilled more than 6 months after the date thereof or be refilled more than 5 times, unless renewed, in writing, by the practitioner.

(c) A controlled substance included in Schedule V shall not be distributed or dispensed other than for a medical purpose and not for the purpose of evading this Act, and then:

(1) only personally by a person registered to dispense a Schedule V controlled substance and then only to his patients, or

(2) only personally by a pharmacist, and then only to a person over 21 years of age who has identified himself to the pharmacist by means of 2 positive documents of identification.

(3) the dispenser shall record the name and address of the purchaser, the name and quantity of the product, the date and time of the sale, and the dispenser's signature.

(4) no person shall ~~purchase~~ be dispensed more than 120 milliliters or more than 120 grams of any Schedule V substance which contains codeine, dihydrocodeine, or any salts thereof, of ethylmorphine, or any salts thereof, in any 96 hour period. The purchaser shall sign a form, approved by the Department of Registration and Education Law-Enforcement, attesting that he has not purchased any Schedule V controlled substances within the immediately preceding 96 hours.

(5) a copy of the records of sale, including all information required by paragraph (3), shall be forwarded to the Department of Registration and Education Director by the 15th day of the following month.

(6) all records of purchases and sales shall be maintained for not less than 2 years.

(7) no person shall obtain or attempt to obtain within any consecutive 96 hour period any Schedule V substance of more than 120 milliliters or more than 120 grams containing codeine, dihydrocodeine or any of its salts, or ethylmorphine or any of its salts. Any person obtaining any such preparations or combination of preparations in excess of this limitation shall be in unlawful possession of such controlled substance.

(8) a person qualified to dispense controlled substances under this Act and registered thereunder ~~dispenser-registered under this Act~~ shall at no time maintain or keep in stock a quantity of Schedule V controlled substances defined and listed in Section 212 (b)(1), (2) or (3) in excess of 4.5 liters for each substance; a pharmacist shall at no time maintain or keep in stock a quantity of Schedule V controlled substances as defined in excess of 4.5 liters for each substance, plus the additional quantity of controlled substances necessary to fill the largest number of prescription orders filled by that pharmacist dispenser for such controlled substances in any one week in the previous year. These limitations shall not apply to Schedule V controlled substances which Federal law prohibits from being dispensed without a prescription.

~~(d)---The-Department-of-Registration-and-Education-by-rule may-exempt-controlled-substances-from-the-necessity-of-being dispensed-by-prescription.~~

(d) ~~(e)~~ Every practitioner shall keep a record of controlled substances received by him and a record of all such controlled substances administered, dispensed or professionally used by him otherwise than by prescription. It shall, however, be a sufficient compliance with this paragraph if any such person using small quantities of solutions or other preparations of such controlled substances shall keep a record of the quantity, character and potency of such solutions or other preparations purchased or made by him, and of the dates when purchased or made by him, without keeping a record of the amount of such solution or other preparation administered or dispensed to individual patients.

(e) ~~(f)~~ Whenever a manufacturer distributes a controlled substance in a package prepared by him, and whenever a wholesale distributor distributes a controlled substance in a package prepared by him or the manufacturer, he shall securely affix to each package in which that substance is contained a label showing in legible English the name and address of the manufacturer, the distributor and the quantity, kind and form of controlled substance contained therein. No person except a pharmacist and only for the purposes of filling a prescription under this Act, shall alter, deface or remove any label so affixed.

(f) ~~(g)~~ Whenever a practitioner dispenses any controlled substance, he shall affix to the container in which such substance is sold or dispensed, a label which conforms to Federal BNDD requirements. No person shall alter, deface or remove any label so affixed.

(g) ~~(h)~~ A person to whom or for whose use any controlled substance has been prescribed or dispensed by a practitioner, or other persons authorized under this Act, and the owner of any animal for which such substance has been prescribed or dispensed by a veterinarian, may lawfully possess such substance only in the container in which it was delivered to him by the person dispensing such substance. A pharmacist shall at no time maintain or keep in stock a quantity.

(h) The responsibility for the proper prescribing or dispensing of controlled substances is upon the prescriber and the responsibility for the proper filling of a prescription

for controlled substance drugs rests with the pharmacist. An order purporting to be a prescription issued to any individual, which is not in the regular course of professional treatment nor part of an authorized methadone maintenance program, nor in legitimate and authorized research instituted by any accredited hospital, educational institution, charitable foundation, or federal, state or local governmental agency, and which is intended to provide that individual with controlled substances sufficient to maintain that individual's or any other individual's physical or psychological addiction, habitual or customary use, dependence, or diversion of that controlled substance is not a prescription within the meaning and intent of this Act; and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the law relating to controlled substances.

(Ch. 56 1/2, par. 1406)

Sec. 406. (a) It is unlawful for any person:

(1) who is subject to Article III knowingly to distribute or dispense a controlled substance in violation of Sections 308 through 314 of this Act; or

(2) who is a registrant, to manufacture a controlled substance not authorized by his registration, or to distribute or dispense a controlled substance not authorized by his registration to another registrant or other authorized person; or

(3) to refuse or fail to make, keep or furnish any record, notification, order form, statement, invoice or information required under this Act; or

(4) to refuse an entry into any premises for any inspection authorized by this Act; or

(5) knowingly to keep or maintain any store, shop, warehouse, dwelling, building, vehicle, boat, aircraft, or other structure or place, which is resorted to by a person unlawfully possessing controlled substances, or which is

used for possessing, manufacturing, dispensing or distributing controlled substances in violation of this Act.

Any person who violates this subsection (a) is guilty of a Class A misdemeanor for the first offense and a Class 4 felony for each subsequent offense. The fine for each subsequent offense shall not be more than \$10,000. In addition, any practitioner who violates this subsection (a) is subject to immediate suspension and revocation of his license, issued by the Department of Registration and Education.

(b) It is unlawful for any person knowingly:

(1) to distribute, as a registrant, a controlled substance classified in Schedule I or II, except pursuant to an order form as required by Section 307 of this Act; or

(2) to use, in the course of the manufacture or distribution of a controlled substance, a registration number which is fictitious, revoked, suspended, or issued to another person; or

(3) to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge; or

(4) to furnish false or fraudulent material information in, or omit any material information from, any application, report or other document required to be kept or filed under this Act, or any record required to be kept by this Act; or

(5) to make, distribute or possess any punch, die, plate, stone or other thing designed to print, imprint or reproduce the trademark, trade name or other identifying mark, imprint or device of another, or any likeness of any of the foregoing, upon any controlled substance or container or labeling thereof so as to render the drug a counterfeit substance; or

(6) to possess without authorization, official blank prescription forms or counterfeit prescription forms; or

(7) to issue a prescription or fill any prescription for a controlled substance other than on the appropriate lawful

prescription form. However, in the case of any epidemic or a sudden or unforeseen accident or calamity, the prescriber may issue a prescription on a form other than the official prescription form issued by the Department, where failure to issue such a prescription might result in loss of life or intense suffering, but such prescription shall have endorsed thereon, by the prescriber, a statement concerning the accident, calamity or circumstance constituting the emergency, the cause of which the unofficial blank was used.

Any person who violates this subsection (b) is guilty of a Class A misdemeanor for the first offense and a Class 4 felony for each subsequent offense. The fine for each subsequent offense shall not be more than \$30,000.

(Ch. 56 1/2, par. 1501)

Sec. 501. It is hereby made the duty of the Department, its agents, officers, investigators, and of all peace officers of this State to enforce all provisions of this Act, except those specifically delegated, and to cooperate with all agencies charged with the enforcement of the laws of the United States, or of any State, relating to controlled substances. Any agent, officer, investigator or peace officer designated by the Director may shall (1) for the purpose of inspecting, copying and verifying the correctness of records, reports or other documents required to be kept or made under this Act and otherwise facilitating the execution of the Department's functions be authorized, in accordance with this Section to enter controlled premises and to conduct administrative inspections thereof, and of the things specified; (2) (a) execute and serve administrative inspection notices, warrants, subpoenas, and summonses under the authority of this State;

(b) Such administrative entries and inspections as designated in subsection (a)(1) shall be carried out through agents, officers, investigators and peace officers (hereinafter referred to as "inspectors") designated by the Director. Any such inspector, upon stating his purpose and presenting to the owner, operator or agent in charge of such premises (1) appropriate credentials and (2) a written notice of his inspection authority (which notice in the case of an inspection

requiring, or in fact supported by, an administrative inspecting warrant shall consist of such warrant), shall have the right to enter such premises and conduct such inspection at reasonable times.

(c) Except as may otherwise be indicated in an applicable inspection warrant, the inspector shall have the right--

(1) to inspect and copy records, reports and other documents required to be kept or made under this Act;

(2) to inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished drugs and other substances or materials, containers and labeling found therein, and, all other things therein (including records, files, papers, processes, controls and facilities) appropriate for verification of the records, reports and documents referred to in subsection (1) or otherwise bearing on the provisions of this Act; and

(3) to inventory any stock of any controlled substance therein and obtain samples of any such substance.

(d) Except when the owner, operator or agent in charge of the controlled premises so consents in writing, no inspection authorized by this Section shall extend to:

(1) financial data;

(2) sales data other than shipment data; or

(3) pricing data.

(e) Any agent, officer, investigator or peace officer designated by the Director may (1) ~~(b)~~ make seizure of property pursuant to the provisions of this Act; and (2) ~~(e)~~ perform such other law enforcement duties as the Director shall designate. It is hereby made the duty of all State's Attorneys to prosecute violations of this Act and institute legal proceedings as authorized under this Act.

(Ch. 56 1/2, par. 1505)

Sec. 505. (a) The following are subject to forfeiture:

(1) all controlled substances which have been manufactured, distributed, dispensed, or possessed in violation of this Act;

(2) all raw materials, products and equipment of any kind which are manufactured, distributed, dispensed, administered or possessed in connection with any controlled substance in violation of this Act;

(3) all conveyances, including aircraft, vehicles or vessels, which are used, or intended for use, to transport, or in any manner to facilitate the transportation, for the purpose of delivery, possession or concealment of property described in paragraph (1) or (2), but:

(i) no conveyance used by any person as a common carrier in the transaction of business as a common carrier is subject to forfeiture under this Section unless it appears that the owner or other person in charge of the conveyance is a consenting party or privy to a violation of this Act;

(ii) no conveyance is subject to forfeiture under this Section by reason of any act or omission which the owner proves to have been committed or omitted without his knowledge or consent;

(iii) a forfeiture of a conveyance encumbered by a bona fide security interest is subject to the interest of the secured party if he neither had knowledge of nor consented to the act or omission;

(4) all money, things of value, books, records, and research products and materials including formulas, microfilm, tapes, and data which are used, or intended for use, in violation of this Act.

(b) Property subject to forfeiture under this Act may be seized by the Director or any peace officer upon process

issued by any court having jurisdiction over the property. Seizure by the Director or any peace officer without process may be made:

(1) If the seizure is incident to inspection under an administrative inspection warrant;

(2) If the property subject to seizure has been the subject of a prior judgment in favor of the State in a criminal injunction or forfeiture proceeding based upon this Act;

(3) If there is probably cause to believe that the property is directly or indirectly dangerous to health or safety; or

(4) In accordance with the Code of Criminal Procedure of 1963, as amended.

(c) In the event of seizure pursuant to subsection (b), proceedings under subsection (d) shall be instituted promptly.

(d) Property taken or detained under this Section shall not be subject to replevin, but is deemed to be in the custody of the Director subject only to the order and decrees of the circuit court having jurisdiction over the forfeiture proceedings. When property is seized under this Act, the Director may:

(1) place the property under seal; or

(2) remove the property to a place designated by him; or

(3) require the sheriff of the county in which the seizure occurs to take custody of the property and remove it to an appropriate location for disposition in accordance with law.

(e) If the Department of Registration and Education suspends or revokes a registration, all controlled substances owned or possessed by the registrant at the time of suspension or the effective date of the revocation order may be placed

under seal. No disposition may be made of substances under seal until the time for taking an appeal has elapsed or until all appeals have been concluded unless a court, upon application therefor, orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. Upon a revocation rule becoming final, all controlled substances may be forfeited to the Department.

(f) When property is forfeited under this Act the Director may:

(1) retain it for official use; or

(2) sell that which is not required to be destroyed by law and which is not harmful to the public. The proceeds shall be used for payment of all proper expenses of the proceedings for forfeiture and sale, including expenses of seizure, maintenance of custody, advertising and court costs and the balance, if any, shall be paid to the State of Illinois; or

(3) require the sheriff of the county in which the forfeiture occurs to take custody of the property and remove it for disposition in accordance with law; or

(4) forward it to the Bureau for disposition.

(g) Species of plants from which controlled substances in Schedules I and II may be derived which have been planted or cultivated in violation of this Act, or of which the owners or cultivators are unknown, or which are wild growths, may be seized and summarily forfeited to the State. The failure, upon demand by the Director or any peace officer, of the person in occupancy or in control of land or premises upon which the species of plants are growing or being stored, to produce registration, or proof that he is the holder thereof, constitute authority for the seizure and forfeiture of the plants.

(Ch. 56 1/2, par. 1507)

Sec. 507. All rulings, final determinations, findings and conclusions of the Department of Law Enforcement, the

Department of Registration and Education, and the Department of Mental Health and the Dangerous Drugs Advisory Council of the State of Illinois under this Act are final and conclusive decisions of the matters involved. Any person aggrieved by the decision may obtain review of the decision pursuant to the provisions of the "Administrative Review Act," approved May 8, 1945, as amended and the rules adopted pursuant thereto.

(Ch. 56 1/2, par. 1508)

Sec. 508. The Department of Mental Health shall encourage research on controlled substances. In connection with the research, and in furtherance of the purposes of this Act, the Department of Mental Health may:

(1) establish methods to assess accurately the effect of controlled substances and identify and characterize those with potential for abuse;

(2) make studies and undertake programs of research to:

(i) develop new or improved approaches, techniques, systems, equipment and devices to strengthen the enforcement of this Act;

(ii) determine patterns of use, misuse, and abuse of controlled substances and their social effects; and

(iii) improve methods for preventing, predicting, understanding, and dealing with the use, misuse and abuse of controlled substances; and

(3) enter into contracts with public agencies, educational institutions, and private organizations or individuals for the purpose of conducting research, demonstrations, or special projects which relate to the use, misuse and abuse of controlled substances.

(b) Persons authorized to engage in research may be authorized by the Department of Mental Health to protect the privacy of individuals who are the subjects of such research by withholding from all persons not connected with the conduct of the research the names and other identifying

characteristics of such individuals. Persons who are given this authorization shall not be compelled in any civil, criminal, administrative, legislative or other proceeding to identify the individuals who are the subjects of research for which the authorization was granted, except to the extent necessary to permit the Department of Mental Health to determine whether the research is being conducted in accordance with the authorization.

~~(e) -- The Department of Mental Health, with the approval of the Department of Law Enforcement, may authorize the possession and dispensing of controlled substances by persons engaged in research, upon such terms and conditions as may be consistent with the public health and safety. -- The Department of Mental Health may also approve research and treatment programs involving the administration of Methadone. -- The use of Methadone, or any similar controlled substance by any person is prohibited in this State except as approved and authorized by the Department of Mental Health in accordance with its rules and regulations. -- To the extent of the applicable authorization, persons are exempt from prosecution in this State for possession, manufacture or delivery of controlled substances.~~

~~(c) (d)~~ Practitioners registered under Federal law to conduct research with Schedule I substances may conduct research with Schedule I substances within this State upon furnishing evidence of that Federal registration.

Section 2. This amendatory Act takes effect upon its becoming a law.

**END**