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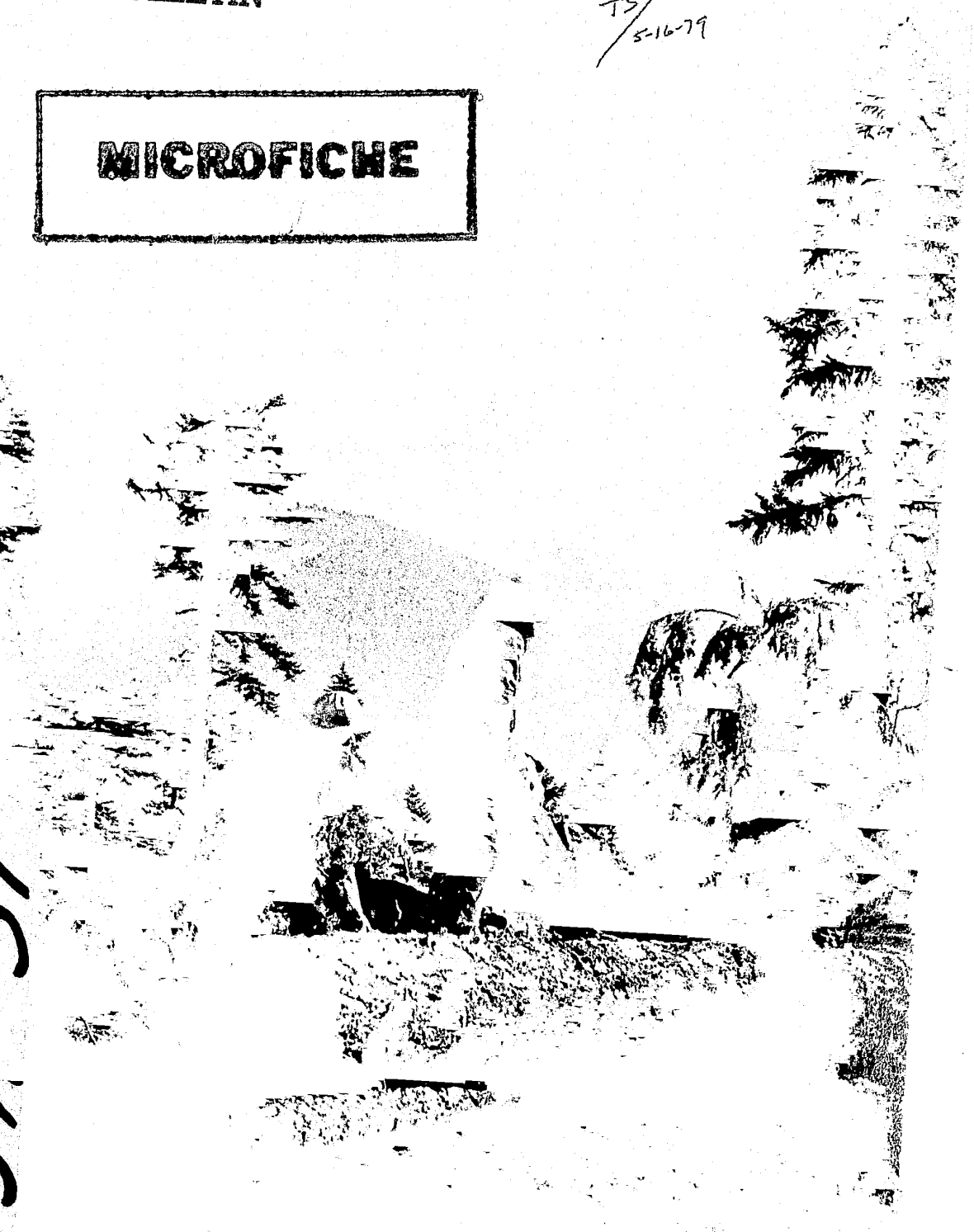
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MAY 1979

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Norfolk's Forged Prescription Team

By CAPT. FRED WILLIAMSON

*Commanding Officer
Vice and Narcotics Division
Police Department
Norfolk, Va.*



Charles D. Grant
Chief of Police



Captain Williamson

The 48-year-old man came into the drugstore limping with a cane. A street-wise snarl crept into his voice as he militantly demanded the pharmacist fill his prescription for the painkiller, Dilaudid.

The addict had stolen a prescription pad from the desk of a careless physician. But the pharmacist knew the doctor's handwriting, spotted the prescription as a forgery, and called the police.

When two uniformed officers arrived with canines straining at the leash, the "cripple" suddenly became a sure-footed racer as he bounded away leaving the police huffing behind. Uniforms and canines had blown the arrest.

It was a frustrating lesson, not only for Norfolk pharmacist Alvin Powell, but for Norfolk's Police Department. And it stressed the need for the special handling of prescription forgers. Like many of the Nation's vice and narcotics officers, Norfolk's had treated the problem of forged prescriptions as secondary to street drugs.

The division had not been aggressive about prosecuting forgers partly because prescription forgery had been considered a misdemeanor. In early 1977, Norfolk prosecutors began to charge suspected forgers under the forgery statute—a felony statute. And

effective July 1, 1977, a new law made forging prescriptions a felony, if the passing of a prescription involves fraud, misrepresentation, deceit, subterfuge, change in the prescription, use of false names or addresses, or any other false information.

But the law's change had to be accompanied by a change in police tactics. "When snapping dogs came into the pharmacy," says pharmacist Powell, "well, it just created trauma for the customers, the employees, and for me." Until 1977, the pharmacist got little help when he called a police dispatcher on a suspected forged prescription.

The pharmacist continued, "The dispatcher would send a uniformed officer. I had one actually hold the door for the forger as he raced out of the store. Then, I learned to ask for the vice and narcotics division and to ask for a plainclothes officer. But sometimes, officers carried telltale walkie-talkies which alerted the forger, or they would arrest the forger before the transaction was made, before he or she actually bought the drug so they couldn't charge for possession. Or the police would somehow signal their presence and alert the forger who would leave without the drug or the prescription."

Another Norfolk pharmacist said this sort of incident creates animosity between police and pharmacists. "I'd be surprised if 10 percent of all pharmacists call the police when they have a forged prescription because they don't know whether a uniformed officer will be sent. Even if a plainclothes officer is sent, they don't know the

officer, so they make suspicious gestures from the counter and alert the suspect."

"Catching these people is a matter of timing," says Powell. "It's a subtle, psychological game."

And it's a game that requires specialists. Norfolk formed a team of specialists in July 1977, when two veteran investigators made forged prescriptions their full-time concern. They offer pharmacists necessary personalized service. They are oncall during most hours of the day, and another division officer, known to area pharmacists and trained to handle forgeries, is available when they are not. This year, there is hope that the two-person team may be increased to four officers, so that from early morning until late at night, a team member will be available every hour most drugstores are open.

The two officers now on the forged prescription team were chosen because of their investigative and narcotics undercover experience. One is a veteran of 5 years of detective work and a skilled investigator. He had 9 years on the force when placed on the team. His partner worked for 3 years as a uniformed patrol officer in one of the city's most drug-abused areas before being assigned to vice and narcotics. She spent 18 months as an undercover narcotics investigator before being named to the team. The officers were also chosen for their appearances. One is a tall, muscular black, well-dressed in a casual suit, sporting a mustache, and wearing wire-rim tinted glasses; the other is a 5'2" female, blue-eyed, curly-haired blonde, who is also a casual dresser.

The pair blend easily into any scene. Their approach to arrests is practiced. They come into the stores, are known by the pharmacists reporting the forgeries, give them a sign of their presence, and come up to the counter only after the suspect has paid for the drug. With one hand on the suspect's belt or around his waist, the officer shows identification and makes the arrest. "With this approach, we haven't lost any cases," says the team. But part of their success is a credit to painstaking investigation. No officer who hates tedium should be

assigned to a forged prescription team. These investigators had shown a keen interest in investigating forged prescriptions before the team was created. Once on the team, the pair had to wade through thousands of prescriptions to get leads on forgers. Recently, for example, forged prescriptions were being passed at several pharmacies within a seven-block area. The officers went to every pharmacy in the area and looked at almost 8,000 prescriptions to find the 30 or 40 prescriptions forged by the person we knew was passing them. The team members

"The team members have to be able to notice small details; they must be observant and available."

have to be able to notice small details; they must be observant and available.

"They work harder than I do," says Powell, who puts in long hours at his pharmacy. The team had handled 107 forged prescription arrests and 227 charges in the last year, compared to 9 forgery arrests made in 1976 and 80 in 1977.

But, are the painstaking investigations and the full-time use of two officers necessary to curb the forging of prescriptions? Is the problem that serious? Yes. A greater number of forged prescriptions are appearing in more and more pharmacies. The problem forcefully came to the Nation's attention last summer when a high government official falsified a name on a prescription for Quaalude to protect his assistant's identity. The sedative, Quaalude (22d on the list of the 26 most abused drugs) is a drug pharmacists are cautious about.

When this incident occurred, mass-circulation news magazines reported that the illegal and lucrative traffic in prescription drugs now rivals the trade in such hard drugs as heroin and cocaine. Drug experts were also quoted as saying an estimated 250 million doses of painkillers, sedatives, and stimulants have been diverted for improper use in the last year. In Norfolk, forgeries account for nearly a third of all drugs sold illegally. All this generates millions of dollars in illicit profits.

A stolen prescription blank sells for \$5 on the street. It goes for \$10 filled. A prescription pad swiped from a doctor's desk can be worth up to \$500. It is worth even more if the thief takes the prescriptions to pharmacies himself and then sells the pills separately.

The painkiller Dilaudid, which costs pennies at the pharmacists' counters, can bring up to \$20 per pill on the streets of Norfolk and up to \$50 in some other cities. Its powerful kick has won it the nickname "drugstore heroin."

A Tidewater Drug Enforcement Administration Agent adds, "As hard drugs like heroin, which used to be five percent pure, become only two to three percent pure, people become less happy with street drugs." He says they are switching to another combination of drugs—Benadryl, an antihistamine with strong sedating powers which prolong the effects of Talwin, a narcotic similar to morphine. Both are prescription drugs.

Preliminary government statistics indicate the use of these two drugs has drastically increased in the past 18 months. The drugs are crushed, melted, and then injected with a syringe, giving a euphoric feeling which lasts twice as long as heroin. These drugs are easier to get and less expensive than heroin. In Chicago, recently, Talwin and Pyribenzamine (a similar combination) have been blended for a heroin-like trip at half heroin's price.

"The use of antihistamines and narcotics has been known for many years. But the combination of Talwin

Although crime scene examinations are important, they cannot replace the long and tedious process of interviewing numerous witnesses to a crime, conducting neighborhood investigations to develop witnesses in resort-type areas where thefts have occurred, and checking possible outlets where forest products might be sold. In cases involving large timber sales, agents have reviewed Government contracts, documents, letters between the forest service and members of the timber industry, as well as conducting interviews of the U.S. Forest Service employees who can provide insights into the meaning of such contracts and letters.

In order to conduct investigations concerning timber sales, agents have had to familiarize themselves with the variety of terms and techniques pertaining to a timber sale from its inception to its eventual purchase and through completed logging operations.

Before preparing a sale for the actual bidding process, the U.S. Forest Service conducts a study of the proposed sale area. The forest service estimates the volume of timber on a sale through the cruise, which has been defined as an "inventory of a forest stand to determine the quantity of the forest products that can be derived therefrom."

After conducting a cruise, the forest service uses the information to prepare a timber sale prospectus. This prospectus includes a comprehensive report concerning the objectives of the sale; physical features of the sale, such as location, topography and soil; timber on the sale; vegetation information; and any other special features of the sale.

An appraisal summary is also prepared. This summary lists each species to be removed and the total number of board feet volume that the U.S. Forest Service expects to be on the sale in relation to the species. A selling value is placed for that species by the per thousand board feet, which

is based upon the average rates of timber currently being sold.

A copy of the appraisal summary, plus the timber sale prospectus, is sent to potential purchasers who have an interest in the sale, and a date is arranged for bidding. Those individuals or companies interested in bidding will then go the forest service, and either through the oral or sealed bidding method, will bid on the timber in a certain area based upon the advertised rate and upon rates that they feel would be fair value for the timber. The highest bidder is then awarded the sale, executes the timber sale contract, and arranges for a logger to conduct the actual logging operation on the sale.

Several major timber companies were convicted in Federal court and fined for conspiracy to arrange low bids on forest service timber sales. These companies were also barred from bidding on Federal timber following their convictions.

Today, FBI investigations center upon the following allegations:

1. Volumes of scale timber coming from the national forest that have been improperly scaled;
2. Cutting practices of some timber purchasers that have affected the prices bid for Government timber;
3. Timber that has been exported in violation of contract provisions and in violation of Title 18, U.S. Code, Section 1001, Submitting False Statements to the Government; and
4. Violations of the various anti-trust provisions. These investigations will require more time and manpower as they are inherently more complicated than earlier cases investigated by the Bureau.

However, any time invested by the responsible agencies of Government seems well worth the cost. The national forests in Oregon stand as a lasting symbol of the rugged individualism which American emigrants brought westward during the 1840's. The thousands of acres of timber cresting from the Mt. Hood skyline offered the first friendly greeting to these brave people who accepted wood from the forest to build their home, appreciated the protection the forest provides to vast wa-

tersheds, and grew fond of the serenity that could be derived when man found peace with nature.

The forests in Oregon were an integral part of the promise that early emigrants called the American Dream, and we have a responsibility to insure that the national forest fulfill that promise for generations to come. **FBI**

Footnote

¹"Log Scaling and Timber Cruising," Professor J. R. Dillworth, Oregon State University, copyright 1973.

The combination of an improved road and a remote area makes this ancient cedar grove particularly vulnerable to the weekend forest thief.

and Pyribenzamine is the newest manifestation of this abuse," says Bill Deac, public information officer for the Drug Enforcement Administration in Washington, D.C. "In the past year, the Drug Enforcement Administration has observed a large increase in the use of these drugs. This requires major attention."

Another popularly abused prescription drug is Expectico, which contains a codeine-like substance called "hydrocodone." "Expectico is mixed with alcohol and drunk in large quantities to get a high," says pharmacist Powell. "Drug companies started putting Ipecac in it to make abusers throw up, but that hasn't seemed to stop them."

Tuinal and Seconal, both sedatives, are also favorites. On the street, Tuinal is called "rainbow"; Seconal is called "red birds." Other favorites in the Norfolk area are Nembutal or "yellow birds," Valium, Dilaudid, the diet pill Preludin, and Demerol. Nationally, the painkiller Perodan is a problem drug as is Ritalin, which is prescribed for hyperactive children.

Forgery is not the only way to get these drugs. Some abuser/addicts feign ailments and con unsuspecting physicians. One local physician, a newcomer to the area, became a target for dozens of addicts when he prescribed a painkiller for a "miner" who feigned pain from a war injury. Others feign insomnia, lower back ache, or root canal problems to get prescriptions.

In a special edition of the Virginia State Board of Medicine "Board Briefs" newsletter, the State's 14,000 physicians were warned that younger addicts try to get Demerol, while older abusers favor Morphine, Percodan, and Dilaudid.

One of their most common tricks is the complaint of kidney stones. The addict/abuser will bring a urine sample into the physician's office with blood in it, or he or she will prick a finger to add blood to a sample obtained in the office. Abusers and addicts exchange tips on which doctors are "easy" and case an office to see how it can be burglarized either for drugs or prescription blanks.

The forged prescription team tries to warn area doctors about the devices addict/abusers use to con them. They work with the State's Board of Medicine investigator to exchange information on any addict rings trying to con physicians.

A less common problem is that of physicians themselves hustling drugs. Drug enforcement officials say that less than 2 percent of the Nation's 500,000 doctors are knowingly involved in abuse of prescription drugs.

Some doctors provide prescriptions for a price, regardless of need, and often with only the most rudimen-

"Forgery is not the only way to get these drugs. Some abuser/addicts feign ailments and con unsuspecting physicians."

tary examination or none at all. In certain ghetto areas, long lines of addicts and pushers can be seen outside storefront offices where physicians rush them through, charging them \$50 or more for each prescription. When a few doctors charge high fees for prescriptions or blank pads, pharmacists may then demand kickbacks from doctors and/or high fees from pushers who present obviously forged prescriptions.

To crack down on these cases, Norfolk's Forged Prescription Team visits suspect physicians or pharmacists as patients. Recently, one team member visited a physician claiming she had lower back pain to see how easily she could obtain a prescription and how thoroughly she was questioned and examined. She worked closely with a State Board of Medicine investigator who also gives the team information on prescription abuse.

Under the State's Health Regulatory Commission is the Department of Human Resources which controls the licensing boards for such professional groups as physicians, dentists, and optometrists. Each board can suspend or curtail licenses and bring criminal charges against professionals with evidence gained by their investigators.

The investigator who works with Norfolk's Forged Prescription Team calls the team "one of the best I've seen. They often give me information passed to them by a pharmacist who says he is consistently getting suspect prescriptions from several different patients written by the same physician for perhaps the same narcotic."

A good working relationship with those who investigate pharmacists and physicians is important to the success of a forged prescription team. Still, since few physicians are actively involved in the drug traffic, the team's work in this area is only part-time; the team concentrates on arresting those who are passing forged prescriptions. To track these people down, they began talking to pharmacists.

"One key to our success," says Investigator J. D. Bullock, "has been our researching the problem before setting up a procedure for detecting forgeries, making arrests, and gathering evidence. First, we decided what our goals were and whom we should contact. After talking to several pharmacists about how they would like to see the problem handled, we drew up our own guidelines."

Those guidelines include offering tips to pharmacists about how to detect a forgery. The team obtained these tips from pharmacists who are veterans at finding forgeries. Says pharmacist Powell, "I watch for questionable handwriting. If it's too good or too bad, it's a sure giveaway. I also watch for edgy behavior. If forgers offer to pay extra to get a prescription filled more quickly, I become suspicious. Strange amounts or directions of a drug are another indication. Sometimes, the directions are too thorough—sometimes, too sketchy.

Prescriptions for sedatives or other strong drugs written on a pediatrician's or a dermatologist's blanks also tip me off. I've also seen a forged prescription for diet pills on an emergency room doctor's blanks. Normally, emergency room doctors wouldn't prescribe diet pills.

"My suspicions are also aroused by the time of day. Most forgers come to you at night or on weekends when it will be harder to verify the prescription with the physician. I also look at the date and then question the suspect about when he or she visited the doctor. Often, the suspect's response conflicts with the prescription date.

"If the address is far away, I get suspicious. You just sort of develop a sixth sense about forgeries. I've been checking for forgeries since 1971, and I can't say for certain I've never filled one."

Pharmacist Martin Freedman has been turning in forgers for 10 years. He says there is no certain method for detecting a forgery. "I know some doctors' handwriting, and I become immediately suspicious if the prescription doesn't match the handwriting of the doctor. I also know the drugs to look for. Recently, a man came in with a legally written prescription from a pediatrician. But at the bottom of the prescription a request for the painkiller, Talwin, was added. When I called the pediatrician, he asked me what Talwin was.

"Unfortunately, more and more physicians are writing multiple prescriptions on a single blank making it easier for forgers to add prescriptions on legally written blanks.

"One of the smartest forgers I ever encountered got away. Only later did I learn he'd been passing prescriptions. He wrote four prescriptions—all of them beautiful jobs. One was for an antibiotic; one, for an antihistamine; one, for a cream. And the one he wanted was for Dilaudid. The innocuous ones threw me off."

The drug team has gathered the information offered by these and other pharmacists and have gone to dozens of area pharmacists to tell them first,

how to detect forgeries and second, how to handle them. The team hands out a sheet describing in detail the procedures pharmacists should use once they have called the doctor and confirmed the prescription is a forgery. First, tell the suspect that it will take 20 to 30 minutes to fill the prescription. Handle it with tweezers to preserve it for fingerprinting. If the suspect says he cannot wait tell him the prescription is a forgery and keep it in an envelope with the date and time of receipt recorded. Then, turn it over to the team. Second, if the suspect leaves, follow him, record his description and that of his car, and if possible, get his license plate number. Third, if the suspect agrees to stay or to return to pick up the prescription, call the physician. If the physician cannot be reached and you are certain the prescription is a forgery, call the police. If you are unsure, refuse to fill it. And fourth, once the physician confirms it is a forgery, call the vice and narcotics division and ask that a team member come to your

store. If no team member is available, ask for a plainclothes officer.

Veterans at this game have other techniques. When making phone calls, pharmacist Powell tries to avoid suspicion by having one of his clerks call him to the phone, pretending he's received a phone call. He asks the clerk to give him a description of the suspect so he can give it to police before they arrive.

What happens once the officer arrives also varies from pharmacist to pharmacist, but Powell has the best system—he knows the officers. Powell explains, "I never indicate to the officers that I know they're in the store, even if the suspect has left the store promising to return for the prescription. The suspect could be watching me from a phone booth nearby, so any suspicious move on my part could alert him. I let the team know which one is the suspect by handing him or her the prescription myself. Usually my clerks ring up the prescriptions.

"I also ask the suspects a few questions. I ask whether this is the first they've had the drug. If the suspect

Investigators and pharmacist analyze a suspect prescription.



says it is the first time, and I have five refills recorded, this is something which can be used to shake his or her testimony. I also ask who the prescription is for. If the suspect says it is for personal use, he can't easily claim later that someone paid him to bring it in or that he was having it filled for a friend or relative—a common defense. I also ask questions to give officers time to move in behind the suspect and keep the suspect from looking around the store and noticing the officers' moves."

It is important that these bits of information are established because the crux of the prosecution of the cases often is the pharmacist's testimony. "The pharmacist's testimony is absolutely essential to the success of forgery cases," says an assistant commonwealth attorney. "Prosecutions are also helped by the team, by two individuals knowing what to look for and by their gathering the necessary evidence."

For evidence, the team keeps all prescriptions turned over to them and

files them under physicians' names, not under fictitious names which change frequently. Each arrested suspect is carefully questioned about his or her friendships, sources, etc.

Often a tip helps the team make an arrest. Recently a 19-year-old single woman, who was working in a bar, was passing amphetamine prescriptions on blanks of eight different physicians. She was supplying drugs to a group of associates. One of her customer's roommates called the team, thinking this would help his lover rid himself of his drug habit. At the same time, the woman's license plate number was reported in connection with a forgery. The woman was charged with passing 40 forged prescriptions under the names of friends and with identification she had stolen from friends.

One of the largest rings the team tracked down included 16 young adults who were friends, lovers, and mere acquaintances. They ranged in age from 18 to 30, and some were from affluent backgrounds. They were forging prescriptions for diet pills for their personal use; they melted the pills

down and injected them. An anonymous phone call offering an automobile license number led to the arrest of a few, which eventually led to a roundup of the others. Some of those charged had fled to California. Others had gone further south to North Carolina, had stolen hospital prescription forms there, and were passing forgeries in North Carolina drugstores.

Another ring the team cracked centered around a 40-year-old paraplegic who had a legitimate need for painkillers. He was selling Talwin and Benadryl and was caught through a pharmacist reporting his license plate. Again, the team had a file full of his forgeries.

The pair cite other cases where nurses' aides, nurses, receptionists, and secretaries have stolen physicians' prescription pads. "One we know about involves a doctor's receptionist. Her husband is an addict, as are his friends. She is writing prescriptions and selling them to friends," says Clifton. "We know about her through questioning suspects who obtained prescriptions from her. We learned

One sign to the team that the pharmacist has a forged prescription is his handling of the transaction prescription himself.



about a hospital pharmacy worker who is stealing drugs the same way. A former roommate brought in for questioning confirmed that the hospital worker was his source."

The team points out that many of these investigations involve a large web of alliances—a great big tangle of criminality. To untangle the web, the investigators must have the help and cooperation of physicians, hospitals, and pharmacists. The pair have visited hospital administrators to urge better monitoring of prescription pads; they've also talked at pharmaceutical and medical association meetings about the problem.

They have visited the stores of about 60 pharmacists to explain how forgeries can be detected and how forgers can be arrested. "But only about 20 of the area's 175 pharmacists are cooperating with us; only five of those consistently report forgeries. And these few turn up 100 forged prescriptions daily," says Clifton.

Why do so few cooperate? "It's a hell of a bother," says Freedman. "I do it out of personal conviction that these people who are on drugs are a danger to society. It is part of my job. I took an oath when I became a pharmacist to uphold the public trust. I've lost pay going to court to testify, but I think it's my duty. A lot of pharmacists just don't agree with me."

Powell says that in the past pharmacists never had to face this criminal element, and they are not certain how to handle it now. "The team helps. They tell pharmacists what they can do. But turning in forgeries is still a hassle. There's the time spent away from the store in court. And when you find a forgery, you have to interrupt the flow of service to call physicians and police, risking the anger of other customers and your boss. You may be pressured to increase the volume of prescriptions sold, and spending 20 or 30 minutes with a forgery is no way to increase volume."

But both pharmacists realize that if they don't try to stop the flow of narcotics, no one will. "The basic problem lies at the door of doctors and pharmacists," says Powell. "We could lick the

problem if physicians were more careful about not leaving their pads around and more careful about whom they wrote prescriptions for. And if we pharmacists controlled employee theft of drugs more and watched refills by checking with physicians more. If we turned in forgers. . . . But so many pharmacists hand the prescription back to the forger and let him spring it on some unsuspecting pharmacist who may be new to the area or new to the profession and so may fill them unknowingly."

The team says they haven't the manpower to prosecute pharmacists who send forgers to other stores. "They are aiding and abetting a felony," says Clifton. "We could prosecute them if we had the manpower."

And why more pharmacists fail to cooperate with the team still puzzles Bullock. "These people aren't little old ladies wanting to double their aspirin dosage," he says. "They are dangerous criminals. And pharmacists who fail to help us catch them now may find themselves faced with the barrel of an addict's gun in the future." **FBI**

Police Officers Killed

Statistics compiled by the FBI's Uniform Crime Reports revealed that 92 local, county, and State law enforcement officers were killed feloniously in the United States and Puerto Rico during 1978. Ninety-three officers were slain in 1977.

Upon releasing these statistics, FBI Director William H. Webster noted, "Regardless of the seemingly routine nature of certain law enforcement duties, officers must exercise extreme caution in all facets of this work. Utilizing proven safety measures is imperative in the handling of all situations no matter how trivial they may appear."

During 1978, 45 officers were killed in the Southern States; 20 in the Western States; 12 in the North Central States; 11 in the Northeastern States; and 4 in Puerto Rico.

Sixteen officers were slain while enforcing traffic laws. Fourteen were killed while attempting to thwart robberies or in the pursuit of robbery suspects; 3 while attempting to apprehend burglary suspects; and 20 while attempting arrests for crimes other than robbery or burglary. Twelve officers were slain in unprovoked or premeditated ambush-type attacks; 10 while handling disturbance calls; 8 while investigating suspicious persons; 6 while handling or transporting prisoners; and 3 while dealing with mentally deranged persons.

Eighty-nine of the 92 officers were killed with firearms. Handguns were used in 68 of the slayings, and in 14 of these incidents, officers were killed with their own service weapons. **FBI**

END