Jim Candon –witness testimony
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In 1981 I was a young detective with the state police and was assigned to be their one and only diversion investigator. I had just spent two years working an assignment with the Attorney General in the Medicaid Provider Fraud Unit where we had successfully investigated a couple of pharmacies for Medicaid Fraud. It was working on these cases which gave me familiarity and experience with pharmacies and Rx drugs.

So I familiarized myself with Title 18 chapter 84. In reading the law I understood our duty was to enforce all provisions the statute as well as applicable regulations of the Dept of Health. I was to cooperate with neighboring states and the federal government in all aspects relating to the control of scheduled drugs.

So I started my work by using the tools allowed me by Title 18 section 4218. The statutes allowed me access to the orders, prescriptions and records kept in the pharmacies. I used access to these records and in a very short time I was very busy. I had more work than I could handle. But that was fine. I could be selective in which cases to pursue.

My access to files in a pharmacy was limited. It was not unfettered access to all files. The only files I had access to were the ones in schedules II though schedule IV. These comprise about 10-15 percent of total prescription medicines in a pharmacy. The prescriptions for these drugs are kept in separate books by the pharmacy for ease of inspection. I call them the dangerous drug files because by definitions these scheduled or controlled drugs are those with the potential to be abused and become habit forming.

I began working on the more obvious cases such as forged prescriptions, altered prescriptions and doctor shopping. I quickly learned that the drugs these folks were after were the powerful painkillers in schedule II and schedule III.. I knew the drug seekers use these drugs, sell these drugs or a combination of both. I can recall that at this time in the early 1980s it was said that a 4mg Dilaudid tablet would sell for $50 (fifty) on the streets of Providence and Boston. Percodan, Percocet, Dilaudid, Tussionex, and schedule III painkillers like Darvon N 100, Darvocet, and Proposyphene , Liquid Demerol and Dexedrine were the drugs involved in my cases. The tactics used to get the pain killers by doctor shoppers was to fake pain such as back pain or head ache pain. They were very clever. Except for Tussionex. That was a powerful narcotic in schedule III at the time used as a cough suppressant. To obtain this drug they coughed. The aforementioned Dexedrine involved a series of forged prescriptions.

Before long I ran into cases involving health care providers, some of whom had drug use problems. One case involved an oncologist stealing liquid Demerol from his patients and injecting himself. In another case a pharmacist was drinking Deodorized Tincture of Opium from the pharmacy shelf. Another case involved an elderly doctor selling prescriptions for Tussionex for $15 each. All these cases had different outcomes: two went for board action and one was criminally charged.
But what was certain in all my cases whether it involved a drug seeker hitting on doctors and pharmacies or a professional health care worker: they all presented a threat to not only public health but public safety.

I loved the job. It was unique. While law enforcement at all levels were out pursing illegal drugs like cocaine and hashish loads, working undercover, driving undercover cars, working informants, executing search warrants and making dramatic arrests, I with my sharp pencil and pad of paper was walking into yet another pharmacy
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In 1984 I was promoted to another position in southern Vermont. I had sufficient time to train and work with my successor Bill OLeary who did a terrific job in diversion

Now fast forward to 2005. By then I was 7 years retired. 2005 was the year of the controversy in the legislature over law enforcement having "unfettered access to prescription files in a pharmacy" Though I had never had unfettered access, I did have access to the dangerous Rx drug files. Only those drugs in schedules II through IV. And these were kept in separate book for ease of inspection. Remember that they are the dangerous drugs because they by definitions are drugs that "have the potential to become habit forming and subject to abuse". I have the report coming out of this controversy and its very interesting. Though a grand effort was made to repeal Title 18 section 4218 it did not get repealed. However, at the same time the Commissioner of Public Safety announced that no longer would his people be going into pharmacies looking at prescription files as I had done years earlier. Of course that put most meaningful diversion work to an end.

At about the same time the legislation enabling the creation of the Vermont Prescription Monitoring System was passed by the legislature. The legislature added anther paragraph to 4218 prohibiting any law enforcement access to VPMS.
So this was just another sign that Public Safety was out of the business of any diversion control over these dangerous Rx drugs.
The third blow came in 2013 when another paragraph in 4218 was added requiring guidelines to be written for law enforcement to get any prescription information out a pharmacy. I obtained a copy of that policy and it guarantees that diversion investigators at Public Safety have both hands double tied around their back.

So my question then becomes: Who has assumed responsibility over the oversight of these dangerous drugs in Vermont.

Is it the board of pharmacy? OPR at the Secretary of States Office? Have we asked DEA Compliance to come in and do it? Is it the Vermont Prescription Monitoring System?

My guess is none of the above. And that may be the biggest reason Rx drugs got out of control and remain so today. I was recently looking at the VPMS annual report. The prescribing of Rx narcotics is on an increase over the past several years and to fewer patients. Those are not great numbers if true.

This opiate addiction mess that we are in did not have to happen. We are a small state – a special place. Rx drugs are controllable here. All we had to do was stay vigilant and pay attention. And take care of business.

What do we have now? Daily armed robberies, drug shootings, children neglected by addicted parents, heroin busts regularly, 5 methadone clinics with waiting lines, not enough doctors to prescribe buprenorphine and at the root of all the trouble is Rx drug abuse.

So today some want to blame the FDA, the drug companies, and even OxyContin itself. Who among us didn't know the dangers of schedule II narcotic painkillers? The Congress 50 years ago passed the Controlled Substances Act and subsequent to that the Vermont legislature passed Title 18, Chapter 84. They knew then the dangers of these drugs. For fifty years we knew these drugs were habit forming and subject to abuse. In fact 50 years ago they set up a great system that not only identifies which drugs these are but layed out prescribing and dispensing rules for doctors and pharmacists to follow. And it created a system for checks and balances to assure that when these drugs were diverted for unlawful use, there was a tracking system in place to stop it.

Doctors knew this. They are some of the smartest people in our society, Pharmacists knew these drugs were dangerous. Doctors and pharmacists need DEA licenses to prescribe and dispense these drugs. It is a privilege of theirs - not a right. When they get these licenses they are expected to understand the rules and follow the rules. What happened turned out to be a bonanza for drug seekers. Do we know why most drug seekers are successful in getting Rx narcotic painkillers? Because its easy to fake pain

Methadone is a schedule II narcotic painkiller and buprenorphine is a schedule III narcotic painkiller. I hope that neither bring new problems of their own. Millions in taxpayer's dollars will be spent trying to clean up this mess which will last for years.

So I hope I've given you some things to think about. Treatment alone will not solve this problem. You will have to engage law enforcement again in this effort. When the Governor says "recovery instead of jail" .I agree. But often to get them into recovery, you need to get them into court first.

Good luck with the bill. And thanks for letting me say my piece.