

Testimony of A. Thomas McLellan, Ph.D.
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Good morning Senators Leahy, Spector and other Committee members, and thank you for this opportunity to testify on an issue that first captured the attention of scientists at the Treatment Research Institute (TRI) in 2004, when my colleagues and I published a study on the availability of drugs for no prescription purchase over the Internet. I regret to tell you that with the exception of increased awareness and closer monitoring, not much else has changed since that time.

In 2004 our studies indicated it may be as easy to buy opiates or other abusable prescription drugs online as it is to purchase a book or CD. The same is true today. Anyone – regardless of age or medical need - can purchase pharmaceutical grade opioids, barbiturates, benzodiazepines and stimulants over the Internet without a prescription. The number of online pharmacies has remained constant since 2004 when we began our tracking studies, this despite increased awareness and vigilance. In fact, some of our data suggest that negative exposure appears to increase demand and trigger a temporary proliferation of these sites.

The concern, of course, is for the youth of America – Internet savvy teenagers with their own credit cards or access to their parents' cards – and increasingly disposed to prescription drugs to get high. According to a new analysis released in February by the White House Office on National Drug Control Policy, illicit drug use by teens has dropped 23% over the past five years, yet new users of prescription drugs have caught up with new users of marijuana. Clearly, kids are scavenging through parents' medicine chests and these dangerous drugs available when they begin surfing the Net. There is also evidence that teenagers think these drugs are safer than street drugs.

Two of these are OxyContin (active ingredient: Oxycodone) and Vicodin, both shown to be drugs teenagers are increasingly using to get high. They are in the same family of drugs as heroin. Unlike heroin, OxyContin and Vicodin are appropriate for pain management when prescribed and taken under a physician's care. Taken over long periods of time they are highly addictive, and when snorted or injected as some teenagers do, they carry the same risk of addiction and death due to overdose as heroin.

Eight to twelve tablets of Vicodin, one-quarter to one-half tablet of Oxycontin are roughly as potent as one bag of heroin. Both are frequently offered on the Internet in far larger quantities. As we speak, there is at least one site offering bargain basement prices for purchases of Oxycontin, now on sale at thirty tablets for the "special members" price of only \$6.00.

TRI first began investigating the online availability and demand for prescription drugs in 2004 using the commonly known "Google" search engine. Search engines are a unique way to measure demand for an Internet commodity based both on the number of successful "hits" a simple search yields (*ie*, sites offering the commodity) as well as the ranking of the sites in the search results (higher rankings reflecting, among other things, more traffic to the site.) In all of our studies we employed search terms familiar even to novice browsers and developed objective measures for categorizing sites based on ease of purchase, pro- or anti-drug content, accuracy of warning labels, and other measures. Visual inspection of each site also yielded data about pricing, marketing and delivery practices; location (domestic or international), and other variables.

In our initial investigation, fifty-three of the first 100 links were to sites offering to sell opiate medications without a prescription. The sites had names emphasizing their easy accessibility, customer orientation, location and illicit status. One site reassured visitors it was their right to be a "recreational user" in the privacy of a home. Another offered introductory specials of free codeine

tablets, with customers satisfied with the arrangement invited to send \$5 in cash in exchange for another twenty tablets. Thirty-five of the 53 links offered to also sell other abusable medications including barbiturates, stimulants, benzodiazepines, and “date rape” drugs such as Rohypnol and GHB. We did not find any sites offering to sell heroin, cocaine, marijuana, or Ecstasy, but many offered to sell marijuana seeds and a few advertised opium poppies and coca leaves.

In a subsequent study involving forty-seven Google searches, more than 300 websites were identified offering no prescription sale of opioids. We estimate close to 80% of these sites are registered to owners outside the United States. Some boasted sharply discounted prices due to local pricing policies. One required prescriptions but claimed they could be issued within “minutes” via online consultation with physicians. Many assured that purchases could be made with minimal risk of seizure by U.S. Customs officials, one promising shipments with no identifying information, altered return addresses for each shipment, and promises to reship orders free of charge in case of confiscation.

Other findings suggest that neither publicity nor interdiction appear to put a dent in the Internet supply. In November 2004 the highly publicized entry of a well-known media personality into treatment for opioid dependence sparked a five-part series in the *Washington Post* on buying opioid medications on-line. Both events were followed by a dramatic increase in sites advertising no-prescription drug sales according to Google tracking mechanisms. A similar steep increase occurred in the three months following the April 2004 DEA arrest of a large Internet drug dealer, one found to have issued 2.5 million dosage units of Schedule II-V controlled substances *per month*.

This seemingly paradoxical increase in supply following enforcement success explains why traditional public safety response will not curb Internet drug trafficking in the United States. When the preponderance of these sites are located in other countries, outside U.S. jurisdiction and some of

them legally condoning such sales; when sites can be quickly dismantled and launched again from other locations; and when American officials are understandably loathe to interfere with legitimate online drug purchases, particularly those by senior citizens, it is clear that effective response requires a blend of non-traditional measures that make it more difficult for purveyors to sell to American buyers – especially our teenagers.

Providing we are able to convince parents and family friends to lock up their medicine cabinets and monitor teens' Internet use, we absolutely can confront this online source of dangerous drugs. Failure to do so will set us back in our efforts to prevent youth substance abuse. I yield to others on the panel to discuss the many policy options available to us, including legal protection to the number of American entities interested in doing their share, such as credit card companies, banks, and shipping agents.

Addiction to alcohol and other drugs is a *preventable* disease and for the majority of people in this country suffering from addiction, the roots of the disease can be traced to adolescence. More than 95% of people who are dependent on alcohol or other drugs started before they were 20 years old. There is also reliable evidence that delaying age of first use dramatically reduces the chances of meeting diagnostic criteria for dependence or abuse later in life.

We cannot shut down all avenues through which teenagers acquire and use drugs. Yet when there is an avenue so clear and so obviously in need of deterrence, we should do all in our power to put it out of the reach of children toward whom our best protective instincts should apply.