

**DRUG ENFORCEMENT ADMINISTRATION
MUSEUM LECTURE SERIES - 05-21-07
RON BUZZEO, JIM CRAWFORD**

FS=Unknown Female Speaker; RB=Ron Buzzeo; JC=Jim Crawford; MS=Unknown Male Speaker

00:03:50:13 FS: ...welcome you to DEA Museum's lecture series. I'm going to make my introduction very brief because our guest speakers today have a lot of information that they would like to share with you and a limited amount of time to do it in.

00:04:06:23 Many of you may know Ron Buzzeo. Possibly you have worked with him in the past. Ron was here for I believe twenty-nine years with DEA and he is currently—well when he was at DEA he was actually the Deputy Director of DEA's Office of Diversion Control. Currently he is the Chief Regulatory Officer of Buzzeo PDMA which provides a full line of drug consulting services.

00:04:39:03 Please give me—please help me in giving Ron Buzzeo a warm welcome. (Applause)

00:04:54:01 RB: Thank you very much for the kind comments, and it is a great honor for me to be here back at DEA. I

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retired in October of '90 and in January '91 I started my own company. In January '05 of this year I sold it to a company called Denright (ph.) International. The other thing is why I'm pleased to be back here I'm standing here because of DEA. I'm standing here because of the people in the program, the Diversion Program and also the program itself.

00:05:32:03 I wouldn't be where I am today if it wasn't for the people, the program and the agency. It's my way of saying thank you. What do I mean by that? I had a meeting with the administrator oh about a month ago I would think and she asked me why I was funding, partly funding a museum for Diversion, and I told her those three things.

00:06:02:09 I told her those three things, and it's my way of saying thank you. I was in a position to do it, and I wanted to say thank you. Along with my contribution was Peter Benzinger. Peter was very good for the program when I was here and he still thinks of the program. So he's also contributing to the Diversion Program.

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00:06:22:20 What I envision as part of the museum is a permanent display where the people in the program, the people in the agency, could go into there and be proud of their accomplishments and what they accomplished in the drug war for the United States and for the agency.

00:06:43:27 That's what I want to talk to you about today. I want to talk about a little history of the program, some of the things that the people accomplished. When I say the folks, the employees, the people in the program I'm talking about not only the Diversion investigators but I'm talking about the professionals and the administrative staff that have passed through that program over the years.

00:07:07:01 So I figured I would discuss with you today a little history, how everything started, then talk about some of the programs and then end with Methohaluv (ph.), ludes, Quaaludes, 11-7-14's and how that case not only touched the domestic elements of the agency but also the international community.

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00:07:31:28 And how DEA through its Diversion program solved a major drug problem in the United States. When we look back in time we look at the Harrison Narcotic Act which passed in 1918. We look at the B-DAC amendments which passed in 1965. We saw a progression of diversion associated with legitimate manufactured controlled substances.

00:08:00:26 We saw an increase in these products being diverted into the traffic, and we saw an increase of abuse of these substances in injuries caused by these drugs. 1971 because of this increase in the effectiveness or the lack of effectiveness I should say of the Harrison Narcotic Act and the B-DAC amendments they passed a controlled substances act.

00:08:25:10 I guess it was around 1969/1970 which went into effect in May of 1971 in order to increase the controls on the pharmaceutical industry and the practitioners in the United States. Around 1972 they started the specialized program of Diversion, Diversion investigators and they started coming onboard.

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00:08:50:15 I remember I had a group in New York around 1971/1972, a group supervisor in New York, and all of a sudden these people started showing up in my group. One of them in particular is here now. He used to give me a hard time every time I went up to New York. Then I got transferred to Washington and go up and give a presentation to the troops up there and he and John Buckley--Sean Mahoney and John Buckley would sit in the front row and heckle me.

00:09:14:08 And I told him if he heckles me today I can get even with him. He got me so nervous in my first presentation, I'll never forget this, that I lit a cigarette. We were able to smoke in those days in the office. I lit a cigarette and I lit the wrong end. It was kind of embarrassing.

00:09:31:04 So they started coming onboard and we really didn't know what to do with them. So we said alright go out and make cases. So they go out and they start making pharmaceutical case. Well the program grew from there and they were effective because if you look back in the early 70s, the middle 70s up to maybe 1976/'77/'78

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the major source of diversion in the United States was manufacturers and distributors.

00:09:56:23 We had companies out there manufacture product, export it, never leave. We had manufacturers out there that would manufacture during the day for a legitimate market and in the evening they'd run a shift to supply the illicit market.

00:10:10:06 Well the Diversion Program that DEA created, and at that time when you go back to the beginning was Bill Koon and Ken Durr that really had an influence on creating, two names from the past, creating that program.

00:10:25:18 They had a major impact on pharmaceutical diversion, the diversion from pharmaceutical manufacturers and distributors. So what happened? The diversion now was at the practitioner level. It was pushed down to the practitioner level. The physicians and the pharmacists now beco—became large diverters of controlled substances, product that we manufactured into the United States into the illicit market.

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- 00:10:55:26 So 1975 rolls around, the agency says we have to do something. What can we do in order to impact physicians and pharmacists in the United States? So in 199-1975 we form or create Project Dart. And with my New York accent I'm probably saying it wrong, but D-A-R-T, Project Dart.
- 00:11:17:01 It was the first experiment by this agency, 1975, to impact diversity by physicians and pharmacists and it was in San Francisco. And how did we create our targets or how did they create their targets? Through abuse patterns, what were we seeing on the streets and excessive purchases, which today is still used by the program.
- 00:11:40:27 Suspicious auto-monitoring systems where the agency tracks what manufacturers distribute of certain drugs. It was a very successful program. It was a small program. It was the beginning of many programs but led to criminal invest-criminal indictments, civil fines and loss of DEA registrations against physicians and pharmacists.

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00:12:06:12 But that was only the beginning. That was only the beginning. In 1976 DEA formed Diversion Investigation with units in... Put them in 23 cities around the United States. Sole purpose, to bring together federal agents, DEA agents, Diversion investigators and state and local police and regulators to investigate practitioner diversion.

00:12:32:25 When I use the category "practitioner", I'm talking about physicians and pharmacists. In 1978 GAO does a major study and they call it "The Retail Diversion of Legal Drugs, a Major Problem With No Easy Solution". And there wasn't an easy solution. We were dealing probably somewhere between 800,000, maybe 500,000.

00:12:53:22 Those ti—those days I don't know the exact number. Today's probably around—over a million practitioners. And the difficult part, and this was identified in the study, identified by the agency, identified by the people in the program, is we're dealing with a so-called professional who has a license.

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00:13:15:04 They have a license to proscribe. They have a license to dispense. And how do you break that? How do you say to a criminal court, to a judge, to a jury that this individual's not practicing medicine, this individual's not practicing pharmacy; they're performing an illicit function.

00:13:38:23 How do you convince a jury of that? And that's the difficulty that the program and the agency had over the years. So they had to develop specialized techniques. What is the knowledge of medical treatment? How do you diagnose and practice medicine? How do you review the drug patterns?

00:13:59:14 How do you review the patterns of proscribing and dispensing? These were the things that we had to be looked at. But what happened? The problem still kept growing. So then the agency started Operation Script, which was a program that involved 24 cities across the United States.

00:14:23:16 Ended up with a lot of convictions. But, again, it was a method, it was a program directed against

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physicians and pharmacists. In that program the agency found 21 practitioners that diverted over 20 million dosage units. Stop and figure, if a prescription has an average of 30 maybe, 60, that's a lot of prescriptions that these guys were writing.

00:14:46:18 In 1980 the agency formed a program called TRIP, Targeted Registrant Investigations, and it was an ongoing program where the resources of the agency, the resources of the Diversion investigators, the resources of the program were mainly focused on physicians and pharmacists.

00:15:12:06 So we led up with these programs into what we referred to as TRIP. One example of that were these store-front clinics, medical clinics where they hired physicians, they purchased pharmacies for the sole purpose of proscribing and dispensing medications. But this is where I talked about earlier.

00:15:38:14 They would perform medical physicals, they would counsel the patients, and the agency had to break that veil, that medical veil, to prove that there was no

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legitimate medical need for these drugs. And it was very effective. And then we had such cases as Ts and Bs.

00:15:57:28 It was (unint.) and (unint.) benzenine (ph.), (unint.), cough syrup and codeine products, all problems that we had leading up into the '70s and the '80s. Now in the case that I really wanna talk above involved Mcthalklalome (ph.) lubes, 714. An interesting case, a case that involved domestic enforcement, a case that involved international enforcement.

00:16:29:05 Here we had a problem in the United States with Mcthalklalome, a legitimately manufactured drug, a drug that was proscribed as a (unint.) hypnotic, a drug that was misused, a drug that when we curtailed an impact in the United States, Columbia, the Columbian cartels (ph.) were able to ship in millions and millions of dosage forms.

00:16:54:20 And, actually, I believe, if I remember right, it was a hundred metric tons of Mcthalklalome into the United

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States. Now let's talk a little bit about the case. It first started in the late '70s and '80s. We begun to see stress clinics sprout up across—in the various cities and states of the United States.

00:17:18:04 Well equipped, well staffed. You would go in, you would have a physical, they would hand you a prescription, proscribe you a prescription, you pay em 125 or 150 dollars per month and you get a 30 day supply. Today that doesn't sound like much money. Today you probably can buy oxycotton (ph.) on the street for...

00:17:39:01 One tablet's probably gonna cost ya 50, 60, 70, 80, a hundred dollars depending on the supply. So then it wasn't... It was a lot of money then; in today's world it's probably peanuts. One of these cases resulted in 34—convictions of 35 financiers, 27 physicians and 10 pharmacists.

00:18:06:23 They got anywheres from 18 months to 20 years in jail for that one—that one particular case. It involved New York, LA, Chicago and Boston. Now from that case...

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I'll just stop for a second. There was a letter of congratulations that went from Giuliani (who's running for President, former Mayor of New York, who was at that time U.S. Attorney in New York) who wrote a letter to Frances Mullin (who was then the Acting Administrator, 1983) congratulating a number of people for this particular case.

00:18:43:25 And I wanna take the opportunity to mention some of their names that are in the letter because some of them are still on the job - Sean Mahoney, from a heckler to a case maker; Susan Baker; Lenny Levin; Joanne Shavariff (ph.) I know's still on; Sherry Miller (I think she retired); Special Agent Raymond Stasney (ph.); John Buckley; Walter Howton (ph.) from Boston; and Jim Hanna (ph.) from Chicago.

00:19:09:29 So we had people there from New York, Boston and Chicago on this one investigation. So it did have a positive impact. And let me give you some idea of the statistics from all these cases being made in the United States.

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00:19:23:02 In New York State prescriptions from Mcthalklalome went down 75% because of these cases being made. New York City (unint.), drug abuse warning network which tracks injuries, injuries in New York City went down 45% in this period of time. Distribution of Mcthalklalome into New York State went down 35%.

00:19:44:19 Overall in the United States (unint.) mentions (ph.) went down 40%. So you can see DEA, the program, the people in the program were having a positive impact. Now, and I said at the beginning, we had an impact in the United States; however the market was still there for the drug.

00:20:05:27 The demand was still there for the drug. Well, the cartel says, "We can fill that demand. We can fill that demand. We are gonna counterfeit these tablets and we are gonna ship em into the United States". At that time, if I remember right, there was about four metric tons being used in the United States for illicit and licit use which we were allowing to be manufactured.

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00:20:34:15 I mentioned earlier a hundred metric tons of this drug was coming in from cartels, smuggled into the United States, loaded with Mcthalklalome. They were so good that when one of the pharmaceutical companies, it was either Parke-Davis or-or-I don't remember which, sold the product to Lemon...

00:20:52:26 Lemon was a pharmaceutical company in New York-up in Pennsylvania. I believe they still exist. I'm not sure though. And the name Lemon 714 was Lemon (it was misspelled, of course). 714 was their tablet and they had imprinted on the tablet 714. Before Lemon, the U.S. pharmaceutical company, had the product approved and on the market in the U.S., the Columbians were already supplying it into the United States.

00:21:19:02 And you really had a difficult time telling the difference. So now the agency says, "What are we gonna do? We're impacting the United States, we're solving the problem for this particular drug in the United States, but the drug is still all over the streets. It's counterfeit but it's still all over the streets".

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00:21:39:23 So the agency identified the sources. We had Hungary as a source of raw material, we had France as a source of raw material, we had Germany as a source of raw material, we had China as a source of raw material and we had Switzerland as a source of raw material that were supplying the cartels in Columbia, that were manufacturing the counterfeit tablets and shipping em into the United States.

00:22:08:04 We even had one seizure in Panama. Seized the drug, before we knew it, Noriega let the drug go. It was back into the traffic. I'll never forget that situation. But, anyway, so now we have the raw material leaving these various countries, going into Columbia, being manufactured into counterfeit product and coming into the United States.

00:22:32:03 So what do we do about it? Diplomatic. Jean Haislip (ph.), Mark Guiabach (ph.), Ann Carter, Pete Dettch (ph.) who was a country attaché in Germany. We gotta do something about this problem, so let's approach

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these countries. Now remember, this is the height of the cold war, the '80s right?

00:22:51:20 We had the Russian, (inaud.) countries and ourselves. Hungary was the first country that cut off exports to Columbia. Said, "We're not gonna export it anymore". Germany was the second country. Said, "We'll stop exporting to Columbia". France fell in line, China fell in line. We had one country left - Switzerland.

00:23:18:26 And I'll never forget this. All the other countries, even our so-called enemies, said, "We will no longer export Mcthalklalome to Columbia". So there were meetings held with Switzerland and we said to the Swiss government, "You guys gotta stop exporting this drug to Columbia".

00:23:41:02 And the Swiss says, "Hey, we don't really control our industry. You know, we have a federal government and we have these smaller sub-governments around. Industry's very independent here. We really can't control our industry". We said, "Fine, but, you know, I wonder how the press is gonna play this".

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00:24:00:17 Hungary, East Block (ph.) Country, cuts off exports. China cuts off exports. Not only our friends, France and Germany, cut off exports, now we have a neutral Switzerland that's refusing to cut off exports of a dangerous active ingredient in Columbia—into Columbia, which is impacting the United States, is impacting other countries of the world.

00:24:23:29 "You're not gonna go along with this? I wonder how the press will play to this." Within... I think within a short period of time, maybe a month, Switzerland cut off exports. So sometimes, even diplomatic, you gotta play other cards. Was the problem over? It was impacting it now tremendously.

00:24:44:19 We were having a tremendous impact. So what did the Columbians do? They can't get Mcthalklalome. They now switch to Diazepam (ph.). So some of the tablets coming in now had contained Diazepam. Some of the tablets coming in had hydramorphone (ph.) in them. But it did not give...

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00:25:05:01 The only thing we can figure out... Back then we tried to figure it out, why the markets crashed. And the only thing we could figure out is they weren't getting the same impact with the Diazepam or the hydramorphone that they were getting with Mcthalklalome. And then congress...

00:25:20:17 So we—so we did have an impact domestically, we had an impact internationally, and then congress... And I believe this is the first time. This was the first drug that congress rescheduled into Schedule 1. And that was the end of the domestic market.

00:25:38:01 So when you look at the history of the program, you look at the history of Diversion, and you now come down to this drug Mcthalklalome, to me and to the people of that time it was a success story. It was a success story because the agency, the program, the people, the foreign countries, the country attachés worked together and solved a drug problem that touched many people in the United States and touched many different operations, industry, physicians, pharmacists.

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00:26:13:12 And with that I wanna say thank you and turn it over to Mr. Crawford. And it's all yours. [APPLAUSE]

00:26:29:28 FS: It is now my pleasure to introduce Jim Crawford. Jim began his career with DEA in 1972 as a Compliance Investigator in Buffalo, New York. He is presently the Special Assistant to the Deputy Assistant Administrator of the Office of Diversion and Control. Please welcome Jim Crawford. [APPLAUSE]

00:26:55:22 JC: Wow, I get to follow a legend. He was my first supervisor. When I was in Buffalo, he was the supervisor of New York. We used to have to go down there every six months for training and other things. I was given the choice of going before Ron or after him and I thought to myself that's kind of like being given the choice of being John the Baptist or St. Peter.

00:27:21:14 Okay? I've got a message for you, but it's his message. He just talked to you about diversion. I've been here 35 years and I'm likely to be here a whole

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lot longer. I see some disappointed faces out there. Part of the reason I'm here and still here, sits right here, my wife and my kid.

00:27:47:02 The problem with not retiring is we don't get to go to Chadwick's or Champs or Chevy's. And did you ever notice DEA folk only retire at CH locations? But we don't get to say thank you to the woman who made this possible. So I'm gonna do that bearing your indulgence for a moment.

00:28:18:05 ALL: Aaawww! [APPLAUSE]

00:28:30:23 JC: And I would be remiss if I didn't point out that my former wife who dislikes me almost as much as she dislikes this agency, couldn't be here today because she wouldn't come. She bore me two children. I have two step children. And that's one of the reasons I'm still here. Okay?

00:28:48:19 I went to Quantico about a month ago and they taught us how to do oral presentations and briefings. And they indicated that we should use props. And they

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said it was okay to use skills in the audience too. And another factor that she's not gonna recognize is that that's another reason she's here.

00:29:10:28 Okay? Part of what this job is, the part that Ron focused on is the diversion. That's 49% of the duties and responsibilities of the Office of Diversion Control. Fifty-one percent of our duty and responsibility is to ensure that for every patient with a valid medical need there's a drug to service it.

00:29:30:08 My wife suffers from rheumatoid arthritis. She has good days, she has bad days. There are some good things, though. Okay? With her arthritis she can tell me the weather forecast a whole lot better than Acu-Weather. "Acu-Weather says it's gonna be 80 today, hon." "No, it's gonna rain three-four inches, I think."

00:29:50:09 Okay? And if you haven't seen those signs that hang in a lot of people's houses, ain't nobody happy if momma ain't happy. (Inaud.) the pain relief that she

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needs that we supply is. The other portion is the little guy sitting there. In September he blew out his appendix.

00:30:13:13 He was "Life Flighted" to Richmond and spent a month and two days in the hospital. With his appendix ruptured he developed secondary infections throughout his abdomen. And he was strung with more wires than you could shake a stick at. And he was in pain. And they ordered Morphine SO4Q three to four S, PRN.

00:30:40:24 And Ron taught me how to read that. And then gave him morphine injection every three to four hours as necessary for pain. And because of what we do here in the Office of Diversion Control there was enough morphine to service his need. One of the things that we need to recognize is that we are part of the healthcare delivery system.

00:31:04:09 (Unint.) I got here and I see a whole bunch of faces from Diversion. I'd like you all to stand up for just a moment please. And don't make me point-name names cause I know em all. Come on, everybody from Diverse

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get up. Whether you're in 1801, whether you work in Import/Export, okay?

00:31:23:11 The point is that all of the rest of you in the audience need to give them a round of applause because if you've had a root canal, if you've had a wisdom tooth removed, if you've had a kid break a leg, if you've had surgery, the drugs necessary to treat you are there because of what they do daily.

00:31:45:11 Every one of em. This is the unknown portion of Diversion, what we do. [APPLAUSE] It wasn't brought home as clearly to me as during the response to Katrina. The Thursday before Katrina came ashore we sat in the Office of Diversion Control's conference room and envisioned what things might come up.

00:32:18:14 And we have always bent over backwards to keep the pipeline full. We waive order forms and other things. We make sure that the regulations don't stand in the way of the need. We reached a point where we said, "You know what? We've identified everything that

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we've done in the past and can do today, but we're not aware of all of the possibilities that could occur".

00:32:50:17 "What we need to do is make a contact point." And, unfortunately, that turned out to be me. And I got called for the next two months from people all around the country, from (unint.) pharmacy in the immediate three states that were hit by the hurricane than from the adjacent states as people spread out from the hurricane.

00:33:16:09 We even went so far as to go to South Dakota. We waived order form requirements to get the pipeline full. We allowed for refills of Schedule 2 controlled substances because the patient showed up with a bottle in his hand and the doctor's office was under water and the pharmacy where he had it filled was under water and nobody could make sense of it.

00:33:38:15 But our function and our purpose was to ensure that patients with need got their drug. I remember someone arguing that Ritalin has no purpose. It's not an emergency medication. We certainly don't need Ritalin

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for children to survive. My son has ADHD so I know about it.

00:34:03:14 And interestingly enough, do you want a kid without his Ritalin in the Superdome where it's 120 degrees and he's bouncing off the walls? That is life threatening. Somebody's gonna kill him. So we moved the pipeline. Another little side light (ph.) that happened during Katrina.

00:34:29:18 They had my e-mail address out there so everything was coming in to my desk. And I got an e-mail one day from a young lady who saw the picture of the DEA agent saving an elderly gentleman. It was in most of the—it was in the AP wire services. And she said, "That was my grandfather. Can you help me"?

00:34:57:07 And we reached out to Baton Rouge where they had set up the emergency response for New Orleans, and we were able to put that woman in touch with her grandfather on a hospital ship off shore in New Orleans because of what Diversion does daily. Our function at the end of the day, through all of what we've done and all of

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what we have been accomplished at doing, is to ensure that for patients with valid medical need, there's a drug to service.

00:35:31:22 And our default position is that - 51% deliver, 49% make sure no more than that exists and none of that leaks out of our system. We spend about 99% of our time working that area. Now getting close to my cut off but Ron's told you about the past; I can tell you about the present and it's no different than the past.

00:35:58:13 Today it's the internet. Today it's Trinity, a combination of hydracodone (ph.), Zanax (ph.) and Soma (ph.). It started in New Orleans and has spread. It's just... Today's combination is just today's drug of choice. It's just another in the passage of Diversion. We have, for 35 plus years, been handed all sorts of strange tasks by this agency.

00:36:28:15 After Ron left we got chemicals. Okay? To control chemicals. After Ron left we got the fee account. We gotta pay our own way. But through everything that has been thrown our way, steroids, 4s (ph.) and Doors

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(ph.), Ts (ph.) and Blues (ph.), chemicals - through everything that's been thrown our way, we've persevered and prospered and done the right thing with always the eye toward delivery to a patient who has the valid medical need.

00:37:05:04 We are part of the system of healthcare delivery in this country, and an important part. And the thing you need to recognize, the thing that you don't know about Diversion, the thing that we hold our heads real high for is that's what we do on a daily basis - make sure that for every patient out there who has a need (inaud.) there to service.

00:37:26:20 Now we're willing... I'm sure Ron's more than willing to take some question if anybody's got any. [LONG PAUSE] Don't be shy. [B ROLL]

**[PEOPLE ASKING QUESTIONS ARE NOT MIKED, SO MOST IS
INAUDIBLE OR UNINTELLIGIBLE]**

00:37:45:08 FS: I actually have one. Internet... With regard to the internet, what is the so-called drug (inaud.) today on the internet (inaud.)?

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00:37:55:21 JC: Hydracodone, Schedule 3, because Schedule 2 is restricted by a lot of state laws and requirements for triplicate prescriptions as well as trackable (unint.). Hydracodone, and even below that, the Zanax and the (unint.) phendymetrazene (ph.) which are not reportable by (unint.), so we really don't have a [sic] eyeball on what's going on.

00:38:19:19 But we're seeing more and more of the internet sales people going online, ordering drugs without ever seeing a doctor. I remember there was an undercover where a-a-a female, I think it was an investigator, put in the order for phentramene (ph.) and it came back immediately, kicked back, saying "You don't meet the body mass index".

00:38:44:15 "You're not fat enough." So she lowered her height six inches and she got the pills.

00:38:50:12 RB: If I may, I'll talk about it from a non-controlled perspective cause I know there's a lot of interest on internet and overseas medication for non-

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controlled drugs. We have—we... Our IT department has a program. We monitor the internet for pharmaceutical companies for non-controlled drugs.

00:39:08:04 I'll emphasize that, Mr. Crawford. We don't get involved in controlled drugs. For lifestyle drugs and other drugs, the high value drugs... And you'd be surprised the counterfeit drugs that we obtain off the internet. You don't need prescriptions. The counterfeit drugs, it's just unbelievable.

00:39:27:29 We did a recent survey and 30% of the drugs we are obtaining are all counterfeit. So... And even in Canada, I think it was two years ago or last year, imports into Canada from Iran increased by a thousand percent and the Iran...

00:39:43:27 What's interesting about that is the Iranian pharmaceutical industry does not approve—those drugs are not approved for marketing in Canada, so you wonder where they're going. But... So just a little bit of information for non-controlled (inaud.).

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00:39:55:07 JC: Just to fill in, the euphemism "lifestyle" which is understood by most of the people in Diversion, but those who don't understand it, that's Viagra, Propecia (ph.) for hair loss, etc.

00:40:06:15 RB: Now some of us don't have to worry.

00:40:08:00 JC: Yeah. I'm great. Look at him. He's older than me. Yeah.

00:40:12:06 FS: I have a question (inaud.). (Inaud.)?

00:40:18:26 RB: I think she says my age, you know, I'm getting a new (inaud.) of hair.

00:40:23:16 FS: I was just asking (inaud.).

00:40:35:05 RB: That—that... That's a good question and I'll repeat it. The question is in our consultation business what type of inquiries do we get from the industry in dealing with controlled substances, cause we deal across the board with controls and non-

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controlled and the state issues and different issues such as that.

00:40:53:02 But on the controlled drug area where we're beginning to see changes now over the last three or four years is more or less on these virtual companies where you'll have a company, I wanna say the IND or the NDA, and they'll have somebody make it, somebody distribute it.

00:41:08:27 And so we're getting a lot of questions on that, is how do they deal with the agency since in a lot of cases they're not even the—they're not even a registrant. But they own this product and somebody else is making it and distributing it. So we'll get questions in that area.

00:41:23:25 We'll get questions again with virtual manufacturers where they may have four or five suppliers that are making the drug. And then we get into security. What we're seeing now, that, you know, as an agency changes and people retire and new people come in, we're seeing

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a tremendous change now in the industry where the same thing's happening.

00:41:42:07 So we're beginning to get some very basic questions and, depending on what segment of the industry, the manufacturer gets such questions as, well, what is meant by limited access or what is meant by just enough people to have carry on the function? What is meant by designated observer or designate somebody in writing?

00:42:02:04 So we're gonna get some very basic questions. We'll begin to see some questions in records. You know, what is meant by a record? You know, what type of information do I need on that record? So it's basically probably the same types of questions that you're getting as an agency that we're seeing.

00:42:18:12 We're beginning to see, even though the rates don't require it, SOPs. More and more companies want operating procedures so they leave nothing to chance with their employees. Those are some of the things

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that we're seeing. I don't know if it's any different than...

00:42:29:17 JC: Same. Same.

00:42:29:29 RB: ...than you guys are seeing.

00:42:32:05 JC: Same types of questions.

00:42:36:10 MS: (Inaud.) how does the—how do the manufacturers, the pharmacies, the practitioners (inaud.) as being a helpful partner (inaud.)? And (inaud.)...

00:42:50:26 FS: Would you repeat the question?

00:42:51:16 RB: I'll repeat the question. Basic... The question is how does the industry, whether you're a manufacturer, distributor or pharmacy, view the agency? I think it's... You know... And, again, we deal with a lot of agencies, state, federal—in the federal level and the state level.

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00:43:06:10 In most cases I see the industry looking at DEA more as—in a partnership. I don't know if that's good or bad but more of a good working relationship. You really don't see that with some of the other agencies. There's more fear in there. But I see that. Now, of course, you have the flip side of that coin.

00:43:23:21 You'll have some companies that can't stand ya. Not many of the companies, physicians and pharmacies cause they're fear—there's a fear. But overall, when we look at (unint.), the kinds we deal with and everything, there's—they look at it more as a partnership, as a free flow of information.

00:43:38:28 And they do see that, that there's—it's an easy agency to ask a question of and get a response back. That's what I'm seeing. Now, are there problems in some areas? Yeah, there's some—there's some problems in some areas, if you call them problems or disagreements, but that's natural.

00:43:53:25 You know, I had—we had that when I was here. We've had that. We've got some people in the industry that

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are pains in the necks and we probably have some people in the agency that are pains in the necks. It's just—it's human nature. But usually the relationship, what I see, is they think highly of it.

00:44:10:23 JC: Same thing. And being one of the pains in the neck that he referenced, they see... [BOTH TALKING AT ONCE]

00:44:17:13 RB: You know, he talks about... I guess I was your first supervisor.

00:44:20:21 JC: Yes.

00:44:20:27 RB: But there was you, there was Rienick (ph.), there was Transaletta (ph.), we had a basketball team. (Unint.)... [BOTH TALKING AT ONCE] I got tall as I got older. These guys were all like this.

00:44:30:17 JC: Yeah, the shortest guy in Buffalo at the time was 6'3". We had a good volleyball team. We played against the RCMP and did pretty good. But we used to have... Herb DeRussell (ph.) down in New York was 5'2".

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He kept saying, "I wanna go to Buffalo. I wanna go to Buffalo".

00:44:44:20 We'd tell him, "Herb, you can't come to Buffalo. We'd lose you for a whole quarter".

00:44:49:19 RB: Gotta be... There was a question in the back.

00:44:51:25 FS: (Inaud.) problem and a quick fix, perhaps our—a lot of our resources specifically going for programs to attack the internet, both—well, domestically first I assume?

00:45:11:12 RB: (Inaud.) this your question? Who was that question (inaud.). I assume Jim.

00:45:16:12 MS: (Inaud.).

00:45:17:03 RB: Oh, me? Oh, you gotta repeat the first part of the question then.

00:45:20:24 FS: Mr. Buzzeo, do you have a quick fix how you think Diversion is going to handle the internet?

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00:45:28:20 RB: Oh, boy! That... That's a good question because in our IT department... I'll tell you the problem from my perspective for—again, from a non-controlled area. Our IT department has some people in there that are really good when it comes to the internet. I think some of them had their careers—probably were hackers at one time.

00:45:52:00 But when they begin to go in and track these sites, it becomes extremely difficult cause it just keeps going back, back, back, back, back, and most of em are overseas. So I don't know what the quick fix is because this is—it's like with any drug problem, as long as there's a demand, people are gonna go for it.

00:46:10:13 Now whether it's for an illicit purpose, which you get with the controlled substances, or even in the non-controlled substances where they think they're getting something less expensive when, in fact, in a lot of cases they're buying either a counterfeit drug, outdated drugs... And, you know, so...

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00:46:30:19 But it's—it—the demand is there. They feel that they're getting a buy so that they're gonna obtain the drug. There's no quick fix that I can see. I don't know on a controlled drug perspective. You guys keep locking em up and going after the physicians and stuff like that.

00:46:45:05 I'll give you an example of a case. I won't mention the case. I got a call from a lawyer who I—you know, says to me, "Ron, we'd like you to be an expert witness" and this was a controlled drug case. I said, "Well, explain the case to me". Well... And we don't take plaintiff cases so...

00:47:03:03 And I... They say, "Well, they're mail service pharmacy". "You licensed in any states?" "No." "Okay. Well, what drugs are you doing? What percentage of controlled drugs?" "Hundred percent." "Hundred percent?" Primary drug is hydracodone. Eighty percent was hydracodone.

00:47:21:06 Point is that we wouldn't even touch it but the point I'm trying to make is the demand was there, these

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people were fulfilling this demand. So on a controlled drug perspective you guys keep locking em up and they just keep sprouting up. From a non-controlled perspective the demand is there, so these people are supplying these lifestyle drugs, these antibiotics, these hormones, you name it.

00:47:38:25 And, like I said, 30, 40% of em are counterfeit, are coming from markets you wouldn't even wanna touch. Very difficult situation. I don't have a solution to it. I really don't.

00:47:46:21 JC: I don't think there is an overnight, quick solution. We've had legislative efforts on the Hill since '98 attempting to legislate a doctor/patient relationship existence.

00:47:59:07 RB: And I'll tell you the other problem is when you have governors in states authorizing use of mail programs of (unint.) drugs overseas or internet obtaining these drugs, it makes your case even easier because the perception is if I can do it for a non-

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controlled drug and these sites start up, they're gonna go to controlled drugs also.

00:48:16:04 JC: Gam (ph.).

00:48:16:21 MS: Yeah. Thanks. I'm—I'm... Gam Rowe (ph.) speaking. Mr. Crawford has babysat me for several years now. I am... Speaking of demand and, well, demand reduction which is something that is in decline as a—as a—an initiative within DEA, Mr. Buzzeo, I was hoping you'd comment about the diversion piece of demand reduction and maybe your vision for its value in the future because..

00:48:37:27 And I'll insert a parenthesis here somewhat of opinion but (inaud.) the question. We are seeing, obviously, a growth in the illicit use of pharmaceuticals despite the decline in other categories of drug abuse. We're seeing... We know there's a strong correlation between perceived risks and perceived legitimacy and—or (unint.) a negative correlation between that and drug misuse and drug abuse.

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00:49:00:28 So it would seem that the demand reduction is an excellent lever societally. Whether or not DEA should have a role in that is a big question and whether or not the Diversion Control Program should have a role in that is a not so small question either. But I wonder if you have a comment on that.

00:49:15:09 RB: Well, I-I-I-I can't comment on—I cannot comment on what the role the agency should be because, you know, I'm not in the position to set priorities. At one time I was in a position to set priorities for the Diversion Program and influence, I should say not (inaud.) influence priorities but...

00:49:30:21 So I can't really comment on what the agency priorities are because I don't know what your priorities are anymore and where your resources have to go. But from a demand reduction perspective, I think any educational program is extremely important.

00:49:43:15 It's to educate the American public on the usefulness of drugs, as Jim talked about, of what misuse of drugs can do, but also to balance... We need a balance

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because what you'll have... The impact that-that-the negative impact of this is the legitimate patient who has pain, as Jim talked about.

00:50:04:03 Many times you'll see a patient say, "I don't want any pain medication because I don't wanna become an addict", which is-the chances of that happening are very slim. Or you'll have surgery and the doctor will say, "I'm not gonna give you any pain medication because I don't want you to become an addict".

00:50:18:20 "We'll use something else." So you've got that. So you have to balance the demand reduction, illicit use with licit use. But what all that said is to me education programs are extremely important. We have to educate the public on what's good, what's not good, keeping in mind we don't wanna have a negative impact either.

00:50:37:13 But as long as the demand is there... As I said, as long as the demand is there for somebody to go on the internet to buy a drug, not knowing what they're getting, or putting their prescription in the mail and

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sending it off to some other country to have that prescription filled, there's something wrong with the educational—the education of the American public.

00:50:57:12 They really don't know what they're getting. And they're basing everything on cost. They're basing everything on cost and I think that creates some of the issues. But demand reduction programs, to me, are extremely important. And I look at it as an educational program across the board. That's how—what I create—equate demand reduction with.

00:51:16:08 JC: I can't disagree with what Ron had to say. The only thing I can add to it is when the household survey last year reported that graduating seniors in high school deemed that Vicadin (ph.) was less dangerous than marijuana, I know both Mr. Bozzeo and I are scared about that.

00:51:33:17 RB: Oh, yeah!

00:51:34:26 JC: Cause Vicadin will kill ya. Now...

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00:51:37:23 RB: Now... I'm sorry. (Inaud.)...

00:51:38:19 JC: Go ahead.

00:51:39:05 RB: No, no. Go ahead. (Inaud.).

00:51:40:10 JC: Go ahead.

00:51:40:20 RB: No, no. I'm not—I'm a guest. I can't interrupt.
Those days are gone.

00:51:44:22 JC; Feel free. Feel... You've always interrupted me
before. Why would you stop now? The final point I
wanna make, okay, and I will read directly from
testimony of the Administrator Karen Tandy (ph.)
before the House Appropriations Committee on the 22nd
of this month...

00:52:04:13 "Finally DEA has proposed a new hybrid job series
established which contains specialized Diversion
investigator requirements as well as full law
enforcement authorities. The proposal with an
associated cost of 11 and a half million dollars is

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now under review by the Office of Personnel Management."

00:52:20:12 "Current employees who are interested and eligible may apply. Those who do not apply will continue to perform the compliance function. Through attrition we will arrive at an appropriate number of Diversion investigators to sustain the compliance function." That's the Administrator's word.

00:52:38:00 I've heard too many people say it's the beginning of the end of the Diversion Program. I'm here to tell ya, it's not. It's the end of the beginning. We have reached this point of recognition because of what we did. We're now getting the tools necessary to accomplish the job.

00:53:00:15 I salute every Diversion investigator, everybody who works in the Office of Diversion Control, because without you we would not have reached this point.
[APPLAUSE]

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00:53:20:29 FS: Thank you. This concludes our lecture series this afternoon. I just want to make one mention, and that is we've been doing this—the museum staff has been doing this lecture program for about two and a half years and, of course, we're running out of ideas.

00:53:37:09 So if anybody has any ideas of subject matters that they would like to hear about or learn more about, please see Katie Drew (ph.) - wave your hand, Katie - and we'll be more than happy to work on it. Thank you again and have a good afternoon.

END OF TAPE