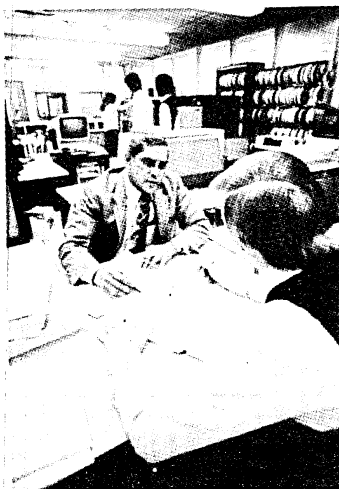


regulatory boards (i.e., Board of Pharmacy, Board of Medicine, etc.). These boards are generally responsible for the full regulation of professional practice within the State which encompasses a broad range of issues, only one of which is the prevention of diversion.

For example, a Board of Pharmacy may be responsible for monitoring continuing education requirements, coordinating reciprocity of licensure with other States, monitoring the professional ethics of pharmacists in the State, assuring that the pharmacies are properly equipped and staffed, and a number of other issues which, although vital to the practice of pharmacy, have little to do with combating the criminal diversion of drugs by pharmacists. Its staff, if there is one at all, may consist of one or two investigators for the entire State. This staff may even consist of practicing pharmacists who work for the Board on a part-time basis. This bleak picture of the Boards of Pharmacy becomes good by comparison with the boards of other professions. These other boards are so poorly equipped that in many States they rely upon the Board of Pharmacy's staff to conduct investigations of their professions.

The pattern among all these boards is that they are not oriented, equipped, staffed, trained, or in some instances even empowered, to properly combat diversion by the health professionals they are charged with regulating. These shortcomings are not the fault of the boards. In our experience, they are fully aware of their deficiencies, but are unable to alleviate their situation. The causes for this are complex, but essentially derive from a lack of public awareness of this facet of the illicit drug problem.

The State law enforcement agencies (State Police, State Bureau of Investigation, etc.)



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do not often pursue the diversion of drugs by health professionals in any real sense. The same can be said for local police departments within the State. This is primarily due to the traditional assignment of this responsibility to the regulatory boards. Other contributing factors include a lack of resources, and a lack of training and orientation in this area.

The State and local prosecutors as a general rule have no experience in prosecuting criminal cases against health professionals. There is even a reluctance to accept such cases due to their oddity, sensitivity, or complex nature. In sum, there is little Federal, State, or municipal effort expended on curtailing diversion of drugs from the retail level.

There are about 15 billion dosage units of controlled drugs manufactured in the United States each year. Based upon subjective and statistical indicators, the most conservative estimates on the extent of diversion of these