Drug Dealers on the Internet: Is the DEA enforcing the Ryan Haight Act?

A Look at Rogue Internet Pharmacies Selling Controlled Substances Without a Prescription

June 2011

About LegitScript

LegitScript was founded in May 2007 and is the only Internet pharmacy verification and monitoring program endorsed by the National Association of Boards of Pharmacy (other than the NABP’s own similar programs, such as the VIPPS program). LegitScript is based on Portland, Oregon. LegitScript’s staff have a background in law, pharmacy practice, other healthcare practice, law enforcement, criminal justice, military intelligence, policy analysis, artificial intelligence, and computer programming. This report was conducted solely and 100% at LegitScript’s own initiative and expense and not at the request of any third party.
reintroducing ryan haight

On February 12, 2001, Ryan Haight died. The 18-year old’s mother found him lifeless in his bed following an overdose of Vicodin, an addictive prescription drug.

Ryan had purchased the Vicodin over the Internet from nationpharmacy.com. That website, an online pharmacy, utilized an increasingly popular business model: turning hundreds of years of medical practice on its head, the customer never had to see a doctor in person, and could simply fill out a form available on a website. A doctor affiliated with the website would then review the form, write a prescription, and the pharmacy would mail the customer the drug.

It was all very easy — too easy, not only for young adults like Ryan to get addictive prescription medicines as readily as candy, but for unscrupulous physicians and pharmacies to rake in obscene profits. Sworn to “do no harm,” such physicians were little more than online drug dealers; the pharmacies became known as “pill mills.” Online pharmacies were not the only contributing factor, but it was no coincidence that in the years surrounding Ryan’s death, prescription drug abuse shot up to become the nation’s second-largest drug abuse problem.

The problem was, rogue Internet pharmacies like nationpharmacy.com were exploiting a lack of clarity in the law. The Nixon-era federal statutes governing “controlled substances” (which include addictive prescription medications like OxyContin and Xanax) couldn’t have foreseen the advent of the Internet, and didn’t contain any explicit legal prohibition against this sort of Internet prescribing. There was an implicit prohibition, and federal prosecutors could get convictions in some cases — the doctor and pharmacist who dealt the drugs to Ryan were, in fact, sentenced to prison — but it was tricky to get there under 1970s-era, pre-Internet law. Basically, prosecutors were forced to make a confusing argument to jurors, based on an obscure 1975 case¹, that the behavior “falls outside the usual course of professional practice.” This left openings for defense attorneys to argue: if it’s really illegal, why doesn’t the law just say so in plain language?

Congress responded, and the result was a 2009 law giving the DEA new tools to address the problem. The law is known as the Ryan Haight Online Pharmacy Consumer Protection Act. The law updated the Nixon-era legislation, requiring (among other things) that a prescription be based on at least one prior in-person examination by the physician, effectively equating the online prescribing model that led to Ryan’s death to not requiring a prescription at all. Originally conceived of in the early 2000s, the law was signed by the President in October 2008, and took effect on April 13th, 2009, just over two years ago.

Since the new law took effect, senior officials at the DEA have metaphorically hung up a “Mission Accomplished” banner. Recently, one senior DEA official stated that “(t)he Ryan Haight Act has pretty

¹ US v. Moore, 423 U. S. 122 (1975)
much eliminated the (rogue online pharmacy) business in the United States..." and that although the new law (being a US law) only applies in the United States, "(t)he DEA hasn't found a large number of foreign sites selling controlled substances" (that are shipping drugs to the United States). Similarly, at a counterfeit drug conference in October 2010, another official, the DEA’s pharmaceutical investigations chief, stated, "(t)he Internet is not as big of a problem as we all think it is...especially dealing with controlled substances," and went on to state his belief that those they could find were probably selling fake drugs. When then asked “how many...successful prosecutions there have been under the Ryan Haight Act," the DEA official indicated that (as of then) there had not been any — impliedly because the new law had had a sufficient deterrent effect. In seeking to fight the tide of prescription drug abuse, the agency's primary focus is on encouraging the proper disposal of unused prescription drugs. Indeed, the administration's recently announced strategy to reduce prescription drug abuse barely gives Internet pharmacies a passing mention, and contains no strategy to address the problem, perhaps reflecting the DEA’s view that the problem has largely been addressed.

This sounds like a happy ending. But is it the truth?

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This report concludes that the DEA's position is unsupported by the data, and that the Ryan Haight Act — while the correct policy, successful in many important ways, and a good model for expansion — has not been adequately enforced by the DEA, thus allowing Internet drug dealers to survive and profit. This report argues that the DEA continues to operate on a pre-Internet model, failing to understand that the Ryan Haight Act gives the agency tools to deal not merely with malfeasant physicians and pharmacies based in the US, but as a persuasive tool with website operators, Registrars, and Internet Service Providers as well. This report also identifies some of the ways that these cybercriminals are flying below the DEA's radar.

The DEA’s assertion that “on-line business in the US...has pretty much (been) eliminated” and that the agency “hasn’t found a large number of foreign sites selling controlled substances” is also

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2 http://www.buffalonews.com/city/special-reports/rx-for-danger/article373746.ece

3 Robert Hill, Chief of the DEA's pharmaceutical investigations section, speaking at an October 8, 2010, Partnership for Safe Medicines (PSM) conference on counterfeit drugs. The video clip of the conference is generally available at http://www.c-spanvideo.org/program/DrugProf. The specific quotes referred to in this report were transcribed from the video.

4 It appears that since the DEA pharmaceutical investigation section’s chief’s statement, two criminal cases relying in part on the Ryan Haight Act may have been filed — a number that still pales in comparison to the thousands of rogue Internet pharmacies selling controlled substances without a valid prescription.


problematic. To drive this point home, attached to this report are 1,000 Internet pharmacy websites that, as of the time of this writing, overtly promote the illicit sale of controlled substances. Well over half of them are using a domain name registrar or server in the United States. This is just a sampling of the problem: LegitScript estimates that there are, on average, between 7,500 to 15,000 rogue Internet pharmacy websites marketing controlled substances without a valid prescription at any one time; there are thousands of such websites in our database. Against this backdrop, the DEA’s apparent position that they are not seeing these rogue Internet pharmacies, and that the problem is all-but-solved, brings to mind a fire chief standing outside a five-alarm blaze, calmly remarking to passersby that it’s a quiet evening.

What about the DEA’s assertion that the rogue Internet pharmacies it can find are mostly operating from offshore (and that those drugs are counterfeit), and are thus impliedly outside of the reach of its jurisdiction? This is partially true, but only from an outdated perspective. Certainly, the phenomenon of US-based physicians and pharmacies colluding to sell addictive medications without a prescription via the Internet is much rarer. It is not unreasonable to think that at least some of the foreign supply is not genuine, or that in some cases, addictive drugs like Vicodin are actually swapped out with a non-controlled drug like tramadol, or even a non-prescription drug like Aspirin.

But that does not mean that the Internet pharmacies are “foreign.” In labeling them as such, the DEA appears to be looking myopically, and antiquatedly, at the single question of whether the dispensing pharmacy or prescribing physician is in the United States. That analysis fails to consider the numerous cyber-lifelines an Internet pharmacy needs to survive, and fails to recognize that in many cases, those lifelines are in the US, subject to DEA influence. After all, most of these websites are using US-based servers, domain name registration services, payment service providers, or shipping services; in some cases, the website operator is also within the US. The Ryan Haight Act provides the DEA the necessary tools to take action against these websites; yet the DEA, in asserting that the problem is all-but-solved, is turning a blind eye to Internet drug dealing.

Any time that a new federal law has been implemented, it is reasonable (and responsible) to ask two questions: first, has the policy worked as intended; and second, has the agency responsible for enforcing the law adequately done so? As argued in this report, the Ryan Haight Act itself continues to stand as an important model for expansion and — standing alone as a statute that proscribes certain unacceptable medical practices, and sets a nationwide standard — should be seen as a qualified success. However, that success has been crippled by the DEA’s apparent inability to identify the thousands of rogue Internet pharmacies that continue to operate online, and its apparent unwillingness to use the tools that Congress has provided it to fight these dangerous websites and quell Internet-fueled prescription drug abuse. It is further hampered by the agency’s failure to understand what constitutes a “domestic” Internet pharmacy subject to its jurisdiction or influence.

In all of this, it’s important to remember that the sole purpose of these websites is to profit financially at the expense of Internet users’ addiction, health and — occasionally, as in Ryan Haight’s case — death. There is only one federal agency empowered to fight this with the Ryan Haight Act: the US Drug Enforcement Administration.

And if the DEA doesn’t take action against these websites, then who will?
I. Anatomy of a rogue Internet pharmacy: worldphamacy.us

What is a rogue Internet pharmacy; how does it operate; and why is it dangerous? In this section, we dissect one sample rogue Internet pharmacy, worldphamacy.us.

How do we know that worldphamacy.us is an Internet pharmacy at all? The answer is fairly simple: the primary purpose of the website is to sell prescription drugs. Indeed, the image below, captured in early April 2011, leaves little doubt that this website is offering prescription drugs for sale, including Viagra, Cialis, Levitra (not controlled substances) and Hydrocodone, Percocet, and OxyCodone (all controlled substances).

worldphamacy.us, a sample rogue Internet pharmacy, offers a range of controlled substance prescription drugs without a valid prescription, including hydrocodone (Vicodin), oxycodone (OxyContin) and alprazolam (Xanax).

Of course, there’s nothing necessarily wrong with an Internet pharmacy that is offering these substances: the Ryan Haight Act doesn’t prohibit all Internet pharmacies, just those that fail to comply with the law’s requirements. So is this Internet pharmacy in compliance with the law — and if not, why should anybody care?

In past LegitScript reports, a recurring trend has been that once we issue a report about a rogue Internet pharmacy, it goes offline, typically because the operator doesn’t like the unwelcome attention. Consequently, the reader should not be surprised if, attempting to access worldphamacy.us, it is offline or the content has been altered — a likely occurrence within days of this report. Most of the Internet pharmacies covered in this report, including the appendix, have some degree of permanency, and are online for at least several months at a time or years. All were online as of March or April 2011, and the screenshots of worldphamacy.us were captured in March and April 2011.

Note the intentional misspelling of the word “pharmacy” in the domain name, with a missing “r”. If worldphamacy.us is offline (a likely occurrence following our report), the content appears to be mirrored at codpharmacy.net, part of the same network.
Among the Ryan Haight Act’s requirements are that the website must not sell drugs like hydrocodone without a valid prescription. Here, the term “valid” is important: it means that simply filling out an online form, without establishing a meaningful relationship with the prescribing physician based upon at least one prior in-person exam, is akin to not requiring a prescription at all. One need only to look to Ryan Haight, and numerous others like him, to see why this is important. Part of physicians’ responsibilities in prescribing a controlled substance is to ensure that the patient has a legitimate need for the drug, not one related to abuse that can foster addiction or overdose, even a fatal one.

**worldphamacy.us** violates the Ryan Haight Act’s most basic tenet: it permits a customer to order controlled substances based solely on an online consultation, without ever being physically examined by the physician. Under federal law, this is akin to simply not requiring a prescription at all.

**WorldPhamacy.us** is in clear violation of this requirement. The website states that after the customer fills out the online form, the “physician...will review the information you have submitted...and” the order will be sent to a pharmacy where the prescription will be “filled and shipped.” At no point is any medical history or physical exam by the prescribing physician required — the exact set-up that preceded Ryan Haight’s death.

But what if the drugs are counterfeit, and don’t really contain a controlled substance, as the DEA implied?

That certainly happens, but there are at least six problems with this response. First, a prescription drug might be a counterfeit, but that doesn’t mean that it contains no active ingredients at all. Indeed, if a person orders 30 pills of 3 mg Xanax, the pills would technically be considered counterfeit if they only contain 1.5 mg of the active ingredient (alprazolam)...or, for that matter, 6 mg. A counterfeit prescription drug may still contain controlled substances. Second, counterfeit drugs are a health problem in and of themselves: some prescription drug deaths are due to overdoses, while others have been due to counterfeits. Third, rogue Internet pharmacy operators operate for the purposes of profit: if a genuine product is cheaper than having a counterfeit one made, they will supply the genuine version. But it may vary by drug: just because the Oxycontin supplied by a rogue Internet pharmacy is fake doesn’t necessarily mean that the Valium is as well.
Fourth, Ryan Haight Act regulations don’t require proof that the drugs are genuine: whether the drugs are real, fake, or don’t exist at all, the Act prohibits the illicit marketing of what are claimed to be controlled substances in violation of the Ryan Haight Act’s requirements.  

Fifth, recall that the DEA says it simply hasn’t been able to find many rogue Internet pharmacies in the first place. Juxtapose that with the sample 1,000 controlled substance rogue Internet pharmacies listed in this report — a fraction of those in operation. If the DEA states that it isn’t finding many rogue Internet pharmacies, when in fact there are provably thousands in operation, it is reasonable to ask whether the DEA actually has a sufficient sample with which to make the determination that most drugs sold by rogue Internet pharmacies are probably just counterfeits.

The sixth and last point requires that we think critically about how worldpharmacy.us operates. What about the DEA’s apparent claim that in most cases it has found, the customer simply ends up getting ripped off? Certainly, that happens in some cases. But logic dictates that customers of worldpharmacy.us probably get some sort of a drug, because the website operates a a “cash on delivery” pharmacy, as shown below.

To explain this, worldpharmacy.us does not require payment up front, via Visa or MasterCard, or even Western Union. (Numerous rogue Internet pharmacies continue to use especially Visa, and many steroid sites use Western Union — a topic for a separate report.) It states that it has an arrangement with FedEx in which the customer must provide cash or a money order upon delivery, as shown below.

If we accept the premise that this Internet pharmacy is in operation to make money, it would make no sense that they would ship nothing to the customer. There is no opportunity for them to “rip people off” with a fraudulent credit card transaction, since the only way that the website can profit is to actually mail drugs to the customer, and thereupon receive cash on delivery or a money order. Certainly, the drugs could be counterfeit, but there seems to be little question that something, real or fake, will arrive.

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9 The DEA regulations on this point are accessible at [http://www.deadiversion.usdoj.gov/fed_regs/rules/2009/fr0406.pdf](http://www.deadiversion.usdoj.gov/fed_regs/rules/2009/fr0406.pdf). For example, one section of the DEA regulations state that “to establish a violation of this felony provision, it is not necessary that the person placing the advertisement actually engage in a transaction involving a controlled substance. Rather, merely placing on the Internet an advertisement that is designed to facilitate, or offers to facilitate, an illegal sale of a controlled substance is sufficient to violate 21 U.S.C. 843(c)(2)(A).”
While rogue Internet pharmacies come in multiple shapes and sizes (and most do not use cash on delivery), worldpharmacy.us is otherwise a typical example of how these illegal websites operate. And, as noted earlier, worldpharmacy.us is merely one solitary example among thousands of similar websites.

But the DEA has indicated that the Ryan Haight Act addressed the domestic rogue Internet pharmacy problem, and that the few rogue Internet pharmacies it’s found are foreign (and thus impliedly outside of the agency’s jurisdictional reach). Let’s assume — just for the sake of argument — that this one is, in fact, supplying drugs from overseas, and not using a US-based pharmacy or physician. The question is: Could the DEA do anything about this rogue Internet pharmacy and thousands like it that target US customers?

If so, what?
II. Finding the Jurisdictional Hook

Returning to worldpharmacy.us as an example, let’s assume that the DEA is right: that despite worldpharmacy.us’s claims to use US pharmacies and physicians, the “pharmacy” that dispenses the drugs is actually foreign. (Indeed, LegitScript’s experience indicates that this is probably correct.) But does it follow that there is nothing that the DEA can do about this website under the Ryan Haight Act?

Not at all. In fact, worldpharmacy.us is unquestionably a US-based Internet pharmacy, and as we explain below, there are several things that the DEA could do quickly and decisively shut down this particular rogue Internet pharmacy and many like it. Indeed, to say this website is not US-based belies the way the Internet works and misses an opportunity to use the Ryan Haight Act as it was intended to be used.

To explain this, we have to take a short detour and think about what a website is. When you type a website name such as “worldpharmacy.us” into your browser, there isn’t really any content that exists at the domain name itself, worldpharmacy.us. Rather, the Internet is designed in such a way that the website name points to the content — the text and images that make up what you see on the website — at an “IP address,” which is numerical (in this case, 204.15.12.89). In other words, no website can exist without content residing on a server somewhere, and as a practical matter, a website (or “domain”) name. The domain name (worldpharmacy.us) is matched up to the content at the IP address by what is called a “name server.”

In this respect, it’s important to recognize an odd truth: an Internet pharmacy does not need an actual pharmacy or physician to operate — after all, the drugs may be sent from an old warehouse or someone’s basement. But every Internet pharmacy must have a domain name, an IP address, and a name server; those things, not being a US-based pharmacy or doctor, are the indispensable elements. Being a business, it also needs payment processing; if shipping drugs, it also needs a delivery service.

Looking at worldpharmacy.us this way, where are the constituent components of this rogue Internet pharmacy located? As shown below, every constituent component is within the United States.

<table>
<thead>
<tr>
<th>website component</th>
<th>company</th>
<th>location</th>
</tr>
</thead>
<tbody>
<tr>
<td>domain name</td>
<td>worldpharmacy.us</td>
<td>Network Solutions</td>
</tr>
<tr>
<td>top-level domain</td>
<td>.US</td>
<td>NeuStar</td>
</tr>
<tr>
<td>IP address</td>
<td>204.15.12.89</td>
<td>Febox LLC</td>
</tr>
<tr>
<td>name server</td>
<td>mediacatch.com</td>
<td>mediacatch.com</td>
</tr>
<tr>
<td>delivery service</td>
<td>FedEx</td>
<td>FedEx</td>
</tr>
</tbody>
</table>

10 A website name, or “domain name,” actually isn’t required for a website to exist. However, without a domain name, Internet users would typically have to type in the numerical IP address. Although Internet purists may correctly note that technically, a domain name isn’t required to have a website, it’s safe to say that when one looks at how people actually use the Internet, and especially in dealing with commercial activity online like Internet pharmacies, a domain name is required if you want people to use, visit and remember your website.
Although it should not be inferred that the US-based companies listed above necessarily know about the illegal use of their services by worldpharmacy.us, every one of them prohibits the use of their company’s services in furtherance of illegal activity, and reserves the right to discontinue services to offending websites.

So what could the DEA do about this rogue Internet pharmacy? The agency has two broad options. Certainly, it could seek a court order instructing any one of the companies above (or all of them) to discontinue providing services to worldpharmacy.us. If the domain name registrar or the hosting company discontinued providing services, the website would be completely inaccessible; if the registrar furthermore “locked” the domain name, it couldn’t be transferred to another registrar and would be permanently frozen. Simply put, worldpharmacy.us — at least, operating via that particular website — would be a dead website, able to do no further harm.

The second (better) option is for the DEA, instead of going to the trouble of getting a court order (admittedly cumbersome in the face of thousands of websites), to simply ask the companies to voluntarily enforce their own terms and conditions. There is no law preventing the DEA from reaching out to companies like Network Solutions (which could freeze the domain name) and Neustar (which operates the .US extension of the website) and encouraging voluntary action. LegitScript has notified these and other companies about rogue Internet pharmacies before, and the companies generally voluntarily comply with our requests. It is safe to presume that they would take a polite request from the DEA equally, if not more, seriously than one from LegitScript.

What other US nexuses are there for worldpharmacy.us? Another glaring one stands out: the domain name registration information itself. Every website must have what’s called “WhoIs” information — the name and contact information for the person or company that operates the website, called the “registrant.” In this case, worldpharmacy.us is registered to an individual who is purportedly in California:

<table>
<thead>
<tr>
<th>WHO OPERATES WORLDPHARMACY.US?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant Name:</td>
</tr>
<tr>
<td>Registrant City</td>
</tr>
<tr>
<td>Registrant State</td>
</tr>
<tr>
<td>Registrant Postal Code</td>
</tr>
<tr>
<td>Registrant Country</td>
</tr>
<tr>
<td>Registrant Phone Number</td>
</tr>
</tbody>
</table>

The information above is almost certainly fictitious (and the misspellings above are “Mike Tyseen’s”, not ours) — a recurring problem with domain name registrations — but that opens up another avenue for the DEA to take action. Fictitious domain name registrations are grounds for the Registrar or, in this case, Registry (Neustar, which operates .US) to suspend the domain name, effectively shutting the website down. Indeed, it doesn’t take more than a 30-second visit to Google Maps to show that the address above doesn’t actually exist.
What other US nexuses exist that would enable the DEA to take action? When customers of worldpharmacy.us submit their order, they are directed to e-passporte.net, and are no longer at worldpharmacy.us itself. That website, too, is similarly operating within the United States: e-passporte.net uses a US domain name registrar (in Virginia) and a US-based IP address (in California).  

Of course, not every rogue Internet pharmacy listed in the appendix to this report has a US nexus. But most do: our data indicates that well over half of the 1,000 rogue Internet pharmacies in the attached appendix are using a US-based domain name registrar, hosting content provider, or both. Even if the companies providing the domain name registration and IP address services are outside of the US, the vast majority of the rogue Internet pharmacies accept payment via Visa and to a lesser extent MasterCard, AmericanExpress or other payment processing services based in the US. (And remember, the US is the target market for most of these operations.)

Even if the domain name registrar and IP address are outside of the United States, LegitScript has had a fair degree of success in seeking voluntary compliance from these foreign companies. If the DEA simply asks these foreign registrars to comply, it will presumably meet with some success and some refusals. Ultimately, even if rogue Internet pharmacies may “cluster” at a small number of foreign Registrars and ISPs, this would open an avenue for the DEA to investigate whether those few Registrars and ISPs are knowingly facilitating illegal activity. Although targeting foreign actors engaged in violation of the CSA takes some creativity, the DEA has a long and clear record of success in conducting multi-jurisdictional investigations. 

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11 Although not the subject of this report, a normal cyber-investigation of e-passporte.net shows that the website is almost certainly related to pharmacydropshipping.com, which is now offline but has been involved in the illicit importation of prescription drugs. Unverified information indicates that the individual behind this entire scheme may be in the United States and recently pled guilty to being a felon in possession of a firearm. This information has not been substantiated.

12 Being extremely cautious and conservative in how we assess the data, this number stands at about 55%. We think it’s fair to put the actual number at between 60% - 75%, but probably no higher than 80% using the most expansive definition (the difference being how a “US nexus” is defined, since some ISPs may technically be registered elsewhere but lease servers in the US, or the reverse).
Websites like worldpharmacy.us illustrate the clear and present danger posed by rogue Internet pharmacies selling controlled substances without a valid prescription. Although the supply may be foreign, or in some cases even involve non-genuine drugs, a closer look at these websites shows that the absence of a US physician or pharmacy does not mean that the DEA can do nothing about the website. Indeed, the more closely that one looks, one sees that it is not the supply that makes an Internet pharmacy domestic or foreign, but the website’s dependencies that — if not opening up an avenue for arrest and prosecution — at least enables the website to be taken offline. It is entirely reasonable to ask the DEA why this website, and thousands like it, remain online.
III. Rogues: Outsmarting the DEA?

In October 2010, the DEA’s pharmaceutical section chief stated that “...the Internet (pharmacy problem) is not as big of a problem as we all think it is...” and that “...the DEA hasn’t found a large number of foreign sites selling controlled substances.” In this section, we explain how some of these rogue Internet pharmacies achieve a tricky balance: remaining visible enough so that customers can find them, but masking their operations from third parties such as the DEA, intellectual property rights holders, payment service providers like VISA, and Domain Name Registrars.

Consider the rogue Internet pharmacy store4meds.com. When you first visit the website (the home page is shown below), we see Cialis, Celebrex, Levitra and Viagra — all prescription drugs, but none them controlled substances. The DEA only has jurisdiction over controlled substances, so a reasonable presumption would be that the Ryan Haight Act does not apply to this website.

When one visits store4meds.com, one is initially (mis)led to believe that it does not offer any controlled substances and is thus not subject to DEA oversight. But, as we show, the reality is much different.

But store4meds.com is actually actively heavily engaged in the sale of controlled substances. In fact, the website owner has set up multiple heavily marketed “portals” around the Internet that, when used to access store4meds.com, “unlock” the controlled substances content for the visitor.
Sound complicated? Not really — but it does highlight the necessity of keeping up with how rogue Internet pharmacy owners operate. To illustrate this point, just visit phenterminepharmacy.biz, which markets phentermine, a Schedule IV controlled substance subject to the Ryan Haight Act's requirements. That page, as shown below, clearly offers “phentermine slimming pills without prior prescription” — exactly what the Ryan Haight Act explicitly prohibits.

phenterminepharmacy.biz is a “feeder website” that “unlocks” the controlled substances content at store4meds.com.

What happens when you click on the link at phenterminepharmacy.biz that reads “Click Here To Order”? At that point, you are transferred to none other than store4meds.com, the website we were just looking at that initially had no controlled substances visible. But now, controlled substances like phentermine — previously not visible on the website — are now available for purchase, as are numerous other addictive and dangerous drugs, like Valium, Meridia, Sibutramine, Xanax, Klonopin, and multiple others. In short, accessing store4meds.com via phenterminepharmacy.biz “unlocked” the hidden content, and it is the latter website that is heavily marketed on the Internet.

Multiple websites heavily marketed on the Internet “unlock” the content at the main site, store4meds.com, showing Xanax, Valium, Klonopin, phentermine and other controlled substances.
Many other rogue pharmacy websites selling controlled substances use evasive tactics such as portal sites and geo-targeting to avoid detection: mprix.com, a website seemingly only offering dietary supplements, converts to a controlled substances-dealing website when accessed via on of dozens of its affiliated Internet pharmacies such as keymeds.com. And so on; these are not isolated examples.

It’s reasonable to think that this obfuscation is, in part, to protected commercially valuable rogue Internet pharmacies still in operation from DEA attention. Are the tactics working? The DEA’s statement that it has not found many rogue Internet pharmacies offering controlled substances suggests that the rogues are outwitting the DEA. Although the obfuscation tactics used by rogue operators make them harder to find, these are nevertheless online businesses that rely on Internet users to find them to make their profits. They can be found with the appropriate tools and knowledge.
IV. The DEA’s Flawed Data

In defending the DEA’s apparent position that Internet pharmacies selling controlled substances are not as significant a problem anymore, some senior officials have pointed to an annual government study indicating that only 0.4% of prescription drug abuse is attributable to rogue Internet pharmacies.\(^\text{13}\) According to the study, most prescription drug abuse — the second largest category of drug abuse in the United States — is sourced from family and friends, or left-over prescriptions in the medicine cabinet.

If this is correct, then the DEA’s lack of focus on Internet pharmacies may be reasonable, and the 1,000 rogue Internet pharmacies listed at the end of this report (and our estimated 7,500 to 15,000 that exist at any one time) simply aren’t that relevant, because virtually nobody is using them. Indeed, it justifies the DEA’s recent attention on other methods of fighting prescription drug abuse, such as “prescription drug take backs” in which the DEA accepts unused controlled substance prescription medication.

The problem is, the government’s numbers are wrong. Here’s why.

The 0.4% figure cited by the DEA is based on an annual survey conducted by the US Department of Health and Human Services called the National Survey on Drug Use and Health. The NSDUH, as it is called, conducts anonymous interviews with thousands of people each year to understand the nature of the illegal drug threat in the United States. More than any other data, this study is what the DEA and other federal agencies, including the White House itself, use to set priorities in the so-called War on Drugs.

Beginning in the early 2000s, as prescription drug abuse kept rising, policymakers asked: how are people getting access to prescription drugs like Oxycontin and Xanax for a “non-medical” purpose?

To assess this, several questions were added to the study, including one that asked where and how respondents got the prescription drugs that they used recreationally; an Internet pharmacy is one of several possible responses. The idea was to identify the major avenues used to acquire prescription drugs illicitly and focus on those problem areas.

But when respondents are asked about the source of the prescription drug, they are provided what is called a “feeder question” — instructions from the questioner — stating (verbatim): "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. **We are only interested in your use of a drug if the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused.**"\(^\text{14}\) (emphasis added) In other words, if the respondent believes that a doctor was involved in writing a prescription, they are told not to answer the

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\(^{\text{13}}\) Available at [http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm](http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm). This was also cited by DEA senior official Robert Hill at the October 8, 2010, Partnership for Safe Medicines (PSM) conference on counterfeit drugs. The video clip of the conference is generally available at [http://www.c-spanvideo.org/program/DrugProf](http://www.c-spanvideo.org/program/DrugProf) or less directly via [http://www.c-spanvideo.org/roberthill](http://www.c-spanvideo.org/roberthill).

\(^{\text{14}}\) The methodology is also described at [http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsApps.htm](http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsApps.htm). LegitScript also confirmed this in a separate email with SAMHSA.
subsequent questions, including of where they got the prescription drugs, at all. As we explain below, the result is the absence of answers from respondents who obtained prescription drugs via an illegal prescription — as in an online questionnaire expressly prohibited by the Ryan Haight Act.

The intent of this “feeder question” is logical: to exclude individuals who had a prescription and legitimate medical need for a drug like Vicodin, and thus were not likely to be abusing it. But the question fails to take into account the way that most rogue Internet pharmacies actually operate. Specifically, the vast majority of Internet pharmacies tell their customers that a physician affiliated with the website (who may or may not actually exist) will write a prescription for them based upon the form that they filled out. (Generally, and especially with foreign websites, the claim that a physician is involved at all is often false, and is just an attempt to make the Internet pharmacy appear more legitimate than it is.)

What are some examples of this? Let’s look at 101generic.com, a major rogue Internet pharmacy selling controlled substances without a valid prescription. That website states in its FAQs that a “licensed physician” will review the form filled out by the Internet user for a controlled substance and write a prescription. This is untrue — there is no physician involved — but falsely assuring the Internet user that a doctor reviews the form is the strategy employed the vast number of rogue Internet pharmacies. Whether or not a physician really reviews the form is immaterial: the point is that the Internet user is told that a physician will write a prescription based on their order, and may logically exclude themselves from the NSDUH’s question about prescription drug sourcing accordingly.

This is not an isolated example; rather, it is the prevailing practice among rogue Internet pharmacies. Consider the assurances made by 24rxsale.com, another rogue Internet pharmacy offering controlled substances, falsely promising its customers that it only provides controlled substances to Internet users after a review by “physicians who are fully licensed in the appropriate authorities in their state of residence.”

15 One might retort that the second part of the instructions, telling respondents to answer the question if they took the drug “only for the experience or feeling it caused”, should remedy this problem. But it doesn’t, because that’s not always why people take controlled substance prescription drugs: although oxycodone and hydrocodone may be used for the feeling or experience, drugs like phentermine and sibutramine are used for weight loss, not to experience a euphoric feeling. Further, products like alprazolam or zolpidem might be used for the feeling or experience, but they could also be a self-medicating process to reduce anxiety or sleep better — in short, what the user might describe as a “medical” (as opposed to non-medical) reason. But none of that outweighs the absence of a valid prescription.
Similarly to 101generic.com, 24rxsale.com falsely assures its customers that a doctor is involved and conducts an online diagnostic assessment.

There are countless examples of this, but the point is: the US government’s study assessing how big of a contributing factor Internet pharmacies are to prescription drug abuse explicitly instructs respondents not to answer how they got prescription drugs that were the subject of abuse if the respondent believes that he or she was written a prescription for the drug. As illustrated, most rogue Internet pharmacies explicitly tell their customers (albeit falsely) that a physician is involved and does write a prescription.

Methodologically, this means that the study compiles incomplete data, at least as to identifying sources of prescription drug abuse. Because the study’s questions fail to take into account how rogue Internet pharmacies actually operate, it has the unfortunate effect of instructing prescription drug abusers who acquired their drugs from an Internet pharmacy not to participate in a portion of the study, thus greatly skewing the results. In light of this, it should be no surprise that the study incorrectly concludes that the percentage of prescription drug abuse caused by Internet pharmacies is nearly zero.

That is reason enough to question the government’s findings. But there are two other reasons that the DEA should suspect that the data aren’t quite right. First, and perhaps most obviously, before the Ryan Haight Act was enacted the same annual study (using the same methodology) similarly showed that 0.8% or less of prescription drug abuse was due to Internet pharmacies. At the time, DEA vociferously argued for the law’s necessity, arguing internally (within the government) that the figures had to be wrong. Today, the figures are barely changed, yet now DEA claims the problem is solved and that the figures are right. If the study was methodologically wrong then, how can it be right now? Either the methodology was right then and it’s right now, or it’s always been wrong — but it can’t be both.

Second, the DEA’s own numbers simply don’t add up.

Let’s do the math. Most of the government’s recent annual studies (including the NSDUH) have estimated that there are about 7.0 million “current” prescription drug abusers (meaning, those that have abused within the last 30 days), give or take a couple hundred thousand. If 0.4% of those acquired their drugs from rogue Internet pharmacies, that would be 28,000 people in the US, or 0.009% of the US population, that are using rogue Internet pharmacies.

16 2005 National Survey on Drug Use and Health, accessible at http://oas.samhsa.gov/nsduh/2k5nsduh/2k5results.htm
But look at that in light at the DEA’s own data from 2005 to 2007, the pre-Ryan Haight Act period during which the agency was concerned about, and actively pursuing, rogue Internet pharmacies. According to the DEA’s own data:17

- In 2006, the DEA reported that it knew of 34 rogue Internet pharmacies that illicitly dispensed 98,566,711 dosage units of hydrocodone.

- The maximum amount per legitimate prescription is eight dosage units per day (this is the manufacturer’s recommendation, based on 5 mg hydrocodone bitartrate and 500 mg acetaminophen, the standard formulation for Vicodin); therefore, these 34 pharmacies dispensed enough hydrocodone to supply 410,694 patients for one month.18

- The average number of hydrocodone dosage units dispensed by one of these rogue Internet pharmacies was 2,899,021 dosage units – nearly 33 times the number of dosage units dispensed by an average brick-and-mortar pharmacy. (Ten of these pharmacies together distributed 45 million dosage units.)

- In 2006, just one of these rogue Internet pharmacies dispensed over 15.5 million dosage units of hydrocodone.

How do those figures stack up against the DEA’s rationale that only 0.4% of prescription drug abuse, for 28,000 prescription drug abusers, is caused by Internet pharmacies? Well, first, let’s assume that those 34 Internet pharmacies are the only ones out there, and ignore the other websites listed in this report (as well as the thousands we didn’t list) — obviously a fantastic assumption, but one that we’ll make just for the sake of argument. Those 34 Internet pharmacies, in order to supply 28,000 monthly prescription drug abusers with the 98,566,711 dosage units annually, would have to sell each of them 3,520 dosage units annually, or about 293 dosage units a month. That’s nine or ten pills a day per customer.

All of that initially seems at least theoretically possible, but to get there, you have to make multiple assumptions that end up being provably untrue. First, one has to assume that the Internet pharmacies are only selling hydrocodone and little else, which is demonstrably false: most of these websites sell multiple drugs, ranging from Oxycodone to Xanax to Ambien and more. Second, one has to assume that those 34 Internet pharmacies constitute all or most of those that exist — again, provably false in light of our Appendix. Third, one has to assume that those 28,000 monthly prescription drug abusers are all that are out there, and that there are no customers purchasing Xanax and hydrocodone every two or three months (or even once a year) recreationally, which violates common sense. Fourth, you have to assume that all of those abusers are ingesting (or perhaps reselling) nine or ten pills a day — possible, but a fairly aggressive assumption.

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17 Information gathered from information reported to DEA and recorded in the ARCOS database, cited in testimony by Joseph T. Rannazzisi to the Senate Judiciary Committee on May 16, 2007. Accessible at judiciary.senate.gov.

18 To put this in perspective, at that point in time, the average legitimate brick-and-mortar pharmacy dispensed 88,178 dosage units of hydrocodone, therefore it would take the entire annual sales of hydrocodone from 1,118 pharmacies to equal the amount dispensed by just 34 rogue Internet pharmacies.
Fifth, there’s simply too much money floating around for those numbers to be right. In monitoring the Internet pharmacy world, LegitScript maintains a watchful presence on several forums where the operators of rogue Internet pharmacies communicate. While “newbies” operating new Internet pharmacies of course do not yet have a solid customer base, it’s not at all uncommon for experienced rogue Internet pharmacy operators to boast of receiving five figures per month — and that’s just in commissions. (And yes, that’s in US Dollars.)

Sixth, the DEA’s own 2007 testimony before the Senate Judiciary Committee notes that the “thirty-four pharmacies (referred to in the figures above) alone dispensed enough hydrocodone combination-products to supply over 410,000 actual patients with a one-month supply at the maximum amount recommended per prescription.”19 Although prescription drug abusers may predictably go above the maximum amount recommended per prescription, the DEA’s own numbers (410,000) were fourteen to fifteen times higher than the number (28,000) we get from assuming that 0.4% is accurate. And again, that’s just the 34 pharmacies that the DEA knew of.

So what is the real figure? It’s fair to say that nobody knows for sure, and the point of this section isn’t to propose a precise and accurate figure. However, the Partnership for a Drug Free America, in a recent study, found that 36 million Americans — one in six — had acquired a prescription drug via the Internet without a valid prescription at some point.20 It’s important to note that there is a methodological difference between the Partnership’s study and the government’s study — the Partnership’s study looked at individuals who had purchased a controlled substance from a rogue Internet pharmacy at least once before, while the government’s study looked at monthly abusers. But the difference between 28,000 and 36 million is vast, and is not reasonably seen as a rounding error.

Measuring drug abuse trends, like in any illicit industry, is notoriously difficult, and one of the challenging things about national drug control policy is in finding ways to make good policy in light of that inherent uncertainty and imperfect data. Nobody should read this section as arguing that Internet pharmacies are the primary driver in prescription drug abuse: there are many methods of diversion, and it is entirely plausible that other methods of diversion, such as “doctor shopping” and the non-medical use of unused prescription medications, are significant drivers of the problem. But are they bigger than the Internet? The correct answer is that nobody knows: the data relied upon by the DEA to defend its position that “the Internet is not as big of a problem as we all think it is...especially dealing with controlled substances” is methodologically fatally flawed, and therefore cannot possibly be accurate. And, therefore, neither are senior DEA officials’ statements that the Internet pharmacy problem has been all-but-solved.

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V. Prebuttal: Anticipating Objections

In response to this report, some (possibly including the DEA) may take issue with this report’s conclusions or its data. In this section, we try to anticipate those questions and objections.

Some potential objections have already been discussed above: for example, the reference to (faulty) data indicating that only 0.4% of prescription drug abuse is due to rogue Internet pharmacies, and the argument that in many cases, the drugs aren’t actually controlled substances. For the most part, we will not repeat our analyses of those issues here.

Another possible objection is that shutting down individual websites does no good, and is akin to just treading water. According to this line of thought, even if a foreign-supplied website with a US nexus is taken offline, it will simply reappear days later with another domain name. Only by going after the ultimate supplier at the “top of the (organizational) pyramid” can the problem be addressed; if that supplier is outside of the United States, the DEA will have difficulty in doing anything.

It’s true that going after the “kingpin” supplier is important, but there are three problems with the line of thought that Internet enforcement is not an appropriate strategic focus for the DEA.

First, it assumes that the Ryan Haight Act is valuable only if the DEA can actually get a conviction and/or asset forfeiture. There are many opportunities for that: as illustrated above, there are numerous jurisdictional hooks with which the DEA could seize assets and gain convictions that it is not currently taking advantage of, and lots of money floating around that could be the subject of asset forfeiture. That’s fine, but at its heart, the purpose of the Ryan Haight Act isn’t for the DEA to get convictions and seize assets; it’s to help save lives and reduce addiction. There may be cases in which the supply is foreign and the money is offshore, but that doesn’t mean that the DEA should lose all interest in the website and allow it to continue selling drugs to US residents — especially when the website uses a US-based domain name registrar, hosting content provider, payment service provider, or other third-party company to do business.

Second, it’s simply untrue that the domain names all pop back up after being taken offline. Some do, but as we have detailed in previous reports, Registrars can (and at LegitScript’s request, have on thousands of occasions) lock a suspended domain name, which means that the website operator has to start over from scratch with a completely new website. In 2010, LegitScript shut down over 10,000 rogue Internet pharmacies; between 80% and 90% of those remained offline. It takes time and effort for a rogue Internet pharmacy to get to the top of Google’s (or Yahoo’s or Bing’s) search results page; by forcing rogue Internet pharmacies to abandon months of work and start over with a new website, it is a significant disrupter to the illicit business. Over time, LegitScript has observed previously profitable rogue Internet pharmacy operators become exasperated at repeated suspensions and simply give up.

The third reason is that the inevitable result of working with domain name registrars and ISPs — even foreign ones — is that there will be an inevitable “clustering” of rogue Internet pharmacies at the limited number of domain name registrars and ISPs that willingly serve as safe havens for illegal activity. That strategy has an end in sight, and is one that the DEA should aggressively nurture. Not only will this
set a clear standard for compliance in the world of Internet governance, bringing the companies that knowingly facilitate rogue Internet pharmacy activity (and those that don’t) into stark relief, but will provide the DEA with additional options for investigations and seizures, since most of these companies in fact have a corporate presence in the United States.

A second objection might be that some of these websites are actually part of the same criminal network, and should be considered the same Internet pharmacy: recall that phenterminelpharmacy.biz actually directs purchasers to store4meds.com, just as worldpharmacy.us and codpharmacy.net share the same content. Indeed, in the attached list of Internet pharmacy websites, some are independent operators, while others can ultimately be confirmed to be part of the same organization or “affiliate network”; a few even look the same, utilizing the same template. In such cases, are the websites really distinct Internet pharmacies, or should they be counted as one and the same?

The answer is: Both. From an investigative standpoint, if multiple websites are connected (e.g., via an affiliate network), then it’s important to view them as probably being a single entity for investigative and seizure purposes. But from the average Internet user’s standpoint, they are each a distinct portal to a supply of controlled substances: indeed, the very reason that rogue Internet pharmacy operators deploy multiple websites is to increase their “Internet footprint”, and to thus make it more likely that potential customers will find them. After all, the Internet pharmacy customer doesn’t know or care that the website they are buying controlled substances from is one of five (or fifty) identical websites; each Internet pharmacy stands alone and constitutes a distinct entry point. From this standpoint, even if there are 50 identical Internet pharmacy websites all being supplied by the same outfit, each has the potential to do an equivalent amount of harm. For the rogue Internet pharmacy operator, it is also a method of diversification.

To drive this point home further, consider a non-Internet analogy. Suppose that a methamphetamine supplier invested in expanding his or her sales by increasing the number of street-corner dealers selling his product from five to fifty. At the top, the methamphetamine network would made up of the same individual(s); but by putting more dealers on the streets, the network expands its ability to convert first-time customers into addicts. In response to this, the DEA wouldn’t say, “Well, all of those 50 dealers really just constitute one criminal organization, so we’re not going to waste our time on it.” No, the DEA would seek to disrupt the entire methamphetamine ring, along with the removal of all of the dealers from the street. The same should be true on the Internet.

A third possible response from the DEA might be that some number of these websites are currently under investigation, and in order not to “tip off” the Internet drug dealer, the DEA has allowed the websites to remain active pending the investigation. But that response, if given, would be irresponsible. When police see a street-corner drug dealer, they don’t allow him or her to continue handing out drugs for weeks or months while the investigation drags on. Rather, because the illicit drugs are dangerous, they remove the dealer from the street corner and then proceed with the investigation. The rationale behind the Ryan Haight Act is that these are dangerous websites; if that is true, then the DEA should seek to

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21 It’s entirely reasonable that law enforcement would want a short period of time — say, two or three weeks at most — for a few test buys to build evidence. But allowing a rogue Internet pharmacy to stay online indefinitely while federal investigations, which can take years, drag on is simply unconscionable.
disrupt their operations and reduce the number of sales that are ultimately conducted. If it's untrue that they are dangerous, and the DEA feels comfortable leaving them online to transact business, then the entire law becomes difficult to defend in the first place.

Yet a fourth potential objection may be that the physicians and pharmacies that the DEA targeted prior to the Ryan Haight Act were mostly “DEA registrants” but today no longer fall into that category. To explain that, any individual or business that prescribes or dispenses controlled substances must register with the DEA (and is called a “DEA registrant”). In the vast majority of cases, this includes physicians and pharmacies — but only United States physicians and pharmacies are subject to this requirement.

By indicating that the domestic rogue Internet pharmacy problem has all but been addressed, the DEA may mean that DEA registrants — US-based physicians and pharmacies — are now, thanks to the law’s clarity, much less frequently involved in the illicit dispensing of controlled substances via the Internet. That’s true: we agree with the assessment that DEA registrants are much less frequently involved. But one doesn’t have to be a physician or a pharmacy for the Ryan Haight Act’s requirements to apply: it’s not as if it’s legal to facilitate the sale of controlled substances without a valid prescription as long as you aren’t a doctor or a pharmacist.

Finally, a fifth possible objection is one alluded to by two senior DEA officials, including the chief of the DEA’s pharmaceutical investigations section in late 2010 — that some websites may claim or initially appear to be selling a controlled substances, but upon closer inspection or testing the product, it is actually something different (e.g., a dietary supplement). Especially in the case of anabolic steroids, there are some websites that offer products that have an identical or highly similar name to an anabolic steroid, but in the fine print (or upon chemical testing) it turns out to not contain the active ingredient.

That certainly happens, but again, there are several problems with that response. First, in the sample 1,000 rogue Internet pharmacies listed in the Appendix, at the time we reviewed them, all claimed to be offering genuine controlled substances or anabolic steroids, not dietary supplements with similar sounding names. Second, the current trend is actually the reverse: not products sold as controlled substances but which only contain dietary supplements, but rather products sold as mere dietary supplements spiked with undeclared controlled substances. Third, it shouldn’t come as any surprise that if someone is willing to sell controlled substances without a prescription, they are willing to lie about what’s in the product. That’s not indicative that no problem exists; rather, it attests to the problem of counterfeits in the Internet pharmacy supply chain, a serious problem in its own right with a direct effect on human and animal health. But as explained above, the DEA still has jurisdiction over cases in which a controlled substance is merely advertised online; proving the chemical composition is not required for the agency to act.

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Conclusion

With the advent of the Internet in the 1990s, it was inevitable that some drug dealing would move online. Drug-dealing websites now have a name: rogue Internet pharmacies. Ryan Haight is far from being the only victim of a rogue Internet pharmacy. But his death became symbolic of the need for attention to Internet-based drug dealing — an information age problem that highlighted the need for the DEA to be provided with up-to-date information age tools.

Those tools were meant to be provided to the DEA in the Ryan Haight Act. Did the Act fix the rogue Internet pharmacy problem? This isn’t quite the right question to ask. Any law or regulation is a tool, and it’s up to the agency charged with the law’s enforcement to use that tool wisely, consistently, insightfully and fairly. In doing so, the agency must have reliable data and information with which to assess the nature of the threat, and the agency’s own progress in fighting that threat. The right question is: Has the DEA used the tools it was provided?

In one important respect, the Ryan Haight Act has worked very well. DEA registrants — the physicians and pharmacies that are required to register with the DEA in order to do business involving controlled substances — have, as expected, been put on notice by the clear language in the Ryan Haight Act indicating that controlled substances may not be dispensed via the Internet based solely on filling out an online form. (Mostly) gone are the days when US-based physicians and pharmacies would be willing to take a gamble that the lack of clarity in the 1970s-era law would protect them from a conviction. As a result, much of the supply has moved offshore, and thousands of rogue Internet pharmacies continue to sell non-controlled substances without a valid prescription (also a significant problem) but, to avoid DEA scrutiny, have removed controlled substances from their product rosters.

But that is a victory of legislation, not of enforcement. Indeed, the DEA conceded in late 2010 that there had been no indictments or convictions under the new law, and appears to have taken the position that the problem is all but solved, noting that it is “not finding” many rogue Internet pharmacies selling controlled substances. To which one is tempted to respond: How hard are you looking? Although the DEA states that those it does find are mostly foreign and are probably selling counterfeits, it is reasonable ask if the agency really has a sufficient sample from which to make that determination if it isn’t finding the thousands that exist in the first place.

Good policy requires accurate data. Bolstering the DEA’s assertion that there just aren’t that many rogue Internet pharmacies out there anymore is a government study concluding that only 0.4% of prescription drug abuse is due to rogue Internet pharmacies. But this incorporates a flawed methodology that essentially eliminates rogue Internet pharmacy customers from its roster of participants; the predictable but incorrect conclusion is that only a few thousand US residents are using rogue Internet pharmacies at all. This data also flies in the face of the millions of dollars and pills seized from a few dozen rogue pharmacies — and those are just the ones that are known.

It’s axiomatic that the longer a business is in operation, the more likely it is to pick up customers (assuming that it provides good customer services). The 1,000 websites attached to this report are, for the most part, not fly-by-night Internet pharmacies that are online one day and offline the next. Some
have been around for at least a couple of years, or longer. And just like the street-corner drug dealer who relies on repeat customers, or the legitimate brick-and-mortar pharmacy that relies on providing refills, rogue Internet pharmacies want to make sure that their customers come back. With controlled substances, one way to do this is making sure that the customer actually gets what they paid for — and getting their customers addicted in the process doesn’t hurt their profitability, either.

To accomplish this, rogue Internet pharmacies have had to figure out a tricky balance: how to fly under the radar enough to avoid scrutiny by the DEA (just in case the DEA might be looking) and potentially other third parties (like LegitScript or domain name registrars watching out for illegal activity), but remain visible and active enough to continue business operations. Some websites, like store4meds.com and mprixe.com, have figured out how to do this via heavily-marketed third-party portals that “unlock” the controlled substance content, but without which the controlled substances do not appear on the page if the domain name is typed in directly into the browser. But their need to fly under the radar is reduced in light of a DEA that mistakenly believes these websites don’t exist in the first place.

So what’s the answer? It’s neither hard nor complicated. First, the DEA needs to conduct a thorough threat assessment — a reassessment — of the rogue Internet pharmacy problem. The most basic task is to have a clear understanding of how many rogue Internet pharmacies are in operation. Even if it’s not possible to ever find 100% of those websites, it’s definitely possible to find the vast majority of them: after all, the Achilles heel of these websites is that ultimately, they need to be found by someone in order to be economically viable.

Second, the DEA must redefine what it means for an Internet pharmacy to be US-based. Thinking of it only in the terms of whether it involves a DEA registrant — a US-based pharmacy or physician — is antiquated and provincial. Those are not necessary elements for an Internet pharmacy to be in operation. What is required is a Registrar, ISP (content hosting provider), name server, and and even payment service provider and shipping company: technical requirements without which the website cannot remain accessible to customers. Where these fall within US jurisdiction — and most do (an estimated 55% - 75% of those in the attached list just for the Registrar and ISP) — the DEA should not, even if the supply is foreign, simply give up and leave the website online to target victims like Ryan Haight.

Third, the DEA should work with its partner agencies, including the Department of Health and Human Services and Office of National Drug Control Policy, to recalibrate the methodology used to assess the extent to which Internet pharmacies contribute to prescription drug abuse. There are undeniably many contributors to prescription drug abuse, and Internet pharmacies may not be the most significant one. But neither is it insignificant. The data may never be perfect. But the methodology, at a minimum, needs to take into account the real-world way that rogue Internet pharmacies actually operate, by falsely assuring their customers that a physician reviews the information submitted by the customer.

The so-called “War on Drugs” — including that portion which is focused on prescription drug abuse, still the second-largest drug abuse problem in the US — is not a war in the sense that it’s possible to win it, sign an armistice and go home. But neither can we afford to lose it. The good news is, the Ryan Haight Act does give the DEA the tools it needs to dramatically reduce the number of rogue Internet pharmacies selling controlled substances. Yet those tools sit, gathering dust. The fate of Ryan Haight, and others like him, demand that the DEA take a fresh look at the problem, pick up those tools, and use them.
Appendix A: 1,000 rogue Internet pharmacies offering controlled substances without a valid prescription

This appendix provides a sample list of 1,000 rogue Internet pharmacies offering controlled substances without a valid prescription in violation of the Ryan Haight Act.\(^\text{23}\)

It’s important to provide a few preliminary (and cautionary) comments about this list and our methodology.

All of these websites were reviewed by a live human being on at least two occasions (often, by multiple human beings), and the illicit controlled substances content was confirmed in March, April and/or May 2011. However, as more time elapses since our review of each website, it is inevitable that some will be offline or the website operators will have modified the website’s content. Indeed, in the past, after LegitScript has issued similar reports about rogue Internet pharmacies, some of the websites are quickly taken offline, the content is modified, or the US is removed as a shipping option, at least temporarily. There are various reasons for this; one is so that the website operator can argue that they were not doing anything wrong and avoid scrutiny. We expect that the same thing will happen here. So it should come as no surprise if some of these websites, upon review, do not seem to list controlled substances. Moreover, if some of these websites look like they are not selling controlled substances, refer to our earlier discussion about how some websites do not initially appear to list controlled substances, until and unless accessed via the correct online portal. There are multiple examples of such websites included in the list below.

Also, after the issuance of this report, LegitScript will be contacting domain name registrars and ISPs, requesting them to remove the illegal content or suspend the domain name.

LegitScript emphatically urges Internet users to go nowhere near these websites; indeed, we encourage Registrars and ISPs to suspend the domain names and/or remove the content from their servers.

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<td>get-rx.biz</td>
<td>globalxlist.com</td>
<td>xanaxalprazolam.net</td>
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<td>bytara.com</td>
<td>allidietspill.com</td>
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<td>medus.net</td>
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<td>meridia.co</td>
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<td>meridia.me</td>
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<td>rxeal.com</td>
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<td>mdi1539.com</td>
<td>pain-killers.net</td>
<td>neighborsproject.org</td>
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<td>skmfaqs.net</td>
<td>getnewsdaily.com</td>
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<td>askcure.com</td>
<td>oredtopmeds.com</td>
<td>fuelwithhydrogen.com</td>
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</table>

\(^\text{23}\) It is actually slightly more than 1,000, assuming some margin of error, websites having gone offline or changed content following our review, et cetera.
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