

The use of suggestive or provocative numbers or statistics, usually presented as true prima facie, which when analyzed using algebra, do not in fact support the implied conclusion.

A famous example of *Flash Trash* is contained in the *Behrman* case discussed in the “Historical Antecedents” section of this paper. Behrman was arrested for prescribing at one time 150 grains of heroin, 360 grains of morphine and 210 grains of cocaine for use as the addict saw fit. These amounts are not as outrageous as they might seem. Just to put the dosing here in perspective, and examining here only the morphine component of the medication regimen, 360 grains represents near ideal outpatient dosing for an opiate dependent person based on a *modern* understanding of methadone dose-effectiveness research.

- 1 grain = 64.8 milligrams (mg).
- Outcomes for MMTP (methadone is equipotent with morphine) are best in the dose range of 100-200 mg a day; chronic pain patients sometimes require doses in the *grams* /day range.
- $360 \text{ grains} \times 64.8 \text{ mg / grain} = 19,440 \text{ mg} / 150 \text{ mg/day} = 129.6 \text{ days} =$ approximately 4 months supply = a script for one month with 3 refills with a little left over = medically appropriate ambulatory treatment of opiate dependence.

I have no knowledge of Dr. Behrman other than what is written about him in the document by Rufus King in his “Jailing the Healers and the Sick” article [[King, 1953](#)] and 1972 book, *The Drug Hang-Up* [[King, 1972b](#)] and in Brecher’s 1972 *Licit and Illicit Drugs*, [[Brecher, 1972c](#)] and I do not know what his intentions were. Assuming for the sake of argument that he was acting as a legitimate physician, we could hypothesize that the morphine / heroin / cocaine regimen was part of a detoxification-to-abstinence regimen starting with morphine at, say, 200 mg /day decreasing the dose on a weekly basis, faster at first slower towards the end, switching at some point to heroin (believed at the time to be an effective 'cure' for morphine dependence) and ultimately tapering to abstinence using the cocaine, in the accepted manner of the day, to mitigate the depression and ennui known to accompany detoxification from opiates. This detoxification regimen could be accomplished, given the amounts of the medications involved, in six to twelve months depending of the patients’ progress.

For another example of *Flash Trash*, consider the following sentence from a DEA document entitled, "A Closer Look At State Prescription Monitoring Programs" in the "Scope of the Problem" section by Susan Peine, DEA Program Analyst: "In the last five years of her life, Renee obtained at least 469 prescriptions—11,684 doses of pills—from 43 Treasure Valley pharmacies under the names of 110 doctors." [[Peine, 2003](#)] (Presumable there were many forgeries or did she see two docs a month for 5 yrs?)

- 5 years X 365 days = 1825 days
- 11,684 "doses of pills" / 1825 days = 6.4 doses / day as in the very commonly written, "Take 1 pill every 4-6 hours as needed for pain." This would be a pharmacologically correct script for the low potency, combination-opiate formulations such as Tylenol #3, Vicodin 7.5/325, Percocet, etc, etc.

If the patient were taking the most commonly prescribed opiates, the number of pills she had to work incredibly hard to obtain is the amount of medication, daily, commonly prescribed for toothache.

I hope you found this document helpful. The "[Understanding Drug War Statistics](#)" series concludes with Part 7: "[Shock Schlock](#)"
