



Manufacturer Trends and Updates

2015 Manufacturer Conference National Harbor, Maryland

September 23-24, 2015

Thomas W. Prevoznik, Unit Chief
Liaison Section
Office of Diversion Control



The United States Department of Justice
Drug Enforcement Administration





Mayo Clinic Study on Prescription Drugs

atlanta.cbslocal.com/2013/06/19/study-70-percent-of-americans-on-prescription-drugs-one-fifti

CBS Atlanta CW69 CABLE 10 THE GAME 92-9 News & Talk 1380 WAOK

Home News Sports Health Best Of Events Heard On Traffic Weather PI

Latest News CBS Top Headlines Politics CBS MoneyWatch CNET Tech Business Ente

\$3 OFF AmeriGas **ALL GRILLS ARE NOT CREATED**

NEWS

Study: 70 Percent Of Americans On Prescription Drugs

June 19, 2013 12:59 PM

Like 17k Share 1.8K View Comments



Rochester, Minn. (CBS ATLANTA) – Researchers find that nearly 70 percent of Americans are on at least one prescription drug, and more than half receive at least two prescriptions.

Mayo Clinic [researchers report](#) that antibiotics, antidepressants and painkiller opioids are the most common prescriptions given to Americans. Twenty percent of U.S. patients were also found to be on five or more prescription medications.

The [study](#) is uncovering valuable information

Research finds that nearly 70 percent of Americans are on at least one prescription drug, and more than half receive at least two prescriptions. (Getty Images)

- The three most common types of prescriptions are antibiotics, antidepressants, and painkiller opioids
- 70% of Americans are taking at least one prescription drug
- More than 50% are on at least two prescriptions



Primum non nocere



Prescription Drug Abuse
is driven by

**Indiscriminate Prescribing
Criminal Activity**

United States V. Alvin Yee, M.D.

MEDICAL OFFICE

Various Locations, Orange County, California



Pharmacy tech arrested over pain pills

Posted: Oct 25, 2013 5:10 PM EDT
Updated: Oct 30, 2013 3:10 PM EDT

By Cade Fowler [CONNECT](#)



OCILLA, GA (WALB) - A pharmacy technician in Ocilla is charged with forging prescriptions and stealing thousands of pain pills. Tabatha Fender worked as a Pharmacy Technician at Fred's pharmacy in Ocilla. But drug agents say it was the work she was doing on the side that got her in serious trouble.

"She was basically writing forged prescriptions and using the public's information. People that go to Fred's," said Agent Eugene Paulk of the South Central Drug Task Force.

Agents with the south Central Drug Task Force in Fitzgerald looked into irregularities in the number of prescriptions being written for the pain medication hydrocodone. Their investigation indicated that prescriptions were being forged by Fender and

that it may have gone for more than a year.

"Probably around 120 prescriptions or more. 180 pills at a time," said Paulk. Agents arrested Fender in August. She was arrested again this month on additional forgery counts as more customers came forward after their prescriptions were denied because they had already been filled— by Fender and for Fender.

"People that actually needed them, people with health problems were put on hold until

Menu

Set Weather

AL.com Alabama

Subscribe

Sign In Search

Owner of Mobile pharmacy arrested, accused of supplying drugs to street-level dealers

5 comments



Doctor Accused of Overprescribing Pills Is Guilty of Manslaughter

By MONIQUE O. MADAN JULY 18, 2014



Dr. Stan Xuhui Li outside State Supreme Court in Manhattan on Friday. He was convicted of 200 of the 211 charges against him after a four-month trial. Anthony Lanzilote for The New York Times



Paul Volkman, Chicago Doctor, Gets 4 Life Terms In Drug Overdose Case



ANDREW WELSH-HUGGINS 02/14/12 06:45 PM ET Associated Press

COLUMBUS, Ohio — A Chicago doctor who prosecutors say dispensed more of the powerful painkiller oxycodone from 2003 to 2005 than any other physician in the country was sentenced Tuesday to four life terms in the overdose deaths of four patients.

Dr. Paul Volkman made weekly trips from Chicago to three locations in Portsmouth in southern Ohio and one in Chillicothe in central Ohio before federal investigators shut down the operations in 2006, prosecutors said. He was sentenced in federal court in Cincinnati.

"This criminal conduct had devastating consequences to the community Volkman was supposed to serve," Assistant U.S. Attorneys Adam Wright and Tim Oakley said in a court filing ahead of Tuesday's hearing.

"Volkman's actions created and prolonged debilitating addictions; distributed countless drugs to be sold on the street; and took the lives of numerous individuals who died just days after visiting him," they said.

The 64-year-old Volkman fired his attorneys earlier this month and said he acted at all times as a doctor, not a drug dealer.

"The typical drug dealer does not care how much drugs a client buys, how often he buys, or what he does with his drugs," Volkman said in a 28-page handwritten court filing Monday, maintaining that he did all those things and more for his patients.



What is the Societal Damage of Prescription Controlled Substance and Legend Drug Abuse?



Consequences

In 2011, approximately 41,340 unintentional drug overdose deaths occurred in the United States, one death every 12.45 minutes. (increased for 12th consecutive year)¹

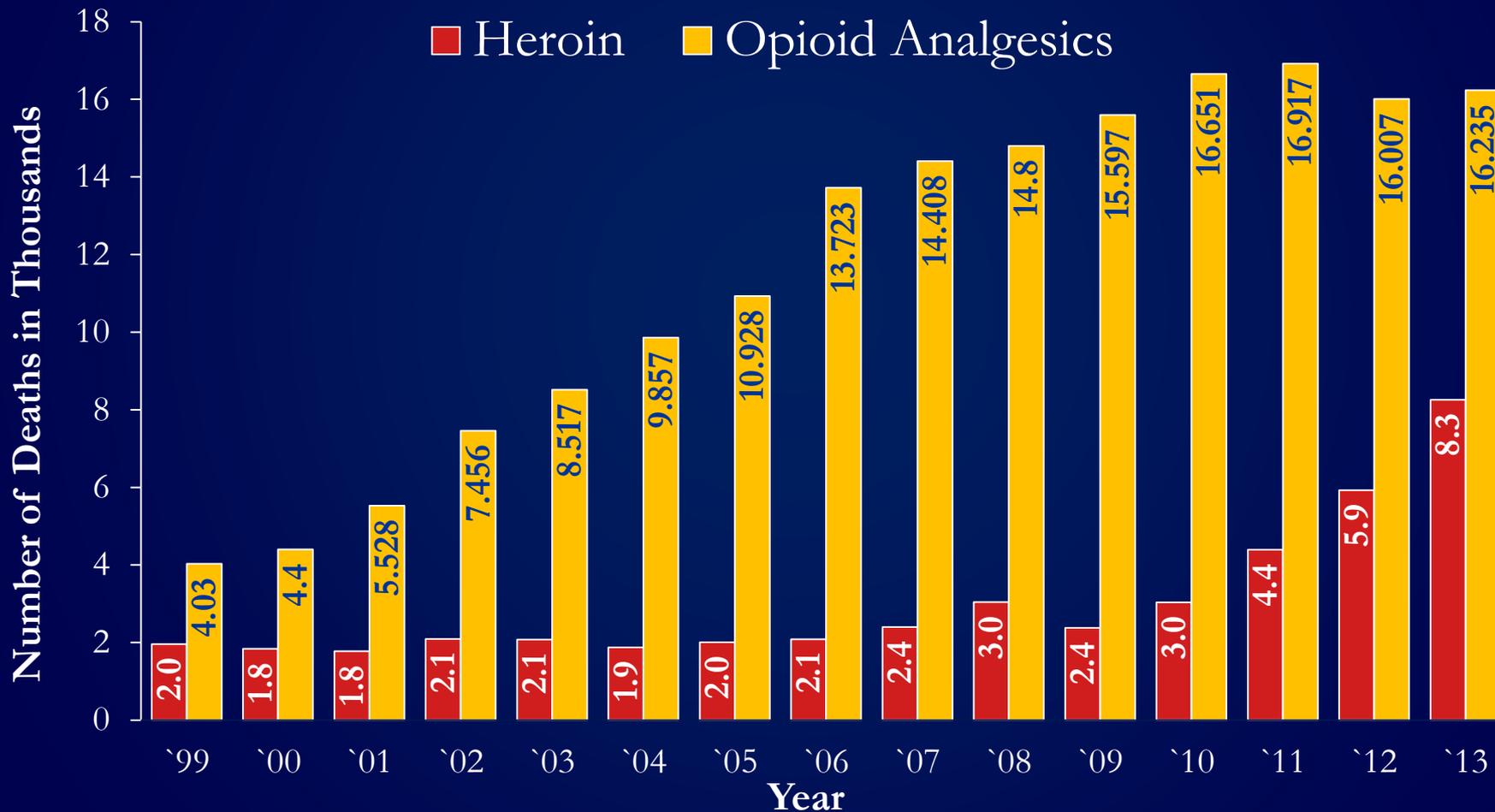
Of this number, **22,810** deaths were attributed to Prescription Drugs (**16,917** attributed to opioid overdoses/**74.165%**).

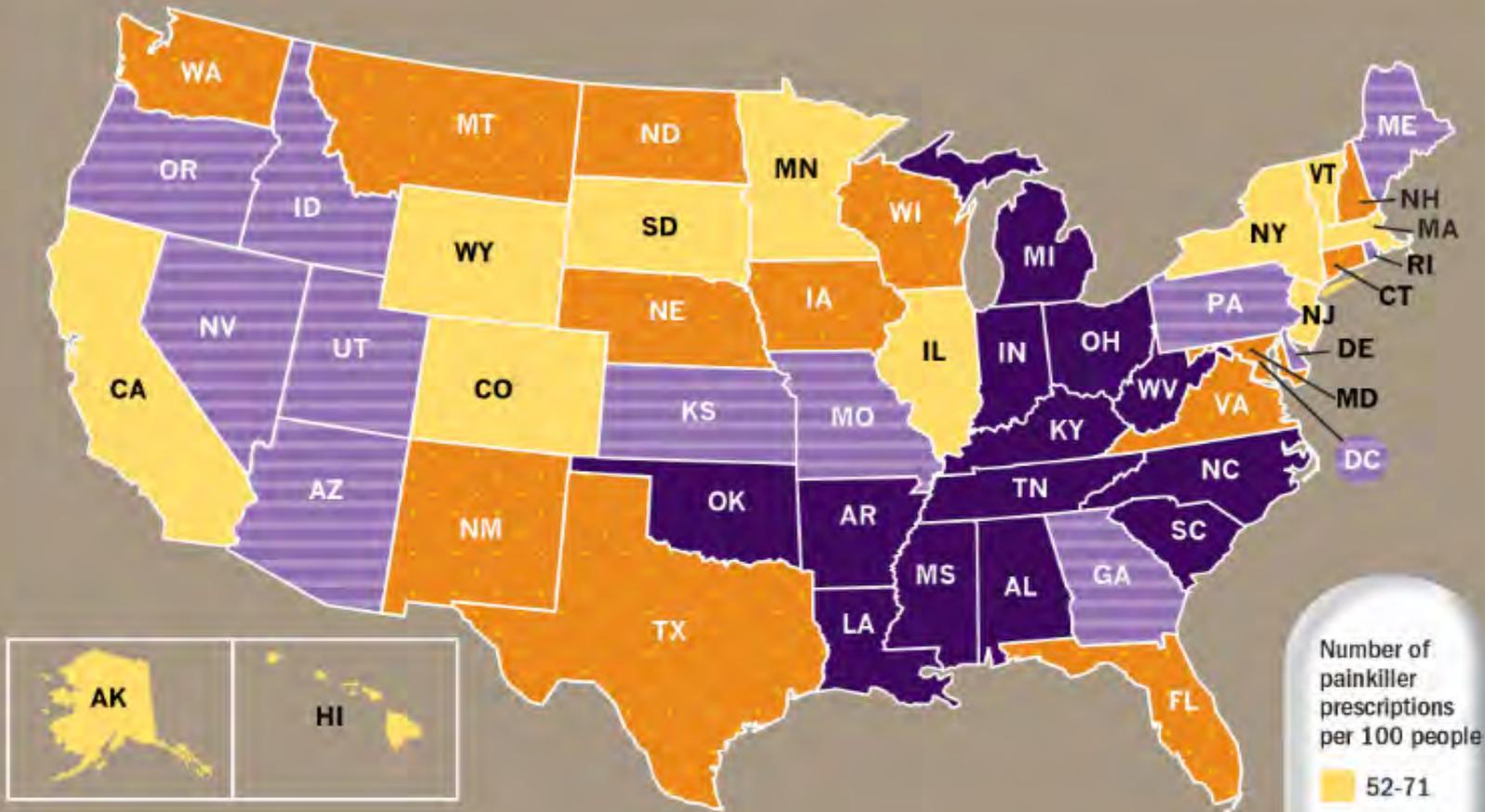
Prescription drug abuse is the fastest growing drug problem in the United States.

¹SOURCE: CDC National Center for Health Statistics/National Vital Statistics Report; June 2014
CDC Vital Signs: Opioid Painkiller Prescribing; July 2014



Drug-Poisoning Deaths Involving Opioid Analgesics or Heroin in the US, 1999-2013





Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143



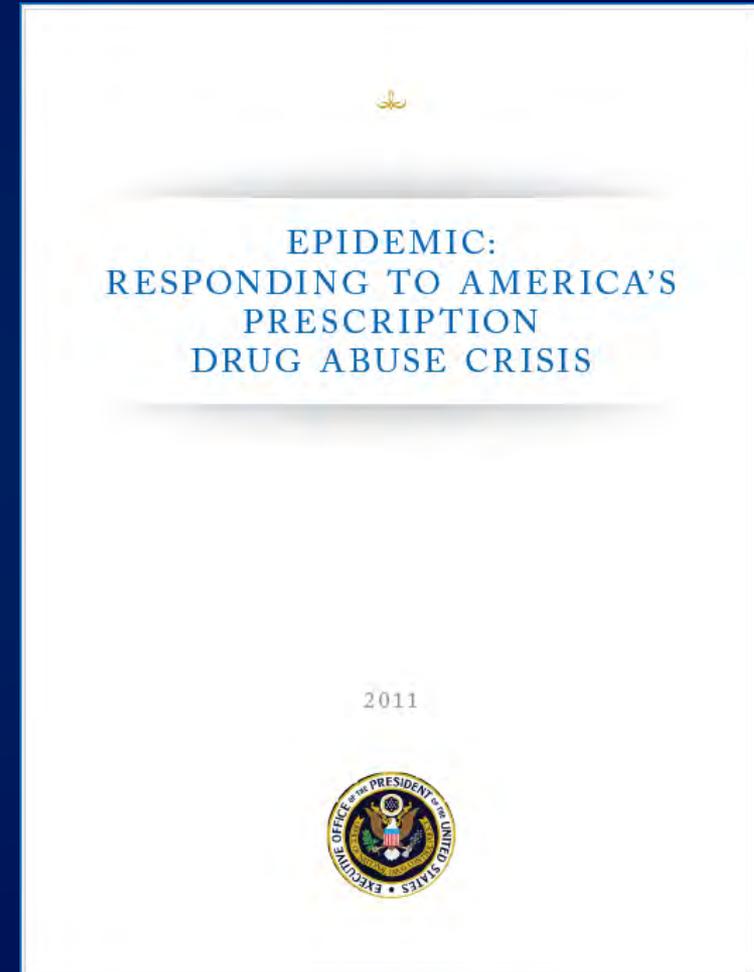
Where Painkiller Prescriptions Are The Highest

- In 2012, Southern states had the most per person.
- The top three states were Alabama, Tennessee, and West Virginia;
 - Alabama: 143 per 100 people
 - Tennessee: 143 per 100 people
 - West Virginia: 138 per 100 people
- Lowest-Hawaii: 52 per 100 people



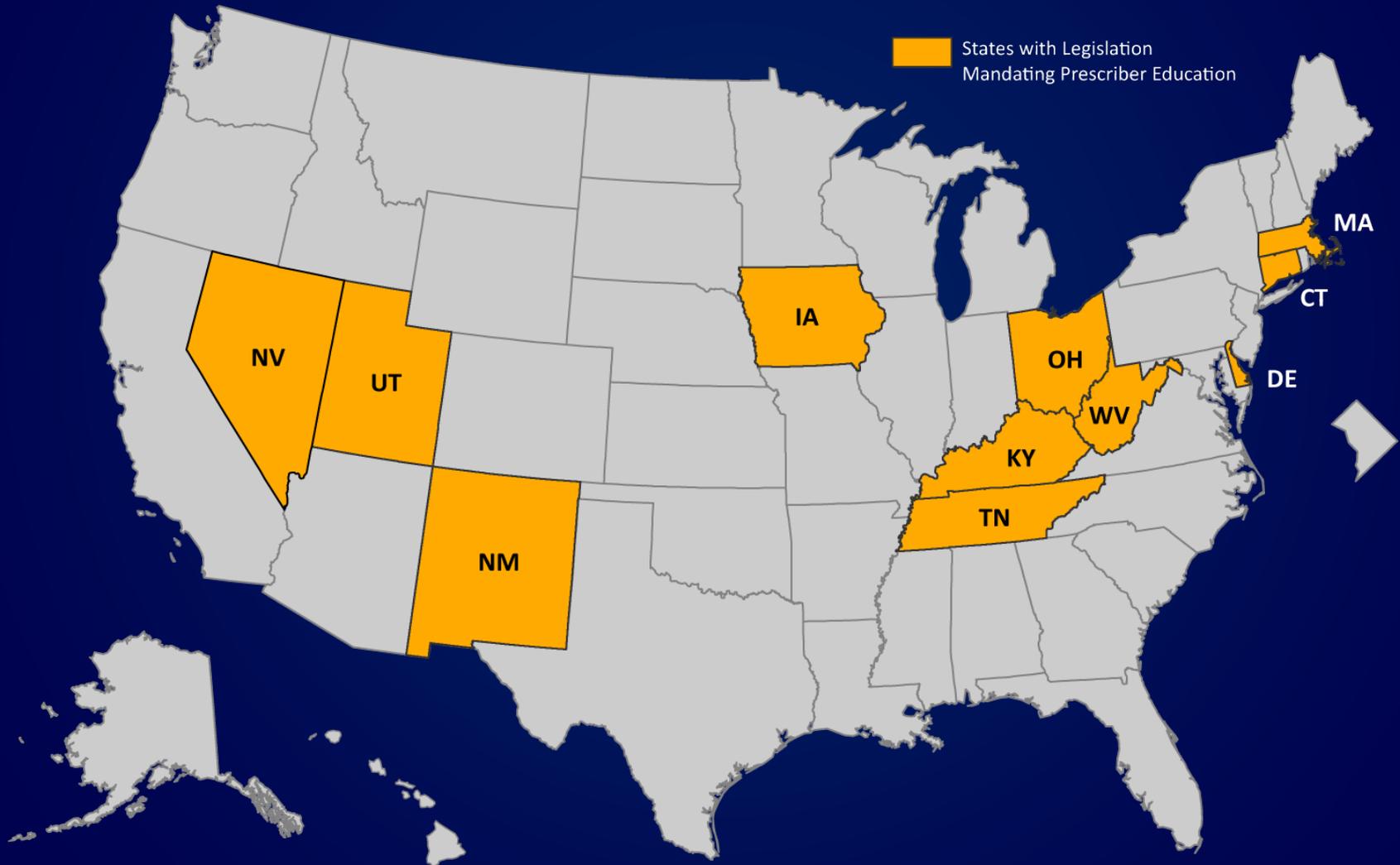
Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal Government
- Four focus areas:
 - 1) Education
 - 2) Prescription Drug Monitoring Programs
 - 3) Proper Disposal of Medication
 - 4) Enforcement



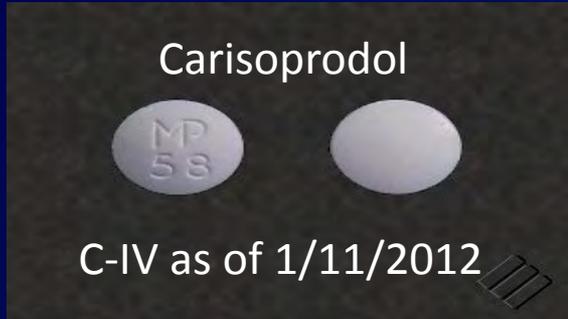


Since 2011, Eleven States have Passed Legislation Mandating Prescriber Education





What People Are Abusing



Carisoprodol
C-IV as of 1/11/2012

Commonly Abused Controlled Substances



Hydrocodone



OxyContin 80mg



Oxymorphone



Alprazolam



Oxycodone 30 mg





Hydrocodone

- Hydrocodone / Acetaminophen (toxicity)
- Similarities:
 - Structurally related to codeine
 - Equal to morphine in producing opiate-like effects
- Brand Names: Vicodin[®], Lortab[®], Lorcet[®]
- Currently, combination products are Schedule III
- **October 6, 2014 moved to SCHEDULE II**
- “Cocktail” or “Trinity”
 - Hydrocodone
 - Soma[®] / carisoprodol
 - Alprazolam / Xanax[®]
- Street prices: \$2 to \$10+ per tablet depending on strength & region





Worldwide Hydrocodone Use

- 67 Countries reported an estimated need requirement for hydrocodone to the International Narcotics Control Board
- 20 countries reported an estimated need of 1 kilogram or greater.
- 4 countries reported an estimated need between 500 grams and 999 grams
- 10 countries reported an estimated need between 100 grams and 499 grams
- 6 countries reported a need between 25 grams and 99 grams
- 27 countries reported a need of less than 25 grams



Worldwide Hydrocodone Use

- **Of the 20 Countries** that reported an estimated needs requirement for hydrocodone at one kilogram or more
- **8 countries** reported an estimated need of 1 kilogram to 5 kilograms
- **4 countries** reported an estimated need over 5 kilograms to 10 kilograms
- **8 countries** reported an estimated need over 10 kilograms

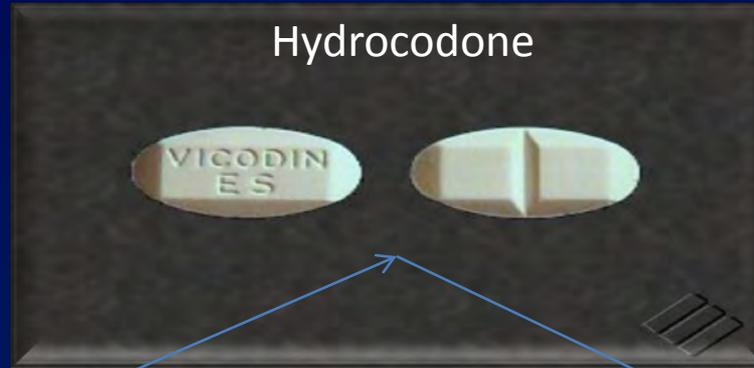


Top 10 List

- 10 Guatemala 10 kilograms
- 09 India 10 kilograms
- 08 Vietnam 20 kilograms
- 07 China 20 kilograms
- 06 Denmark 25.5 kilograms
- 05 Columbia 30 kilograms
- 04 Syrian Republic 50 kilograms
- 03 Canada 115.5 kilograms
- 02 United Kingdom 200 kilograms
- 01 United States 79,700 kilograms 99.3%



The Trinity



Hydrocodone

Opiate



Carisoprodol

C-IV as of 1/11/2012

Muscle Relaxant



Alprazolam

Xanax (Alprazolam)

Photo from the Physicians Desk Reference

Benzodiazepine



Oxycodone

- OxyContin controlled release formulation of Schedule II oxycodone
 - The controlled release method of delivery allowed for a longer duration of drug action so it contained much larger doses of oxycodone
 - Abusers easily compromised the controlled release formulation by crushing the tablets for a powerful morphine-like high
 - 10, 15, 20, 30, 40, 60, 80mg available
- Effects:
 - Similar to morphine in effects and potential for abuse/dependence
 - Sold in “Cocktails” or the “Holy Trinity” (Oxycodone, Soma[®] / carisoprodol, Alprazolam / Xanax[®])
- Street price: Approx. \$80 per 80mg tablet
- NOTE: New formulation introduced into the marketplace in 2010 that is more difficult to circumvent for insufflation (snorting) or injection. Does nothing to prevent oral abuse.



Prescription Opiates vs. Heroin





The Circle of Addiction & The Next Generation

Oxycodone
Combinations

Percocet®

\$7-\$10/tab

OxyContin®
\$80/tab

Roxicodone®
Oxycodone IR
15mg, 30mg
\$30-\$40/tab

Hydrocodone
Lorcet®
\$5-\$7/tab

Heroin
\$15/bag





Heroin: No Longer Confined to Urban Areas

NOW OPEN

DARCARS
See what it's like to love car buying
OF SILVER SPRING
Sales & Service

12511 Prosperity Drive • Silver Spring, MD 20904
1-888-589-3065
www.DARCARSvolkswagen.com
Call / Email Alex Pedram, General Sales Manager
APedram@darcars.com

washingtonexaminer.com

The Examiner
WASHINGTON

WEDNESDAY, DECEMBER 5, 2012

Ship's Hatch
Army, Navy,
USAF, USMC & USCG
Promotion/Retirement
Gifts, Flag Cases,
Presentation Clocks

703.413.6289
www.shipshatch.com
Located in the Shops at Crystal City

'Liaisons Dangereuses'
New approach to classic P. 19

Playoff possibilities
Schedule favors Skins P. 35

Cooling down
 60°-34°
DETAILS P. 4

POLITICS
Stalemate on 'cliff'
Sides stop talking;
Obama's rate hikes
may be flexible. P. 13

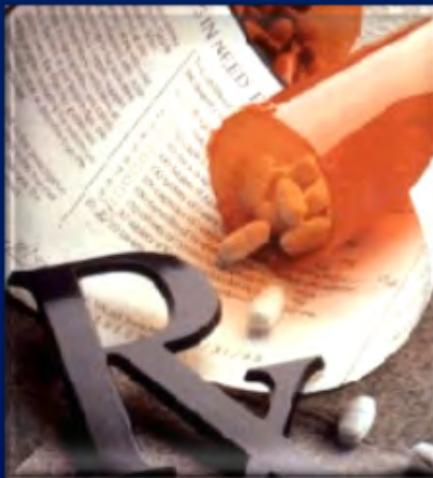
LOCAL
FBI analyst busted

Heroin use spikes in area suburbs

Pill addicts risk deadly drug



The CSA: Checks and Balances





Mission

The mission of the Office of Diversion Control is to prevent, detect, and investigate the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels of distribution

while ...

ensuring an adequate and uninterrupted supply of controlled substances to meet legitimate medical, commercial, and scientific needs

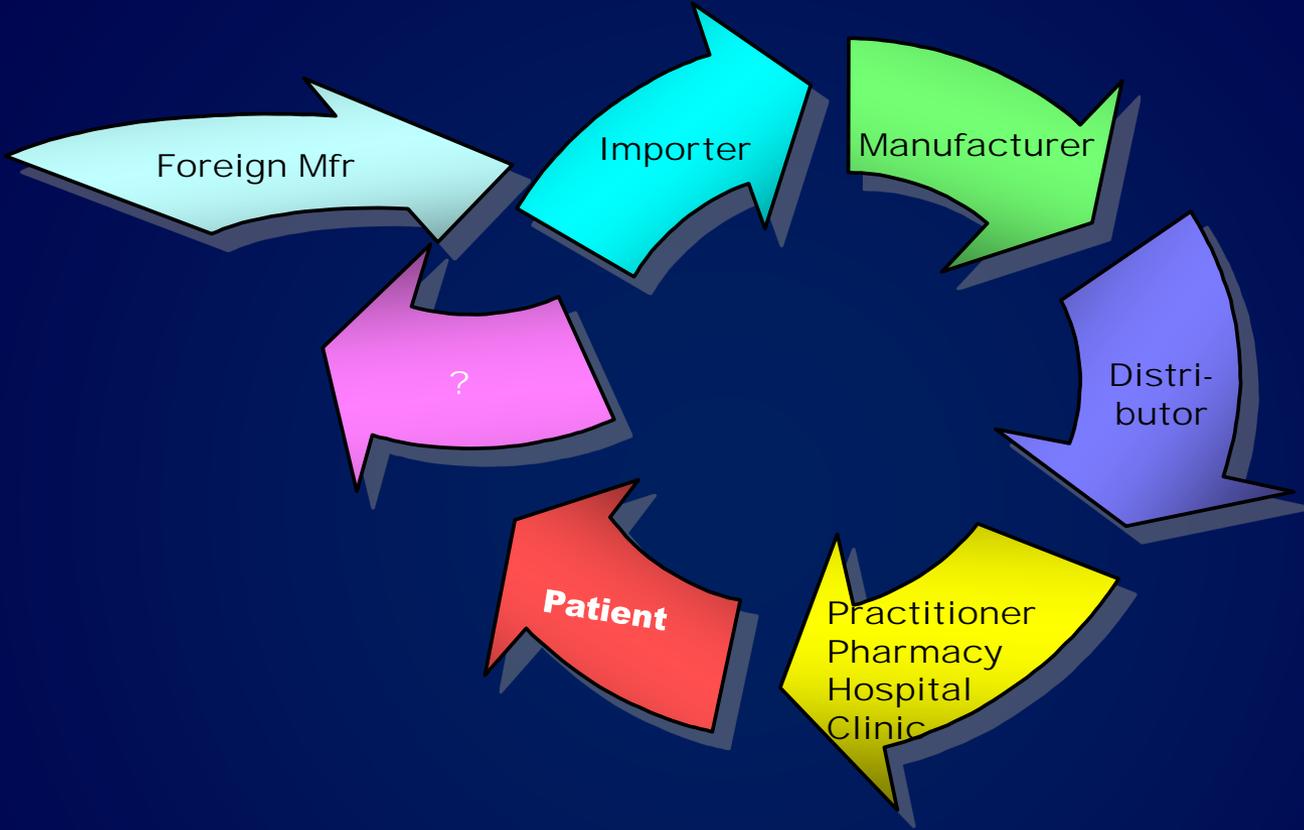


Cutting off the Source of Supply





Closed System of Distribution



1,604,158 (09/04/2015)

- Practitioners: 1,221,972
- Retail Pharmacies: 71,439
- Hospital/Clinics: 16,500



Closed System of Distribution

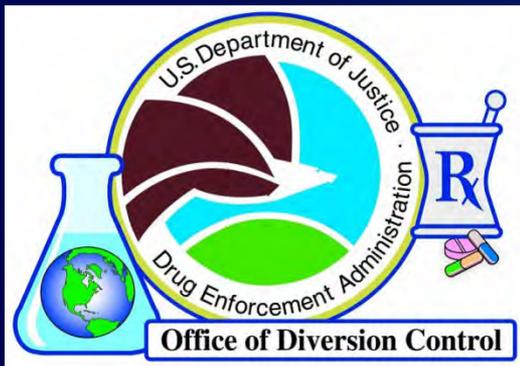




Closed System of Distribution

The DEA is responsible for:

- the oversight of the system
- the integrity of the system
- the protection of the public health and safety





DEA Registrant Initiatives

Distributor Initiative

Educate and inform distributors/manufacturers of their due diligence responsibilities under the CSA by discussing their Suspicious Order Monitoring System, reviewing their ARCOS data for sales and purchases of Schedules II and III controlled substances, and discussing national trends involving the abuse of prescription controlled substances

August 1, 2005 – August 19, 2015: Briefings to **85** firms with **280** registrations



DEA Registrant Initiatives

Pharmacy Diversion Awareness Conference

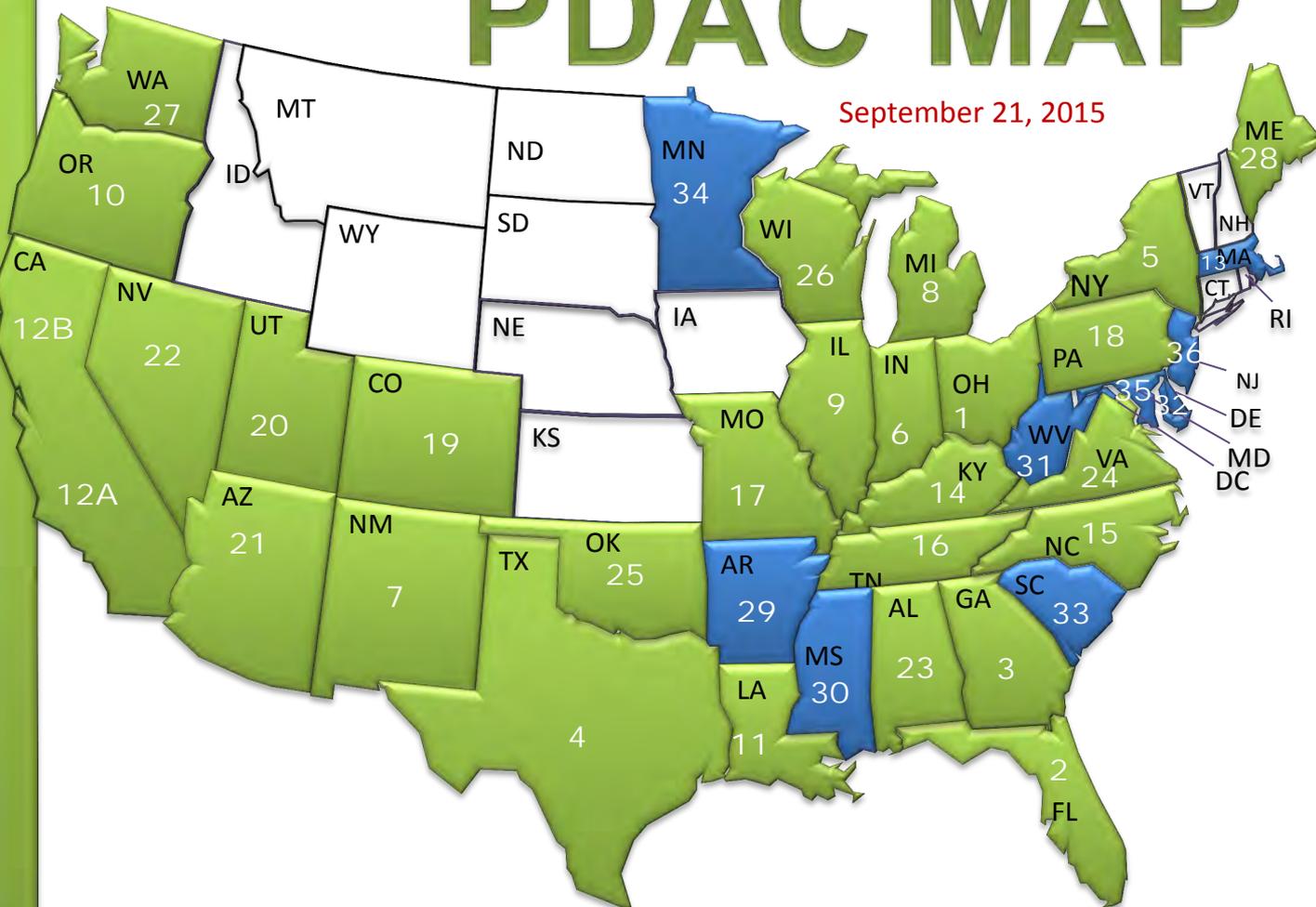
This conference is designed to educate pharmacists, pharmacy technicians, and pharmacy loss prevention personnel on ways to address and respond to potential diversion activity

PDAC MAP

September 21, 2015

Completed PDACs

| Completed PDACs | Attendance |
|---------------------------------|--------------|
| FY-2011 | |
| 1-Cincinnati, OH 9/17-18/11 | 75 |
| FY-2011 Total Attendance | 75 |
| FY-2012 | |
| 2-WPB, FL 3/17-18/12 | 1,192 |
| 3-Atlanta, GA 6/2-3/12 | 328 |
| 4-Houston, TX 9/8-9/12 | 518 |
| 5-Long Island, NY 9/15-16/12 | 391 |
| FY-2012 Total Attendance | 2,429 |
| FY-2013 | |
| 6-Indianapolis, IN 12/8-9/12 | 137 |
| 7-Albuquerque, NM 3/2-3/13 | 284 |
| 8-Detroit, MI 5/4-5/13 | 643 |
| 9-Chicago, IL 6/22-23/13 | 321 |
| 10-Portland, OR 7/13-14/13 | 242 |
| 11-Baton Rouge, LA 8/3-4/13 | 259 |
| 12A-San Diego, CA 8/16-17/13 | 353 |
| 12B-San Jose, CA 8/18-19/13 | 434 |
| 13-Boston, MA 9/21-22/13 | 275 |
| FY-2013 Total Attendance | 2,948 |
| FY-2014 | |
| 14-Louisville, KY 11/16-17/13 | 149 |
| 15-Charlotte, NC 2/8-9/14 | 513 |
| 16-Knoxville, TN 3/22-23/14 | 246 |
| 17-St. Louis, MO 4/5-6/14 | 224 |
| 18-Philadelphia, PA 7/12-13/14 | 276 |
| 19-Denver, CO 8/2-3/14 | 174 |
| 20-SLC, UT 8/23-24/14 | 355 |
| 21-Phoenix, AZ 9/13-14/14 | 259 |
| FY-2014 Total Attendance | 2,196 |
| FY-2015 | |
| 22-Las Vegas, NV 2/7-8/15 | 193 |
| 23-Birmingham, AL 3/28-29/15 | 296 |
| 24-Norfolk, VA 5/30-31/15 | 410 |
| 25-Oklahoma City 6/27-28/15 | 253 |
| 26-Milwaukee, WI 7/25-26/15 | 114 |
| 27-Seattle, WA 8/8-8/9/15 | 210 |
| 28-Portland, ME 9/12-9/13/15 | 94 |
| Total Attendance To Date | 9,218 |



Proposed FY-2016 PDACs

- 29-Little Rock, Arkansas November 7 & 8, 2015
- 30-Jackson, MS January 9 & 10, 2016
- 31-Charleston, WV February 27 & 28, 2016
- 32-Wilmington, Delaware March 19 & 20, 2016
- 33-Charleston, South Carolina April 2016
- 34-Minneapolis/St. Paul, Minnesota July 2016
- 35-Towson, Maryland August 2016
- 36-New Brunswick, New Jersey September 2016

- Completed PDACs
- Proposed PDACs



DEA Registrant Initiatives

“Stakeholders’ Challenges and Red Flag Warning Signs Related to Prescribing and Dispensing Controlled Substances”

- Represents the medical, pharmacist, and supply chain spectrum highlighting the challenges and “red flag” warning signs related to prescribing and dispensing controlled substance prescriptions
- The goal was to provide health care practitioners with an understanding of their shared responsibility to ensure that all controlled substances are prescribed and dispensed for a legitimate medical purpose, as well as to provide guidance on which red flag warning signs warrant further scrutiny
- NABP along with 10 national associations and 6 major pharmaceutical firms were the coalition of stakeholders of this document.



DEA Registrant Initiatives

- The Federation of State Medical Boards (FSMB) promotes excellence in medical practice, licensure, and regulation on behalf of 70 state medical and osteopathic Boards across the country in their protection of the public
- DEA and FSMB are currently working on developing strategies to work more effectively and jointly on indiscriminate prescriber investigations in order to facilitate the administrative process to take action against those that are a threat to the public health and welfare quickly, and at the same time not jeopardize a criminal investigation



Scheduled Investigations

- Increase in the number of DEA registrants that are required to be investigated to ensure compliance with the Controlled Substances Act and its implementing regulations
- Increase in the frequency of the regulatory investigations
- Verification investigations of customers and suppliers



Effective Controls

21 CFR § 1301.71(a)

“All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.”



Effective Controls

21 CFR § 1301.71(a)

In order to determine whether a registrant has provided **effective controls** against diversion, the Administrator shall use the security requirements set forth in §§ 1301.72-1301.76 as standards for the **physical security controls** and **operating procedures** necessary to **prevent diversion**



Suspicious Orders

21 CFR § 1301.74(b)

Non-practitioners of controlled substances

“The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances...Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.”



Suspicious Orders

- Reporting of a suspicious order to DEA does **NOT** relieve the supplier of the responsibility to maintain effective controls against diversion
 - The responsibility for making the decision **to ship or not to ship** rests with the supplier.
 - Once a Suspicious Order is identified by the supplier the order must **not** be shipped.



Suspicious Orders

Orders of Unusual Size

Orders Deviating Substantially from a Normal pattern

Orders of Unusual Frequency

**These criteria are disjunctive
(They can stand alone or together)**



Know your Customers

*U.S. Drug Enforcement Administration / Operations
Division / Office of Diversion Control*





Secure and Responsible Drug Disposal Act of 2010



The Problem: Easy Access





Secure and Responsible Drug Disposal Act of 2010

- CSA amended to provide ultimate users and LTCF with additional methods to dispose of unused, unwanted or expired controlled substance medication in a secure, safe and responsible manner

21 USC §§ 822(f) & (g)

- Registrants authorized to collect:
 - Manufacturers
 - Distributors
 - Reverse Distributors
 - Narcotic Treatment Programs
 - Hospitals/clinics with an on-site pharmacy
 - Retail Pharmacies

21 CFR § 1317.40

Authorized collectors, as registrants, are readily familiar with the security procedures and other requirements to handle controlled substances.



Secure and Responsible Drug Disposal Act of 2010

- Regulations did not limit the ways that ultimate users may dispose of pharmaceutical controlled substances ...*they expanded them*
- Any method of pharmaceutical disposal that was valid for *ultimate users* prior to these regulations remains valid
- Participation is voluntary
- The DEA may not require any person to establish or operate a disposal program.

21 USC §§ 822(g)(2)



Secure and Responsible Drug Disposal Act of 2010

- Disposal rule eliminated existing 21 CFR 1307.12 & 1307.21
- New part 1317 contains the requirements on:
 - disposal procedures;
 - registrant inventory
 - collected substances
 - collection of pharmaceutical controlled substances from ultimate users;
 - return and recall; and
 - destruction of controlled substances



Registrant Disposal



Registrant Disposal - Inventory

Practitioner & Non-Practitioner may **dispose of inventory**:

- Prompt on-site destruction
- Prompt delivery to **reverse distributor** by common or contract carrier or reverse distributor pick-up
- Return and recall : Prompt delivery by common or contract carrier or pick-up at the registered location

Practitioner may **also** request assistance from the SAC

Non-practitioner may **also** transport by its own means

21 CFR § 1317.05(a) and (b)



Requirements for Destruction of Controlled Substances



Destruction of Controlled Substances

All controlled substances destroyed by a registrant or caused to be destroyed by a registrant shall be destroyed in compliance with applicable Federal, State, tribal, and local laws and regulations and shall be rendered **non-retrievable**

21 CFR § 1317.90

Non-retrievable means the condition or state to which a controlled substance shall be rendered following a process that permanently alters the substance's physical or chemical condition or state through irreversible means, and thereby renders the controlled substance unavailable and unusable for all practical purposes

21 CFR § 1300.05



Destruction of Controlled Substances

Transfer and transport for destruction

- Transportation directly to registered location or destruction location
- 2 employees accompany the controlled substances to location
- 2 employees load & unload or observe load & unload until transfer is complete

21 CFR § 1317.95(b) and (c)



Destruction Procedures

- 2 employees of the registrant shall handle or observe the handling of any controlled substance until it is rendered non-retrievable, and
- 2 employees of the registrant shall personally witness the destruction of the controlled substance until it is rendered non-retrievable.

21 CFR § 1317.95(c) and (d)





DEA Form 41

- Form 41 shall be used to record the destruction of all controlled substances, including controlled substances acquired from collectors.
 - The Form 41 shall include the names and signatures of the two employees who witnessed the destruction.
 - Exceptions for DEA Form 41:
 - Destruction of a controlled substance dispensed by a practitioner for immediate administration at the practitioner's registered location, when the substance is not fully exhausted (i.e. wastage) shall be properly recorded in accordance with § 1304.22(c), and such record **need not** be maintained on a Form 41
 - Transfers by registrant to a reverse distributor must be recorded in accordance with § 1304.22(c), and such record **need not** be maintained on a Form 41



OMB APPROVAL NO. 1117-0007

Expiration Date 9/30/2017

U. S. DEPARTMENT OF JUSTICE – DRUG ENFORCEMENT ADMINISTRATION
REGISTRANT RECORD OF CONTROLLED SUBSTANCES DESTROYED
FORM DEA-41

A. REGISTRANT INFORMATION

| | | | |
|---------------------|--------|--------------------------|--|
| Registered Name: | | DEA Registration Number: | |
| Registered Address: | | | |
| City: | State: | Zip Code: | |
| Telephone Number: | | Contact Name: | |

B. ITEM DESTROYED

1. Inventory

| | National Drug Code or DEA Controlled Substances Code Number | Batch Number | Name of Substance | Strength | Form | Pkg. Qty. | Number of Full Pkgs. | Partial Pkg. Count | Total Destroyed |
|-----------------|---|--------------|-------------------|----------|----------|-----------|----------------------|--------------------|-----------------|
| <i>Examples</i> | 16590-598-60 | N/A | Kadian | 60mg | Capsules | 60 | 2 | 0 | 120 Capsules |
| | 0555-0767-02 | N/A | Adderall | 5mg | Tablet | 100 | 0 | 83 | 83 Tablets |
| | 9050 | B02120312 | Codeine | N/A | Bulk | 1.25 kg | N/A | N/A | 1.25 kg |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |



| | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |

2. Collected Substances

| | Returned Mail-Back Package | Sealed Inner Liner | Unique Identification Number | Size of Sealed Inner Liner | Quantity of Packages(s)/Liner(s) Destroyed |
|----------|----------------------------|--------------------|------------------------------------|----------------------------|--|
| Examples | X | | MBP1106, MBP1108 - MBP1110, MBP112 | N/A | 5 |
| | | X | CRL1007 - CRL1027 | 15 gallon | 21 |
| | | X | CRL1201 | 5 gallon | 1 |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Form DEA-41

See instructions on reverse (page 2) of form.



DEA-41 (9/30/2017) Pg. 2

C. METHOD OF DESTRUCTION

| | | |
|----------------------------|------------------------|-----------|
| Date of Destruction: | Method of Destruction: | |
| Location or Business Name: | | |
| Address: | | |
| City: | State: | Zip Code: |

D. WITNESSES

I declare under penalty of perjury, pursuant to 18 U.S.C. 1001, that I personally witnessed the destruction of the above-described controlled substances to a non-retrievable state and that all of the above is true and correct.

| | | |
|---|------------------------------|-------|
| Printed name of first authorized employee witness: | Signature of first witness: | Date: |
| Printed name of second authorized employee witness: | Signature of second witness: | Date: |

E. INSTRUCTIONS

- Section A. REGISTRANT INFORMATION: The registrant destroying the controlled substance(s) shall provide their DEA registration number and the name and address indicated on their valid DEA registration, in addition to a current telephone number and a contact name, if different from the name on the valid DEA registration.
- Section B. (1) Inventory: This part shall be used by registrants destroying lawfully possessed controlled substances, other than those described in Section B(2). In each row, indicate the National Drug Code (NDC) for the controlled substance destroyed, or if the substance has no NDC, indicate the DEA Controlled Substances Code Number for the substance; if the substance destroyed is in bulk form, indicate the batch number, if available. In each row, indicate the name, strength, and form of the controlled substance destroyed, and the number of capsules, tablets, etc., that are in a full package (pkg. qty.). If destroying the full quantity of the controlled substance, indicate the number of packages destroyed (number of full pkgs.). If destroying a partial package, indicate the partial count of the capsules, tablets, etc. destroyed (partial pkg. count). If destroying a controlled substance in bulk form, indicate that the substance is in bulk form (form) and the weight of the substance destroyed (pkg. qty.). In each row, indicate the total number of each controlled substance destroyed (total destroyed).



National Take Back Initiative

September 26, 2015

Got **Drugs?**

Turn in your
unused or expired
medication for safe disposal

Saturday, **September 26, 2015**

Click here
for a collection
site near you.



10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration
Office of Diversion Control



Thank You