



# UPDATE FROM THE U.S. DRUG ENFORCEMENT ADMINISTRATION



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October 24, 2013

National Association of State Controlled Substance  
Authorities (NASCA), Kansas City, Missouri

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Alan G. Santos, Associate Deputy Assistant Administrator,  
Operations Division, Office of Diversion Control,  
U.S. Drug Enforcement Administration



# Outline

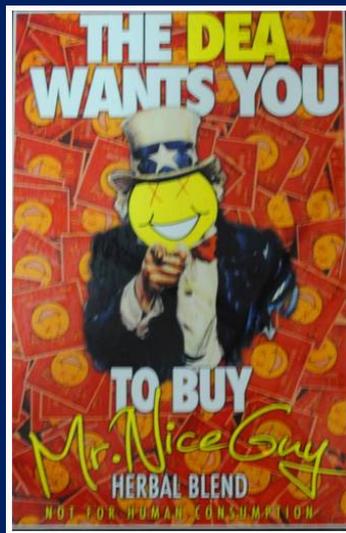
- Synthetic (Designer) Drugs
- Heroin (& Prescription Drugs)
- Hydrocodone
- Drug Disposal
- Electronic Prescribing of Controlled Substances (ECPS)
- DEA Resources



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# Synthetic (Designer) Drugs

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



# Designer Drugs: A Tough Problem

Targeting emerging psychoactive designer synthetic drugs [i.e. synthetic cannabinoids (the synthetic marijuana compounds), synthetic cathinones (the synthetic stimulants), and other emerging synthetic compounds] is a priority for DEA.

**But it's a tough public health & safety challenge!**



# Designer Drugs Purported as “Legal” Highs

Designer Drugs have rapidly emerged as “legal” alternatives to internationally controlled drugs (such as marijuana, cocaine, methamphetamine, & MDMA) causing similar effects, with the potential to pose serious risks to public health and safety.





## Where did they come from ?

A highly regarded Medicinal Chemist Dr. F. Ivy Carroll and colleagues stated in a recent publication:

*Throughout the drug discovery process, pharmaceutical companies, academic institutions, research institutions, and other organizations publish their studies in scientific journals, books, and patents. This information exchange, which is essential to the legitimate scientific enterprise, can be, and is, used by clandestine chemists who duplicate the technical sophistication used by the research community to manufacture and market a seemingly endless variety of analogs of so-called designer drugs.*



# Where did they come from ?

- Substances rejected due to poor therapeutic potential
- Scientific literature excavated to identify substances
- No industrial or medical use for these substances
- Often characterized as being “research compounds” (the only research being undertaken is to determine their abuse potential for sale to consumer market)





# Proliferation of Designer Drugs

- Increasingly popular among recreational drug users
- Internet sales
- Head shops/Smoke shops
- Promoted by discussion boards – self studies



**Armed with medical research and fueled by Chinese factories  
And YouTube, a band of outlaws has  
Created a dangerous multibillion-dollar industry**



# Synthetic Cannabinoids

- “Synthetic cannabinoids” are a large family of chemical structures functionally (biologically) similar to THC, the active principle of marijuana.
- They may have less, equivalent or more pharmacologic (psychoactive) activity than THC.





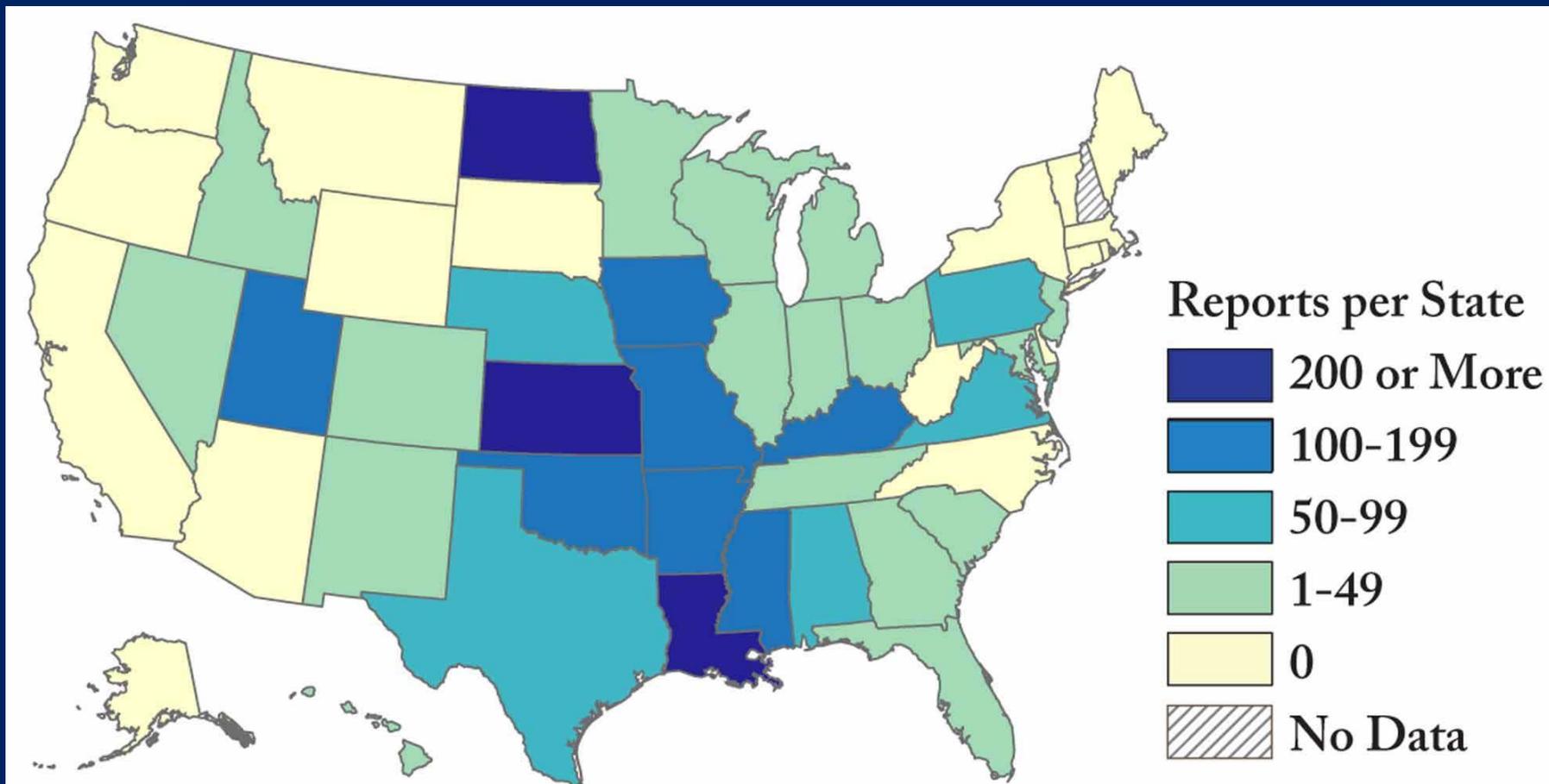
## **Adverse Health Effects**

Multiple deaths have been connected to the abuse of these substances alone and with other substances on-board.

<b>Psychological</b>	<b>Anxiety, aggressive behavior, agitation, confusion, dysphoria, paranoia, agitation, irritation, panic attacks, intense hallucinations</b>
<b>Neurological</b>	<b>Seizures, loss of consciousness</b>
<b>Cardiovascular</b>	<b>Tachycardia, hypertension, chest pain, cardiac ischemia</b>
<b>Metabolic</b>	<b>Hypokalemia, hyperglycemia</b>
<b>Gastrointestinal</b>	<b>Nausea, vomiting</b>
<b>Autonomic</b>	<b>Fever, mydriasis</b>
<b>Other</b>	<b>Conjunctivitis</b>

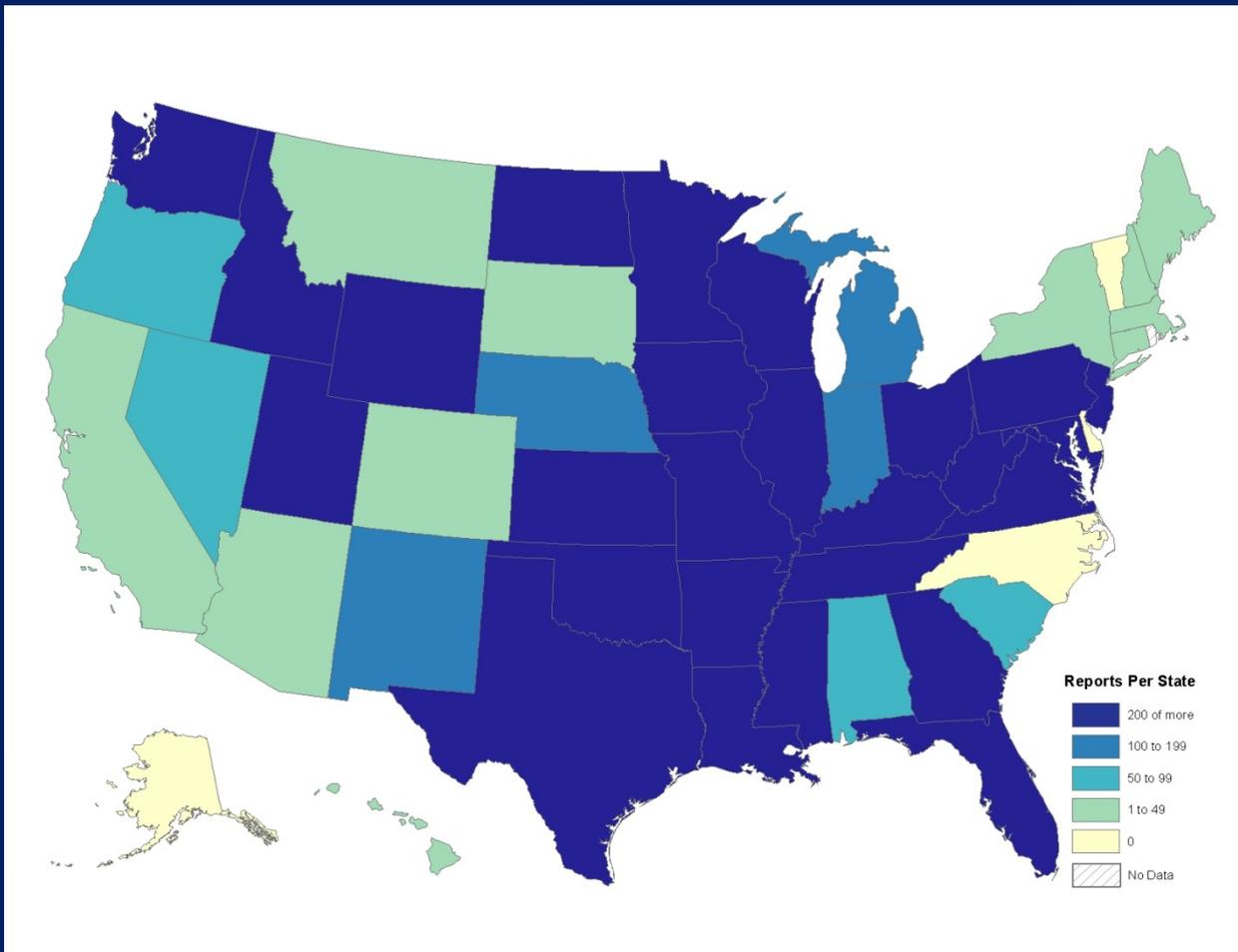


# Synthetic Cannabinoids, by State, 2010



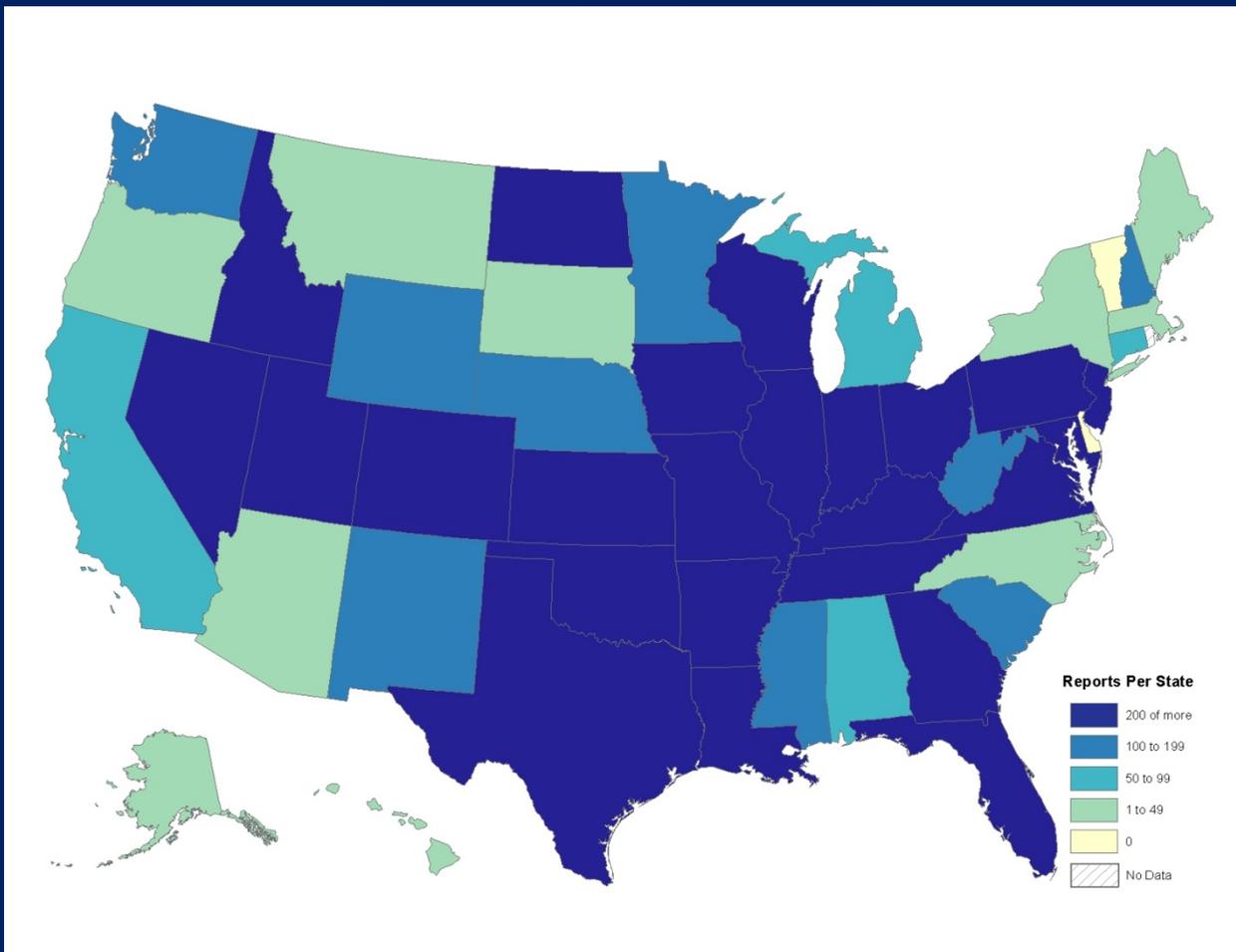


# Synthetic Cannabinoids, by State, 2011





# Synthetic Cannabinoids, by State, 2012





# Synthetic Cathinones

- Structurally and pharmacologically similar to amphetamine, Ecstasy (MDMA), cathinone, and other related substances.
- Are central nervous system (CNS) stimulants and have stimulant and psychoactive properties similar to schedule I and II amphetamine type stimulants.





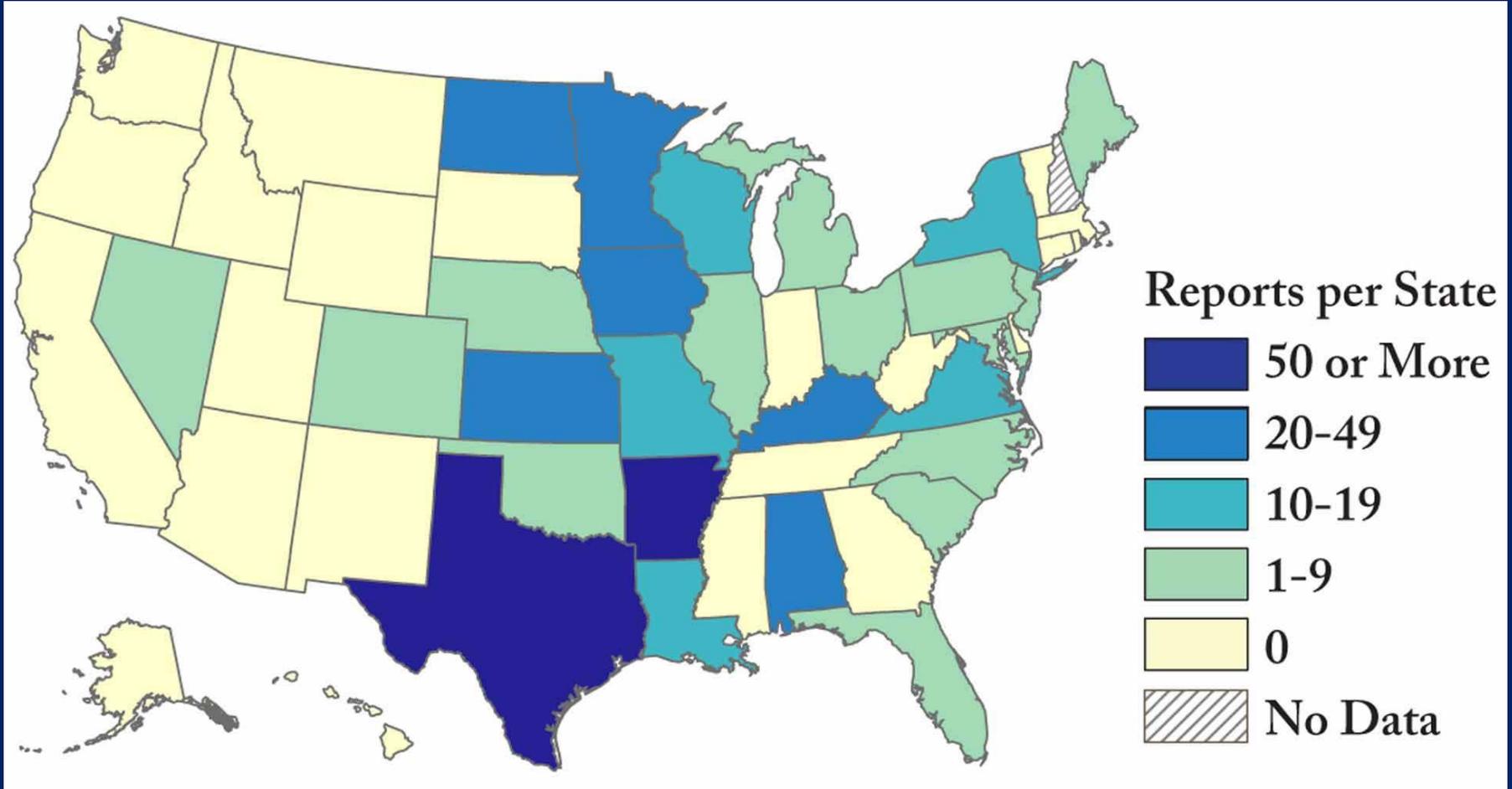
## Adverse Health Effects

Synthetic cathinone users commonly report cardiac, psychiatric, and neurological signs and symptoms with death.

Cardiovascular	palpitations, tachycardia, chest pain, vasoconstriction, myocardial infarction
Psychological	Aggressive behavior, anger, anxiety, agitation, auditory and visual hallucinations, depression, dysphoria, empathy, euphoria, fatigue, formication, increased energy, concentration, panic attacks, paranoia, perceptual disorders, restlessness, self-mutilation, suicidal ideation
Neurological	Seizures, tremor, dizziness, memory loss, cerebral edema, headache, lightheadedness
Musculoskeletal	Arthralgia, extremity changes (coldness, discoloration, numbness, tingling), muscular tension, cramping
Gastrointestinal	Abdominal pain, anorexia, nausea, vomiting
Pulmonary	Shortness of breath
Ear Nose Throat	Dry mouth, nasal pain, tinnitus

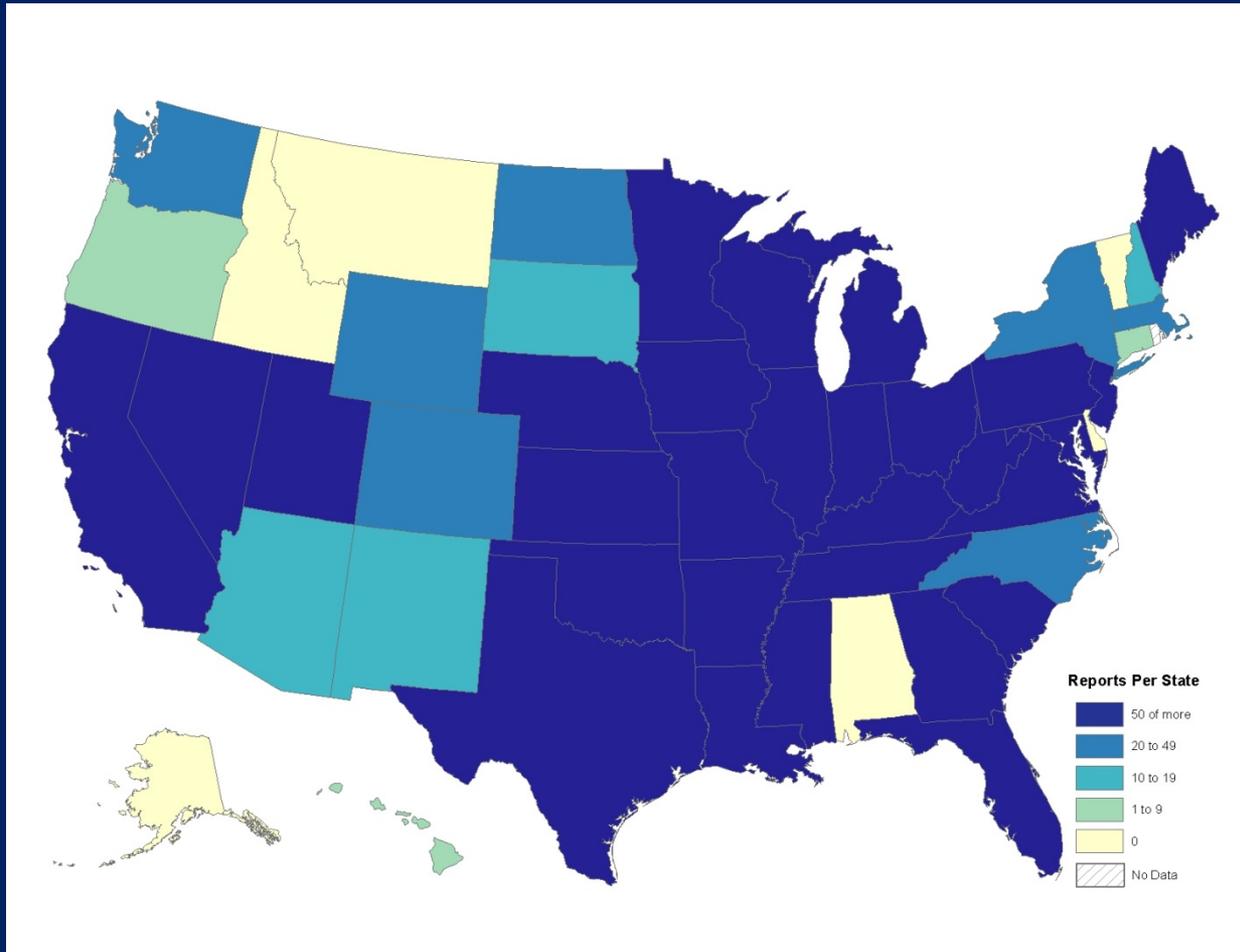


# Synthetic Cathinones, by State, 2010





# Synthetic Cathinones, by State, 2011







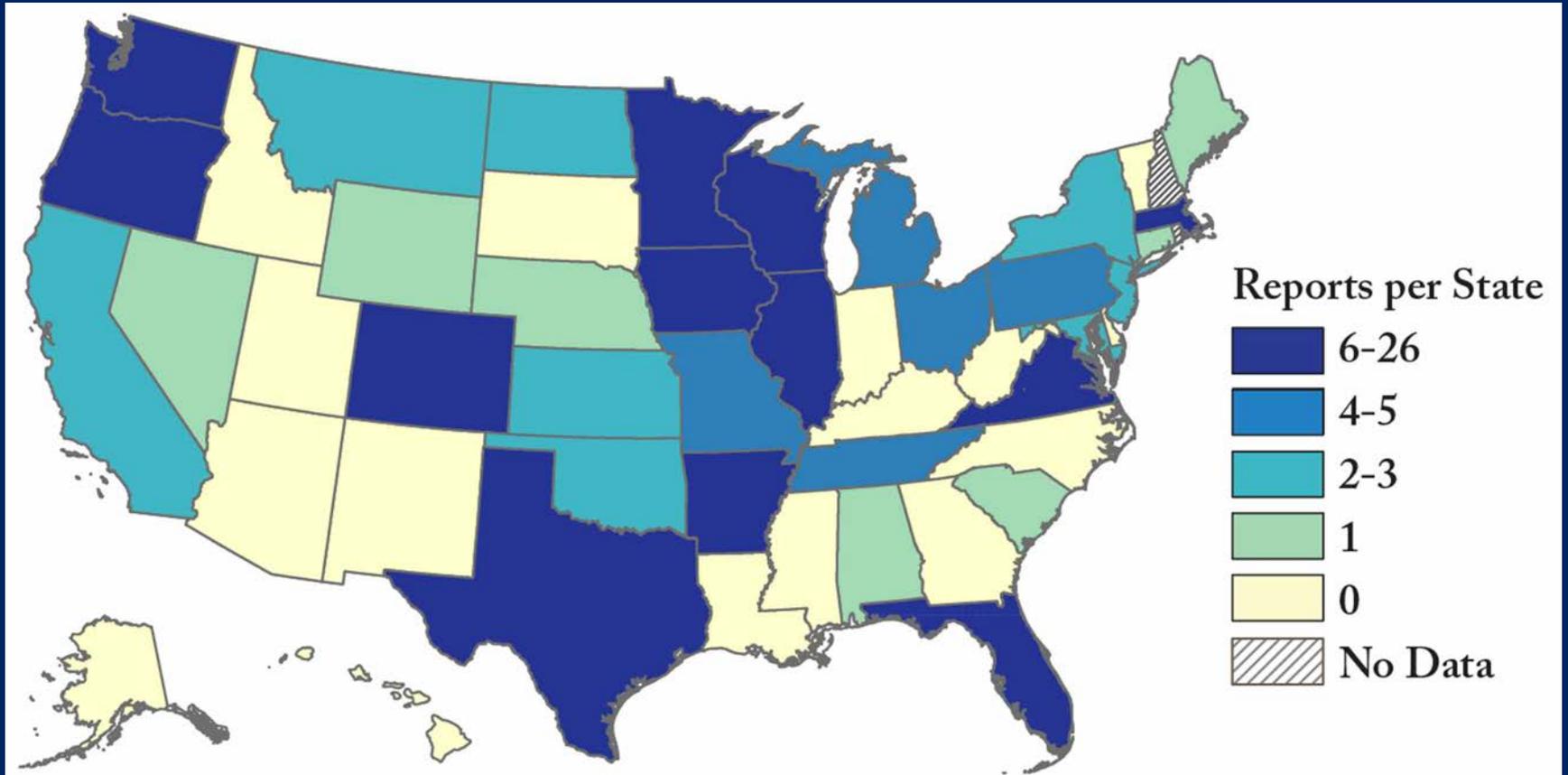
# Phenethylamines

- Are a class of substances with documented psychoactive and stimulant effects / Includes the '2C series' compounds / Abused orally and encountered on "blotter paper" and in "dropper bottles" / Possibly mistaken for LSD / Linked to deaths





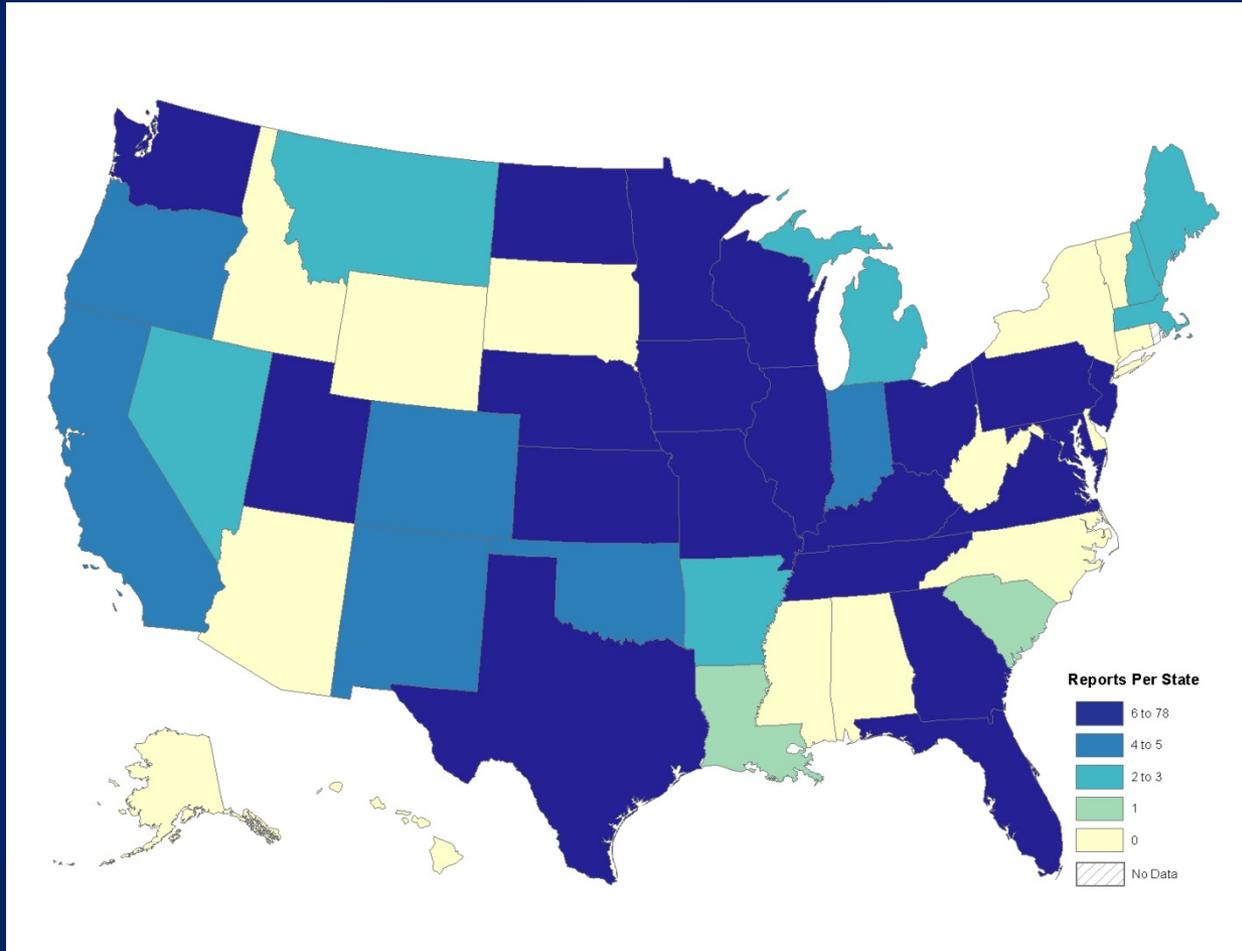
# 2C-Phenethylamine Reports, by State, 2010







# 2C-Phenethylamine Reports, by State, 2012





# Piperizines

- Have hallucinogenic properties as well as often being referred to as amphetamine-like / Tableted and frequently sold as 'ecstasy' (BZP-TFMPP combination abused to mimic the effects)





# Problems with All Synthetic / Designer Drugs

- Marketed to teens and young adults
- Easily attainable in retail environments and via the internet
- Unknown ingredient(s)
- No consistency in manufacturing process
- Not tested for human consumption / Unknown short & long term effects!!
- No known dosage – not FDA approved
- Synergistic effects likely when mixed with other drugs or alcohol





A global problem  
that constitutes a  
significant public  
health threat  
to many nations !!!



**UNODC**

United Nations Office on Drugs and Crime

The challenge of  
new psychoactive substances

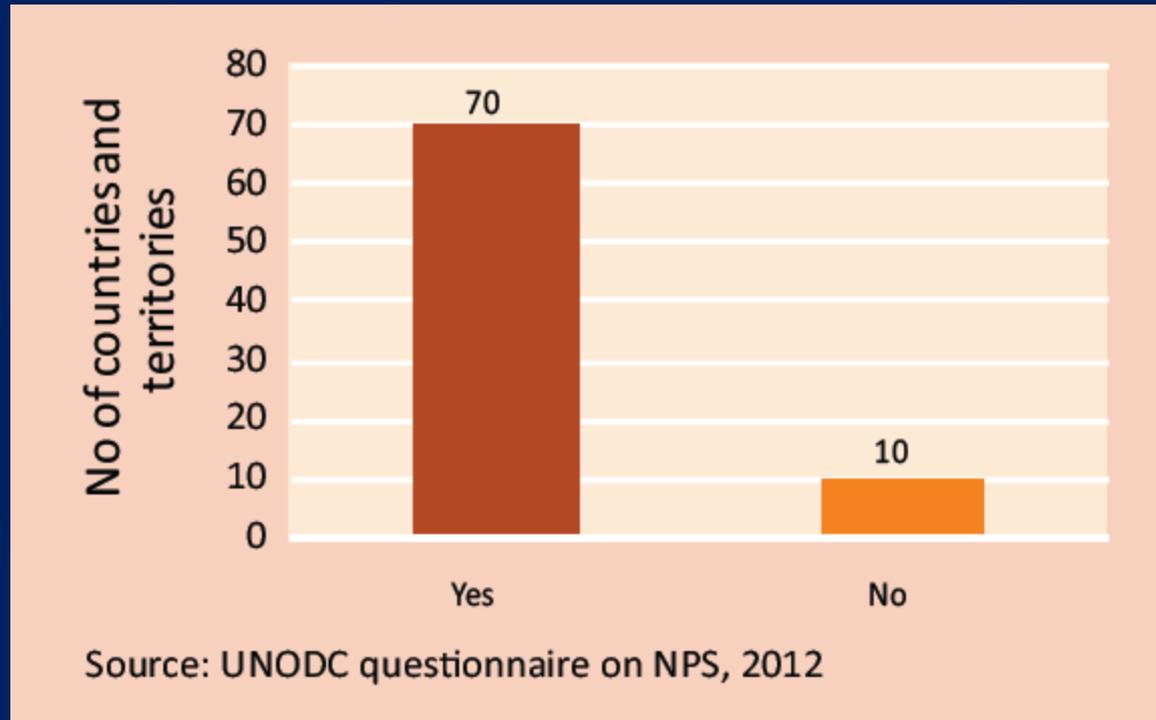


Global SMART Programme

2013



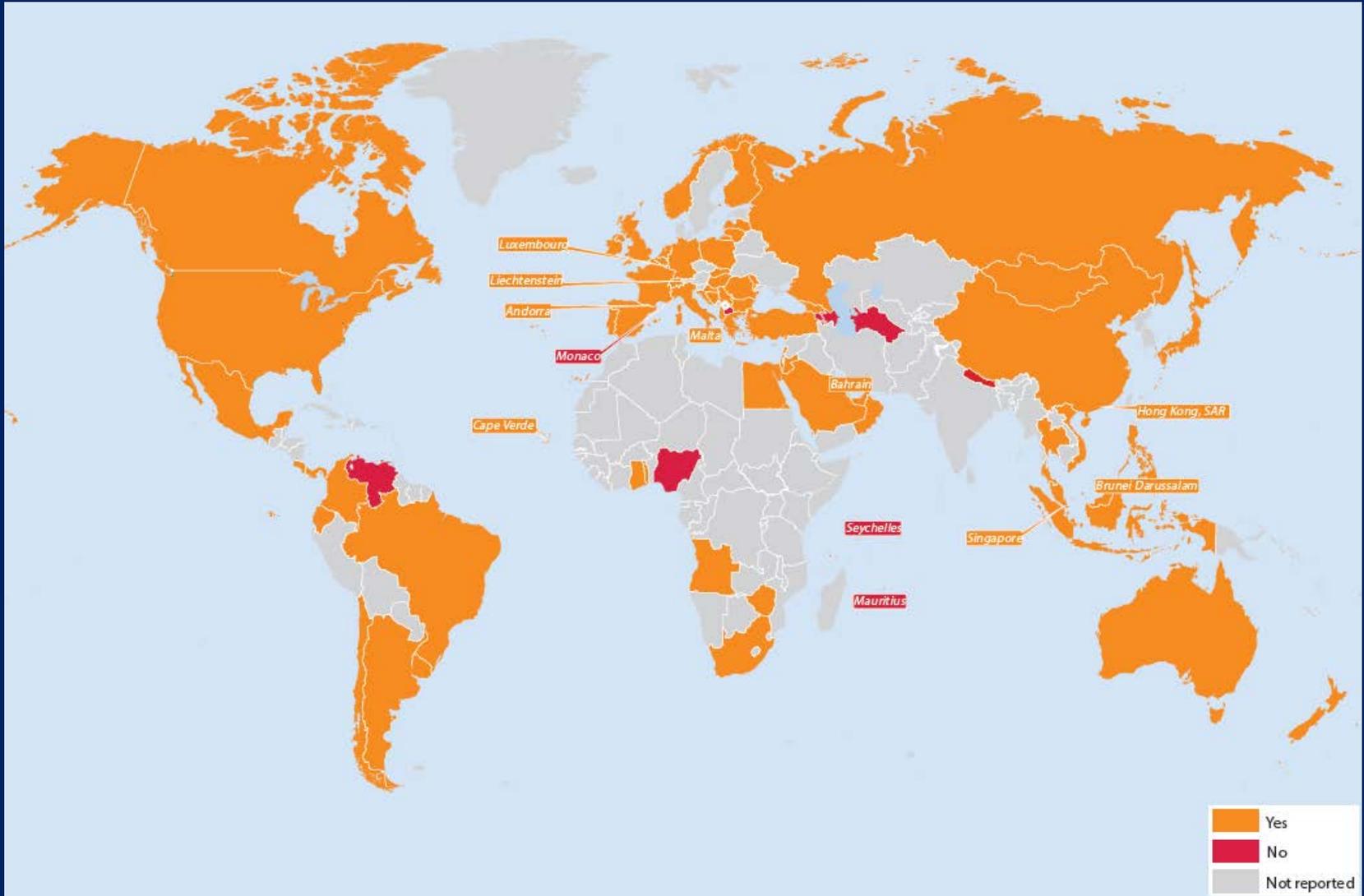
# Global Synthetic Drug Use



**Of the nations surveyed, 87 % (70 out of 80) indicate that NPS are available in their respective drug markets.**

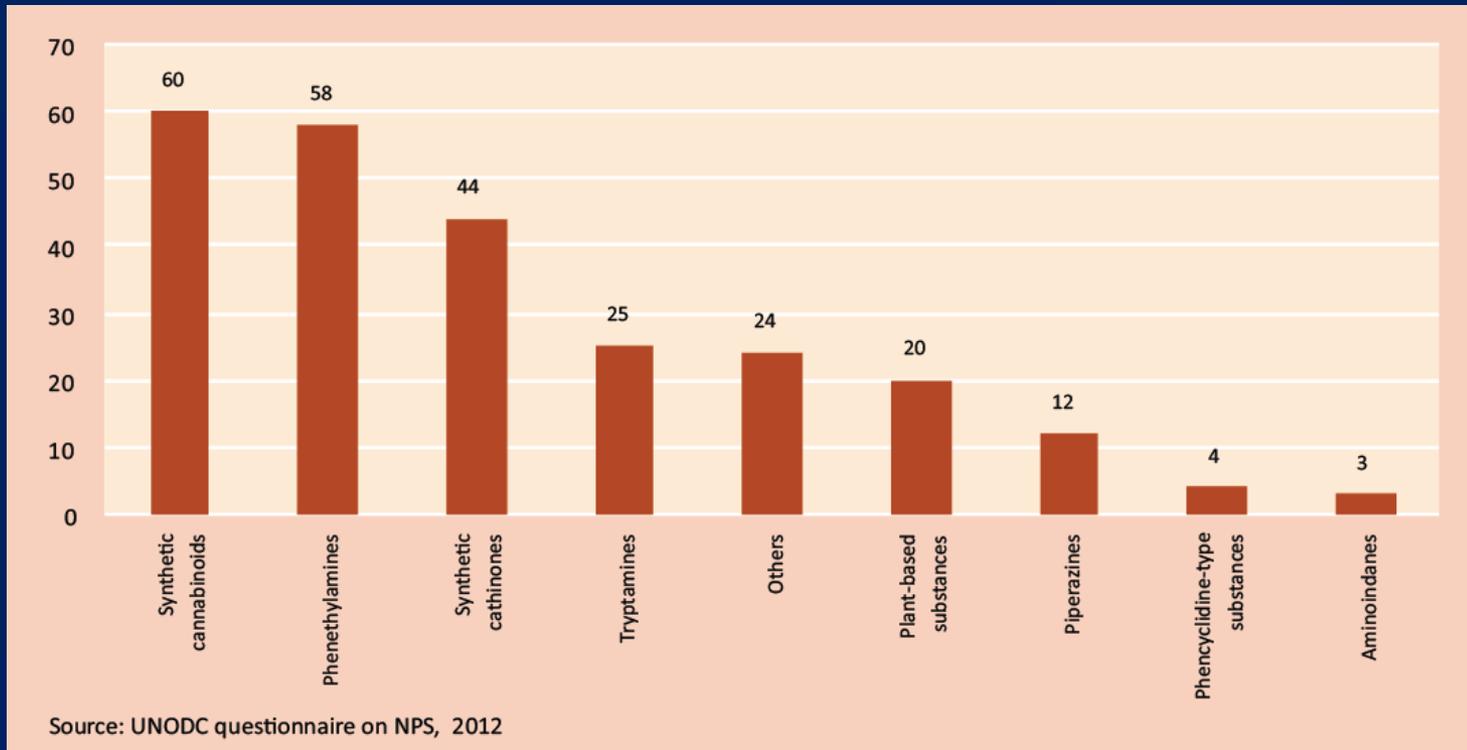


# Global Synthetic Drug Use





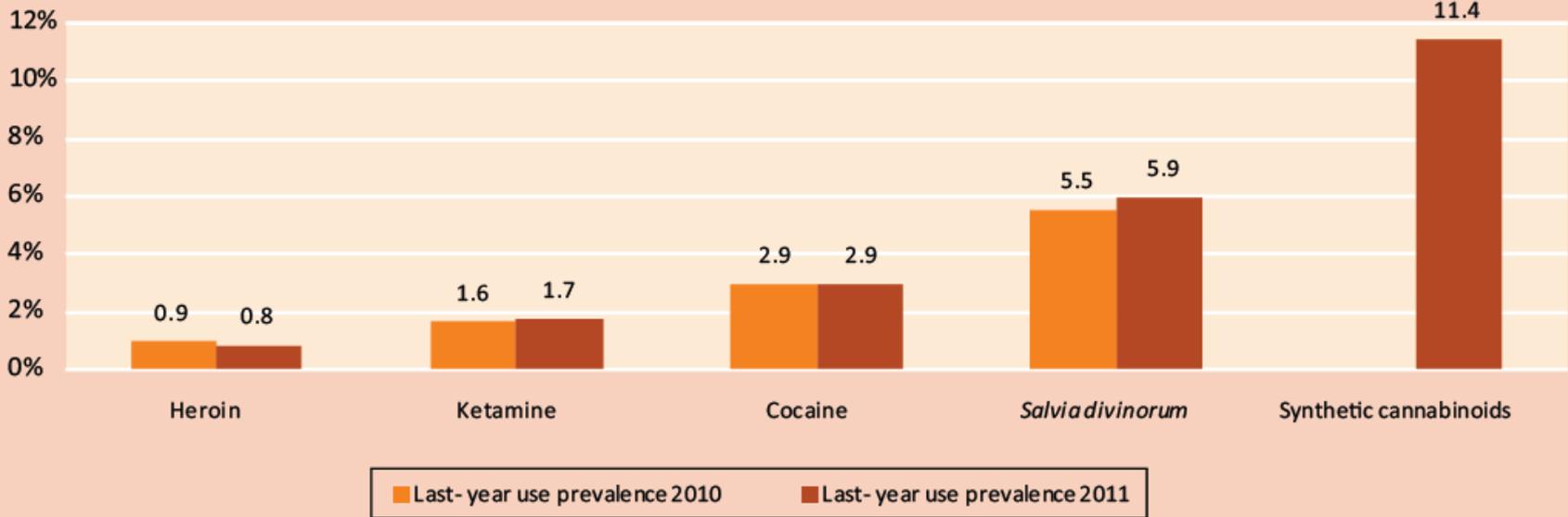
# Number of NPS on Global Markets (2009-2012)



**A total of 251 NPS (including ketamine) were reported to UNODC by 40 countries and territories up to 2012.**



# United States: Prevalence of Drug and NPS Use Among 12<sup>th</sup> Graders (2010 – 2011)



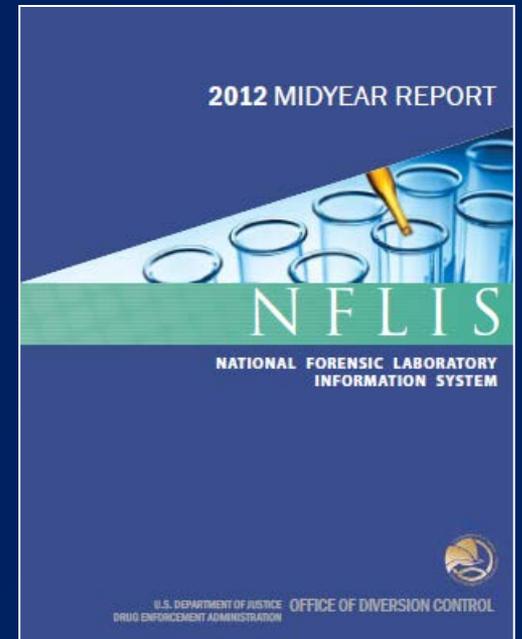
Source: data from the MTF Survey 2010-2011

Base: 12th graders %

Question on synthetic cannabinoids was introduced in 2011 for the first time



# National Forensic Laboratory Information System (NFLIS) Participating Laboratories





# Identified Synthetic Compounds in the U.S.

As of August 6, 2013, U.S. law enforcement has encountered:

- 95 synthetic cannabinoids
- 51 synthetic cathinones
- 87 other compounds (2C compounds, tryptamine, piperazines, etc.)



## 'Spice' makers alter recipes to sidestep state laws banning synthetic marijuana



Rob Ostermaier/Daily Press - Police show what they suspect is "spice," confiscated during a raid on Outer Edge Gifts in Hampton, Va., on April 5.

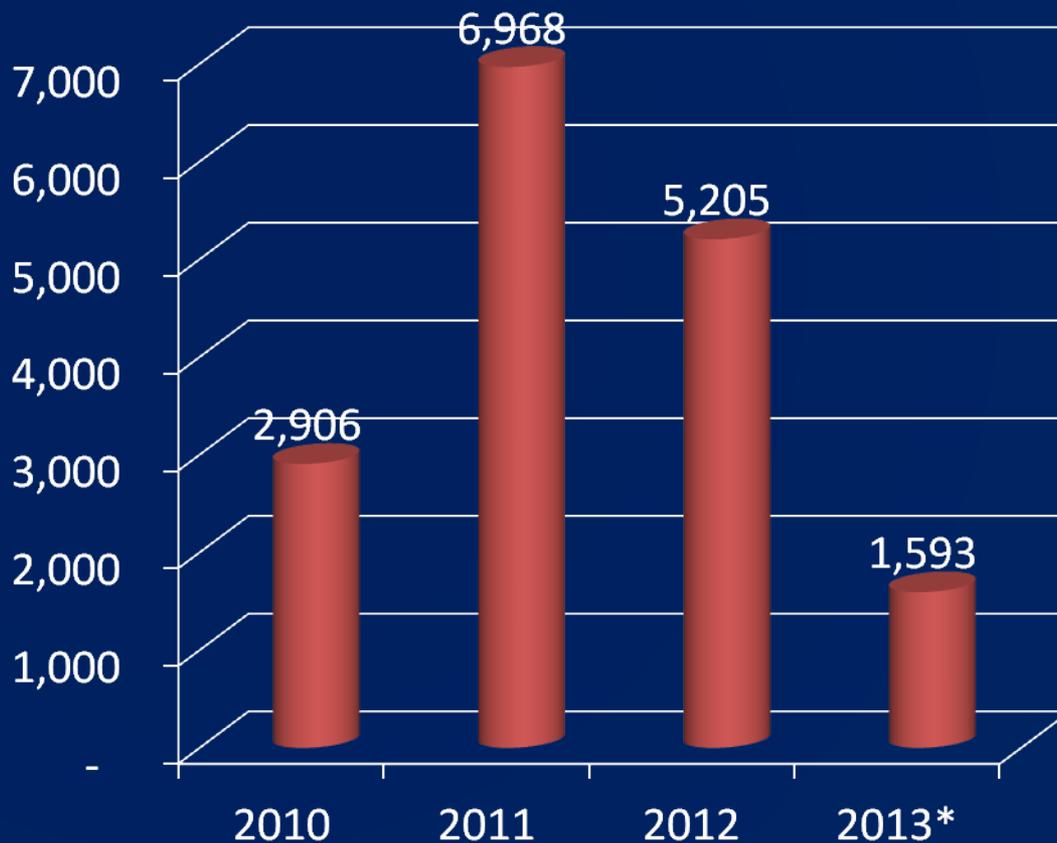


# Calls to U.S. Poison Control Centers

American Association of  
Poison Control Centers  
(AAPCC) Reporting

Calls to poison control  
centers for exposures to  
synthetic marijuana  
(synthetic cannabinoids)

## Synthetic Cannabinoids



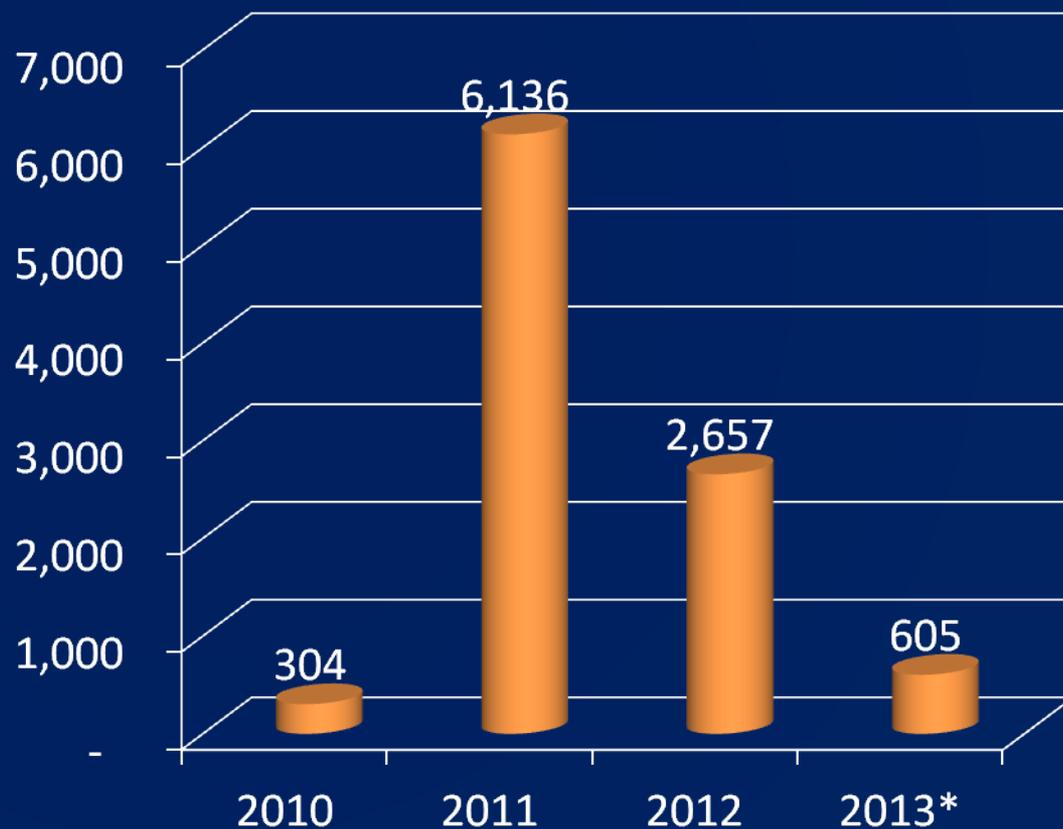


# Calls to U.S. Poison Control Centers

American Association of  
Poison Control Centers  
(AAPCC) Reporting

Calls to poison control  
centers for exposures to  
bath salts (synthetic  
cathinones)

## Synthetic Cathinones





# Public Safety Concerns

- Driving Under the Influence of Drugs (DUIDs) with fatalities
- Suicides
- Homicide-Suicide
- Overdoses
  - Emergency Department visits
  - First Responders
- Drugs abused to evade drug screens
  - 30-35% of juveniles in drug court tested positive
  - Individuals subjected to routine drug screens / Probationer / parolees





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# Control Efforts: Using all the “Tools” Available

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



# Synthetic Drugs: U.S. State Controls

- 
- A light blue outline map of the United States, showing the borders of all 50 states and the District of Columbia. The map is centered on the continent and serves as a background for the text.
- Legislation
  - Department of Health
  - Pharmacy Board
  - Consumer Affairs Dept.



# U.S. Federal Scheduling & Rescheduling Procedures

Placement of a substance into one of the U.S. Federal Controlled Substance Act (CSA) schedules can be done by statute or through the administrative process.

- **Statute:** Congress may designate a substance a controlled substance or reschedule a drug within the scheduling hierarchy by passing legislation. This, by far, is the easiest method in which to add, remove or transfer a substance between schedules.
- **Administrative Process:** The Attorney General, by rule, (using his administrative authority) to add, remove or transfer a substance between schedules. **The legal definition of control, “...means to add a drug or other substance, or immediate precursor, to a schedule...whether by transfer of another schedule or otherwise”. 21 USC 802(5)**



# Federal Temporary Scheduling

- Because of the lack of effective legislative controls to combat the synthetic problem early on, federally we looked to temporary scheduling as a solution
- Requires an AG finding (delegated down to DEA) that the scheduling of a substance in schedule I on a temporary basis is necessary to avoid an imminent hazard to the public safety
- ...and the substance is not listed in any other schedule in Section 21 USC 812 or no exemption or approval is in effect under the FDCA



# Federal Temporary Scheduling (Comprehensive Crime Control Act of 1984)

As set forth under 21 U.S.C 811(h), three factors (4, 5 &6) under the CSA (21 U.S.C. 811(c)) are to be considered in the evaluation

1. Its actual or relative potential for abuse
2. Scientific evidence of its pharmacological effects
3. The state of current scientific knowledge regarding the substance
4. Its history and current pattern of abuse
5. The scope, duration, and significance of abuse
6. What, if any, risk there is to the public health
7. Its psychic or physiological dependence liability
8. Whether the substance is an immediate precursor of a substance already controlled



# U.S. Federal Temporary Scheduling Actions Relative to Synthetic Drugs

To date, 8 Synthetic Cannabinoids, 3 Synthetic Cathinone, and 3 Phenethylamine Compounds have been controlled or in the process of being controlled

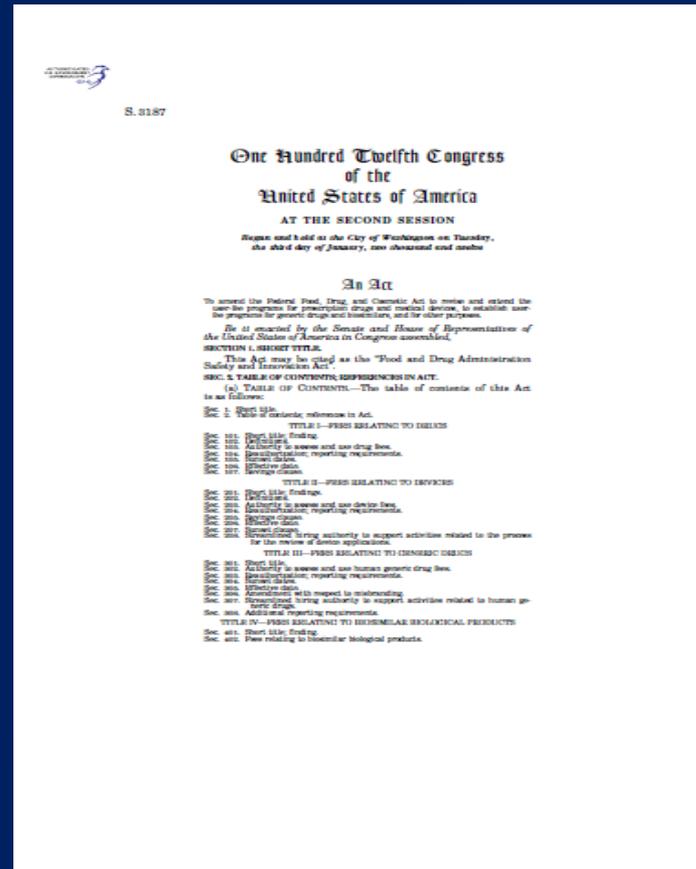
- 5 Cannabinoid Compounds (March 2011 Final Order )
- 3 Cathinone Compounds (October 2011 Final Order )
- 3 Cannabinoid Compounds (May 2013 Final Order )
- 3 Phenethylamine Compounds [i.e. “N-Bomb” products (October 2013 Notice of Intent)]



# U.S. Synthetic Drug Abuse Prevention Act of 2012

On July 9, 2012, the President signed the Synthetic Drug Abuse Prevention Act of 2012 (Public Law 112-144)

➤ The law controlled 26 compounds into schedule I





## U.S. Synthetic Drug Abuse Prevention Act of 2012

- Defined the term “Cannabimimetic Agent” [any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist].
- Extends the maximum time that DEA may temporarily control a substance.
- Initial time period for temporary scheduling increased from 12 to 24 months / Extension period increased from 6 months to 12 months.



# U.S. Synthetic Drug Abuse and Prevention Act 2012

## Cannabinoids

- |                                |             |
|--------------------------------|-------------|
| 1) AM2201                      | 8) JWH-200  |
| 2) AM694                       | 9) JWH-019  |
| 3) CP-47,497                   | 10) JWH-250 |
| 4) CP-47,497 –<br>C8 homologue | 11) JWH-122 |
| 5) JWH-018                     | 12) JWH-203 |
| 6) JWH-073                     | 13) JWH-398 |
| 7) JWH-081                     | 14) SR-19   |
|                                | 15) SR-18   |

## Cathinones

- 1) Mephedrone
- 2) MDPV

## Phenethylamines

- 1) 2C-E
- 2) 2C-D
- 3) 2C-C
- 4) 2C-I
- 5) 2C-T-2
- 6) 2C-T-4
- 7) 2C-H
- 8) 2C-N
- 9) 2C-P



# In the U.S. why are synthetic compounds marketed the way they are (i.e., not for “Human Consumption”)?

- Synthetic cannabinoids are sold as “potpourri” or “incense” products at retail outlets and on the Internet
- Synthetic cathinones are sold as “bath salts”, “jewelry cleaner,” and “plant food” at retail outlets and on the Internet



# The Controlled Substance Analogue Act

21 USC 813 – A Controlled Substance Analogue, shall, to the extent intended for human consumption, be treated for the purposes for any Federal law as a controlled substance in Schedule I

21 USC 802(32) – chemical structure is substantially similar to a controlled substance in schedule I or II and has a similar pharmacologic effect.





# The U.S. Controlled Substance Analogue Act

- The “*intended for human consumption*” requirement is often demonstrated by law enforcement investigations.
- Requires proof of substantial similarity both with respect to *chemical structure* and actual or represented *pharmacological effect*.
- The substantial similarity standard often results in a battle of the experts, which is resource intensive and highly unpredictable.



# Operation “Log Jam” (July 2012)

## Goals of Operation

- Target manufacturers, wholesale distributors, and retail distributors
- Develop information about foreign sources of supply
- Raise public awareness
- Develop leads for Phase II initiative
  - 70 DEA Investigations
  - 15 ICE/HSI Investigations



# The Way Forward on the International Front

- Working to identify major foreign based sources
- Working to sensitize partner nations regarding the threat and the need for international controls
- Continue to work bilaterally and with international partners to look at coordinating global outreach and cooperation



# The Way Forward on the International Front / CND Resolutions

## Enhancing International Cooperation in the Identification & Reporting of NPS (E/CN.7/2013/L.2/ March 2013)

United Nations E/CN.7/2013/L.2/Rev.1  
 **Economic and Social Council** Distr.: Limited  
14 March 2013  
Original: English

**Commission on Narcotic Drugs**  
Fifty-sixth session  
Vienna, 11-15 March 2013  
Agenda item 4  
Implementation of the international drug control treaties

Australia, Croatia, El Salvador, Finland, Hungary, Israel, Japan, Mexico,  
New Zealand, Peru, Russian Federation, Thailand, Turkey, Ukraine,  
United Kingdom of Great Britain and Northern Ireland and  
United States of America: revised draft resolution

### Enhancing international cooperation in the identification and reporting of new psychoactive substances

#### *The Commission on Narcotic Drugs,*

*Recalling* its resolution 48/1 of 11 March 2005, on promoting the sharing of information on emerging trends in the abuse of and trafficking in substances not controlled under the international drug control conventions,

*Recalling also* its resolution 53/11 of 12 March 2010, on promoting the sharing of information on the potential abuse of and trafficking in synthetic cannabinoid receptor agonists,

*Recalling further* its resolution 53/13 of 12 March 2010 on the use of "poppers" as an emerging trend in drug abuse in some regions,

*Recalling* its resolution 55/1 of 16 March 2012, on promoting international cooperation in responding to the challenges posed by new psychoactive substances,

*Reiterating its concern* at the number of potentially dangerous new psychoactive substances that continue to be marketed as legal alternatives to internationally controlled drugs, circumventing existing controls,

*Concerned* that emerging new psychoactive substances may have effects similar to those of internationally controlled drugs and may pose risks to public health and safety, and noting the need for additional data on the effects of these substances to be collected and shared.

V.13-81852 (E)



Please recycle 



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# Heroin (& Prescription Drugs)

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



# 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

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WEDNESDAY, DECEMBER 5, 2012

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**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



# HEROIN: NO LONGER CONFINED TO URBAN AREAS

trafficked heroin, cocaine and other drugs in the District and Montgomery and Prince George's counties.

About 4.2 percent of Maryland high school students reported trying heroin at least once in a 2011 statewide survey, up from 2.4 percent in 2007.

Former heroin addict Mike Gimbel has spent the past three decades working on substance abuse education and treatment in Maryland. He called the suburban heroin shift a "big-time trend" in the Washington area and elsewhere.

"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs," he said. "It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."

The resurgence is tied to the booming market for prescription painkillers like OxyContin and Vicodin — experts say painkiller abusers often move on to heroin due to its availability and their craving for a stronger high.

Beth Kane Davidson, director of the Addiction Treatment Center at Suburban Hospital in Bethesda,



EXAMINER FILE

Montgomery and Fairfax counties have both reported spikes in heroin use.

## Getting high

Percentage of Maryland high schoolers who reported using heroin:

	2011	2009	2007	2005
Males	5.7	5.8	3.7	2.8
Females	1.9	1.7	0.8	2.3
Total	4.2	4.1	2.4	2.6

SOURCE: MARYLAND YOUTH RISK BEHAVIOR SURVEY

*"Instead of waiting for the suburban kids to come into the city, the dealers have gone out to the suburbs. It just blows away these parents in the middle-class communities — the last drug in the world they think their kids are going to use is heroin."*

- Mike Gimbel, former heroin addict

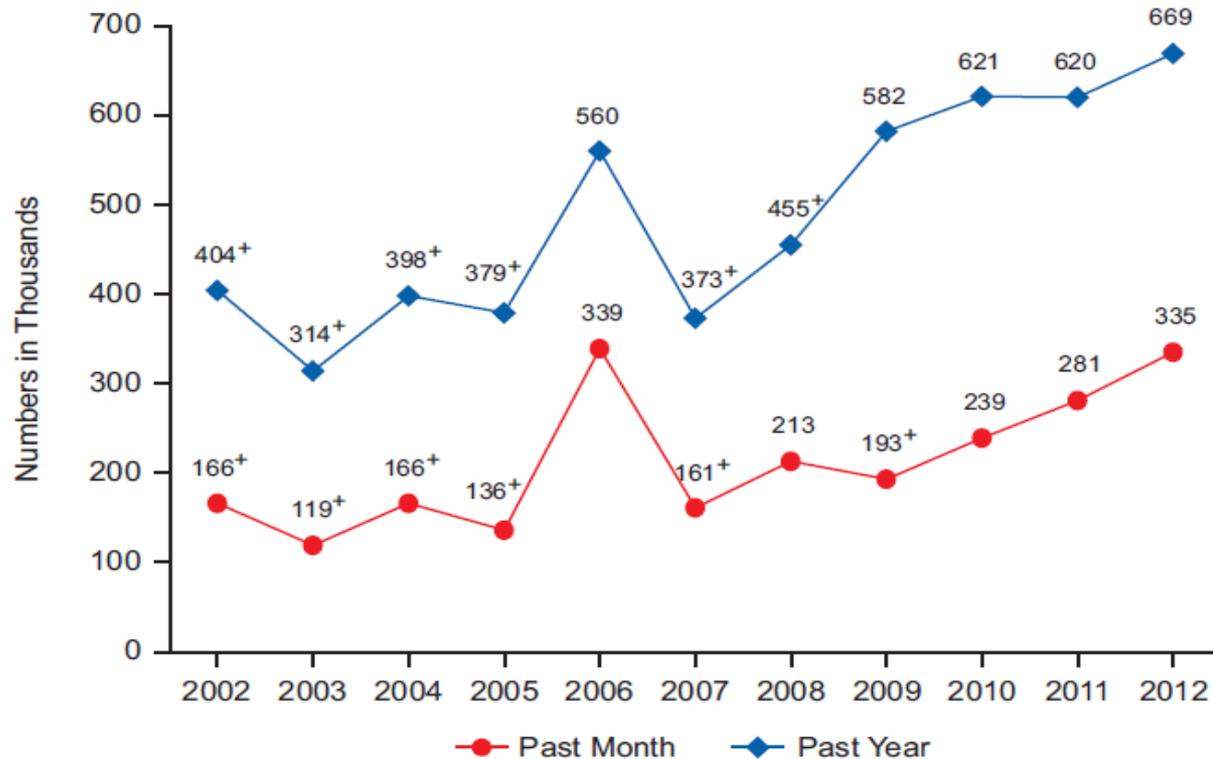
said. "And then there were times when I thought I was living in hell."

Dan Torsch died of a heroin overdose at age 24 in December 2010. Since then, his mother set up GRASP, an organization for grieving family members to connect after losing a loved one to substance abuse, along with a foundation in Dan's name to help families pay for addiction treat-



# Past Month & Year Heroin Use – Ages 12 or Older (2002 – 2012)

**Figure 2.4 Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2012**



<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

# More suburban teens turning from pills to heroin, authorities say

By Ed Fletcher  
McClatchy Newspapers

Tuesday, April 3, 2012

Text size: **A** **A** **A**



+1

0



Tweet

0



Recommend

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Photo by Randy Pench/Sacramento Bee/MCT Brandon Scott, 19, of Auburn, Calif., leads a workshop at the Auburn Library regarding drugs and how they affect teens. Brandon transitioned from RX to heroin but has since gone through the Full Circle Treatment Center program and has been clean for about two years.

SACRAMENTO, Calif. - Heroin, a drug most often associated with the gritty back alleys of big cities, is making a surprising surge in suburban, affluent places.

Many new heroin addicts started as teens, abusing prescription painkillers they found in their homes, say law enforcement and public health officials.



# Example: *"Heroin a Growing Problem in St. George"*

St. George, Utah is known as a good place to raise a family or to retire, but aside from the wholesome image, it's fighting a newfound heroin problem.

Police point to users like Karli Chambers: 27 year-old mother of two had been addicted to prescription drugs, then made an economic decision.

"I couldn't afford the pills," Chambers said in an interview at the Southwest Behavioral Health Center in St. George, where she is getting counseling. "It was too much. The only thing I could find was **heroin**."





## Example: *"Heroin use by Young Adults Devastates Outer Suburbs"*

There is a surge in **heroin** use in Michigan, where the number of people seeking treatment in state-sponsored programs has nearly doubled since 2003.

More youths have turned to heroin after abusing "gateway" prescription drugs, said Dr. Mark Menestrina, an addiction medicine physician at St. John Providence Health System's Brighton Hospital in Livingston County.

It may come down to economics: It's a quick, easy high at \$10-\$20 a hit.





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# Hydrocodone

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



# Hydrocodone

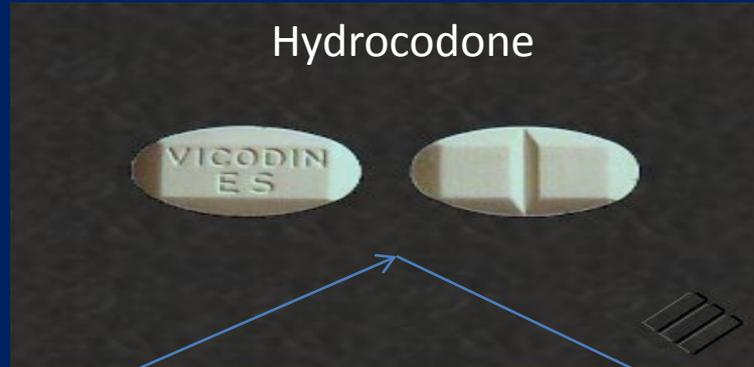
- Hydrocodone / Acetaminophen (toxicity)
- Similarities:
  - Structurally related to codeine
  - Equal to morphine in producing opiate-like effects
- Brand Names: Vicodin<sup>®</sup>, Lortab<sup>®</sup>, Lorcet<sup>®</sup>
- Currently a Schedule III (combination products)
- “Cocktail” or “Trinity”
  - Hydrocodone
  - Soma<sup>®</sup> / carisoprodol
  - Alprazolam / Xanax<sup>®</sup>
- Street prices: \$2 to \$10+ per tablet depending on strength & region





# The Trinity

Hydrocodone



Opiate

Carisoprodol



C-IV as of 1/11/2012

Muscle Relaxant

Alprazolam

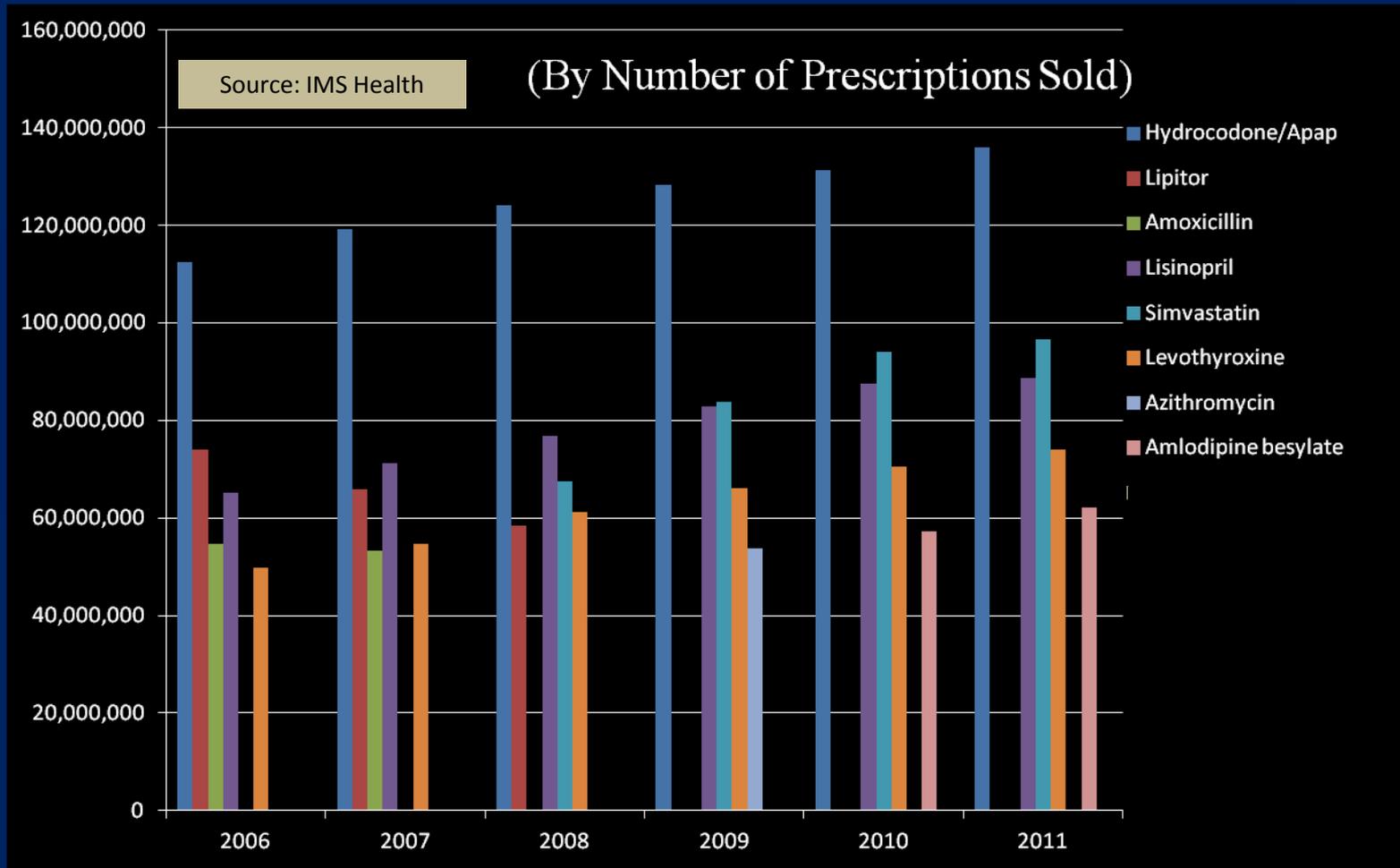


Benzodiazepine

Xanax (Alprazolam)  
Photo from the Physicians Desk Reference



# Top Five Prescription Drugs Sold in the U.S. (2006-2011)





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# Drug Disposal

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



# Prescription Drugs at Home: Potential Loaded Weapon





# Under Existing Regulations: Ultimate User Disposal of Medicines

**National Take-Back Events:** Take-back events are a good way to remove expired, unwanted, or unused medicines from the home.



**Law Enforcement Collection Bins:** Collection bins installed by our Law Enforcement Partners are a good way to remove expired, unwanted, or unused medicines from the home.



**Disposal in Household Trash:** Mix medicines (do not crush tablets or capsules) with substances such as kitty litter or used coffee grounds and place the mixture in a container such as a sealed plastic bag and throw the container in your household trash.



**Disposal by Flushing:** Some medicines have specific disposal instructions that indicate they should be flushed down the sink or toilet when they are no longer needed.





# Looking to the Future: The Secure and Responsible Drug Disposal Act of 2010

- On October 12, 2010, the President signed the “*Secure and Responsible Drug Disposal Act of 2010.*”
- This Act allows DEA to draft new regulations which permits ultimate users to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner consistent with effective controls against diversion.



# The Secure and Responsible Drug Disposal Act of 2010

As DEA worked to promulgate regulations to implement the Act, we have been required to consider:

- Public health and safety
- Ease and cost of program implementation
- Participation by various communities
- Diversion Control



# Notice of Proposed Rulemaking for the Disposal of Controlled Substances

➤ The NPRM on disposal was published in the Federal Register on December 21, 2012

➤ Open for a 60-day public comment period / Closed February 19, 2013

➤ The Final Rule will be published in the Federal Register upon completion

75784 Federal Register / Vol. 77, No. 246 / Friday, December 21, 2012 / Proposed Rules

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

21 CFR Parts 1300, 1301, 1304, 1305, 1307, 1317, and 1321

[Docket No. DEA-316]

RIN 1117-AB18

### Disposal of Controlled Substances

AGENCY: Drug Enforcement Administration (DEA), Department of Justice.

ACTION: Notice of proposed rulemaking.

**SUMMARY:** This rule proposes requirements to govern the secure disposal of controlled substances by both DEA registrants and ultimate users. These regulations would implement the Secure and Responsible Drug Disposal Act of 2010 (Pub. L. 111-273) by expanding the options available to collect controlled substances from ultimate users for purposes of disposal to include: Take-back events, mail-back programs, and collection receptacle locations. These proposed regulations contain specific language to continue to allow law enforcement agencies to voluntarily conduct take-back events, administer mail-back programs, and maintain collection receptacles. These regulations propose to allow authorized manufacturers, distributors, reverse distributors, and retail pharmacies to voluntarily administer mail-back programs and maintain collection receptacles. In addition, this proposed rule expands the authority of authorized retail pharmacies to voluntarily maintain collection receptacles at long term care facilities. This proposal rule also reorganizes and consolidates existing regulations on disposal, including the role of reverse distributors.

**DATES:** Electronic comments must be submitted and written comments must be postmarked on or before February 19, 2013. Commenters should be aware that the electronic Federal Docket Management System will not accept comments after midnight Eastern Time on the last day of the comment period. **ADDRESSES:** To ensure proper handling of comments, please reference "Docket No. DEA-316" on all electronic and written correspondence. DEA encourages all comments be submitted electronically through <http://www.regulations.gov> using the electronic comment form provided on that site. An electronic copy of this document is also available at the <http://www.regulations.gov> site for easy reference. Paper comments that

duplicate the electronic submission are not necessary as all comments submitted to <http://www.regulations.gov> will be posted for public review and are part of the official docket record. Should you, however, wish to submit written comments via regular or express mail, they should be sent to the Drug Enforcement Administration, Attention: DEA Office of Diversion Control (ODD/DX), 8701 Morrisette Drive, Springfield, Virginia 22152. **FOR FURTHER INFORMATION CONTACT:** John W. Partridge, Executive Assistant, Office of Diversion Control, Drug Enforcement Administration; Mailing Address: 8701 Morrisette Drive, Springfield, Virginia 22152; Telephone: (202) 307-4654.

### SUPPLEMENTARY INFORMATION:

#### Posting of Public Comments

Please note that all comments received are considered part of the public record and are made available for public inspection online at <http://www.regulations.gov> and in the DEA's public docket. Such information includes personal identifying information (such as your name, address, etc.) voluntarily submitted by the commenter.

If you would like to submit personal identifying information (such as your name, address, etc.) as part of your comment, but do not want it to be posted online or made available in the public docket, you must include the phrase "PERSONAL IDENTIFYING INFORMATION" in the first paragraph of your comment. You must also place all the personal identifying information you do not want posted online or made available in the public docket in the first paragraph of your comment and identify what information you want redacted.

If you would like to submit confidential business information as part of your comment, but do not want it to be posted online or made available in the public docket, you must include the phrase "CONFIDENTIAL BUSINESS INFORMATION" in the first paragraph of your comment. You must also prominently identify confidential business information to be redacted within the comment. If a comment has so much confidential business information that it cannot be effectively redacted, all or part of that comment may not be posted online or made available in the public docket.

Personal identifying information and confidential business information identified and located as set forth above will be redacted, and the comment, in redacted form, will be posted online and placed in the DEA's public docket file. Please note that the Freedom of

Information Act applies to all comments received. If you wish to inspect the agency's public docket file in person by appointment, please see the **FOR FURTHER INFORMATION** paragraph.

### Outline

- I. Executive Summary
  - A. Purpose of the Regulatory Action
  - B. Summary of the Major Provisions of the Regulatory Action
- II. Background
  - A. Legal Authority
  - B. History of Disposal of Controlled Substances
  - C. Existing DEA Regulations
- III. Prescription Drug Abuse Epidemic
- IV. Scope of Proposed Rule
- V. Proposed Disposal Act Implementing Regulations
  - A. Disposal of Controlled Substance by Ultimate Users—Authorized Persons
  - B. Disposal of Controlled Substances by Ultimate Users—Authorized Methods
  - C. Disposal of Controlled Substances by Registrants
  - D. Return and Recall
  - E. Methods of Destruction
- VI. Miscellaneous Changes
- VII. Regulatory Analyses

### Executive Summary

#### Purpose of the Regulatory Action

On October 12, 2010, the Secure and Responsible Drug Disposal Act of 2010 (Disposal Act) was enacted (Pub. L. 111-273, 124 Stat. 2858). Before the Disposal Act, ultimate users who wanted to dispose of unused, unwanted, or expired controlled substance pharmaceuticals had limited disposal options. The Controlled Substances Act (CSA) only permitted ultimate users to destroy those substances themselves, for example by flushing or discarding, or to dispose of such substances by surrendering them to law enforcement or by seeking assistance from the U.S. Drug Enforcement Administration (DEA). These restrictions resulted in the accumulation of controlled substances in household medicine cabinets that were available for abuse, misuse, and accidental ingestion. The Disposal Act amended the CSA to authorize ultimate users to deliver their controlled substances to another person for the purpose of disposal in accordance with the regulations promulgated by the Attorney General. 21 U.S.C. 822(g) and 828(b)(3). The Attorney General delegated responsibility for promulgating the Disposal Act implementing regulations to DEA. These proposed regulations expand the entities to which ultimate users may transfer unused, unwanted, or expired controlled substances for the purpose of disposal, as well as the methods by which such controlled substances may be collected. Specified entities may voluntarily administer any



# National Take Back Initiatives

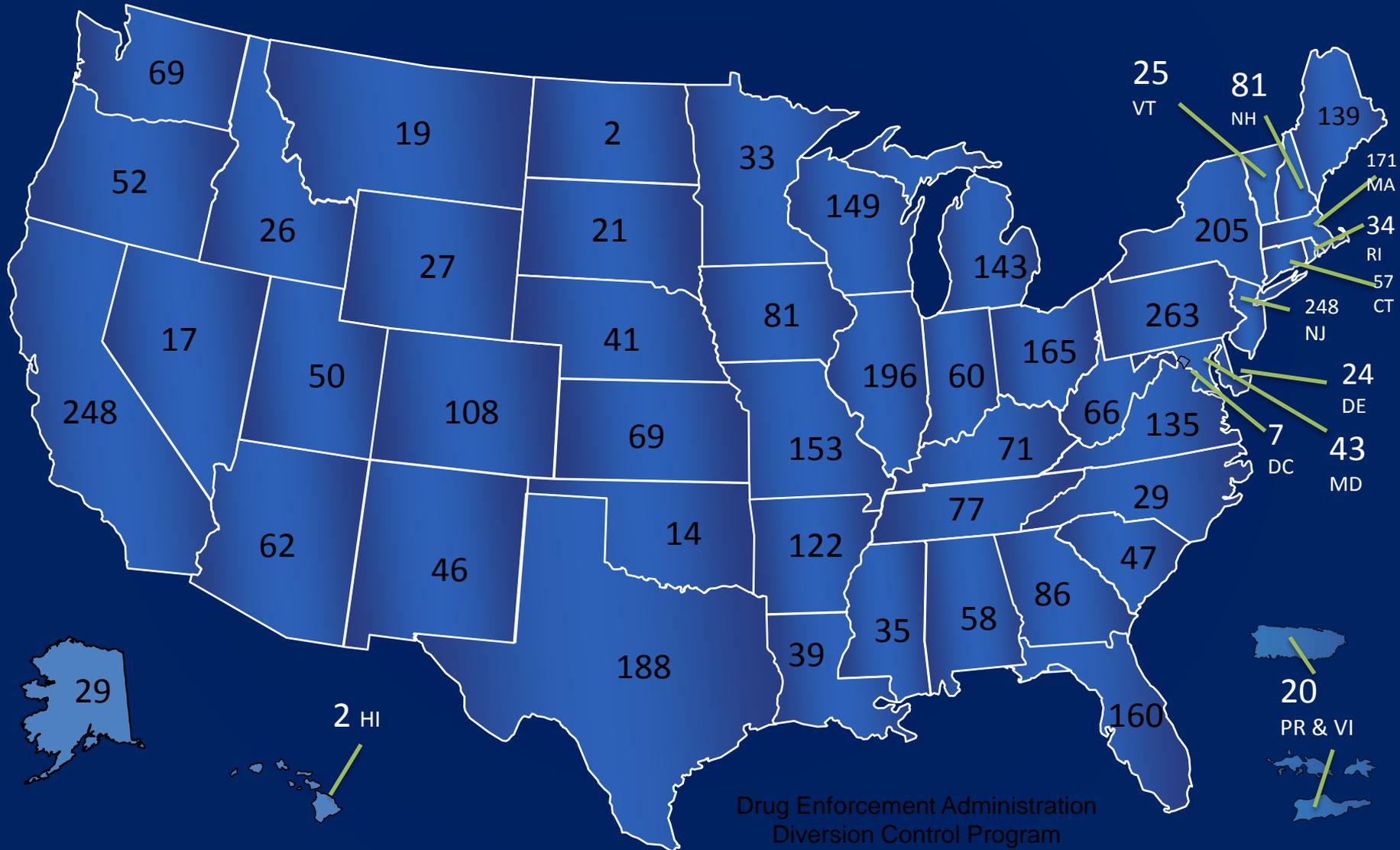
*Over 2.8 million pounds (1,409 tons) collected*

- September 30, 2010: 242,383 pounds (121 tons)
- April 30, 2011: 376,593 pounds (188 tons)
- October 29, 2011: 377,086 pounds (189 tons)
- April 28, 2012: 552,161 pounds (276 tons)
- September 29, 2012: 488,395 pounds (244 tons)
- April 27, 2013: 742,497 pounds (371 tons)
- Next One: **Saturday, October 26, 2013**



# National Take Back Day: April 27, 2013

Total Law Enforcement Participation: 4312

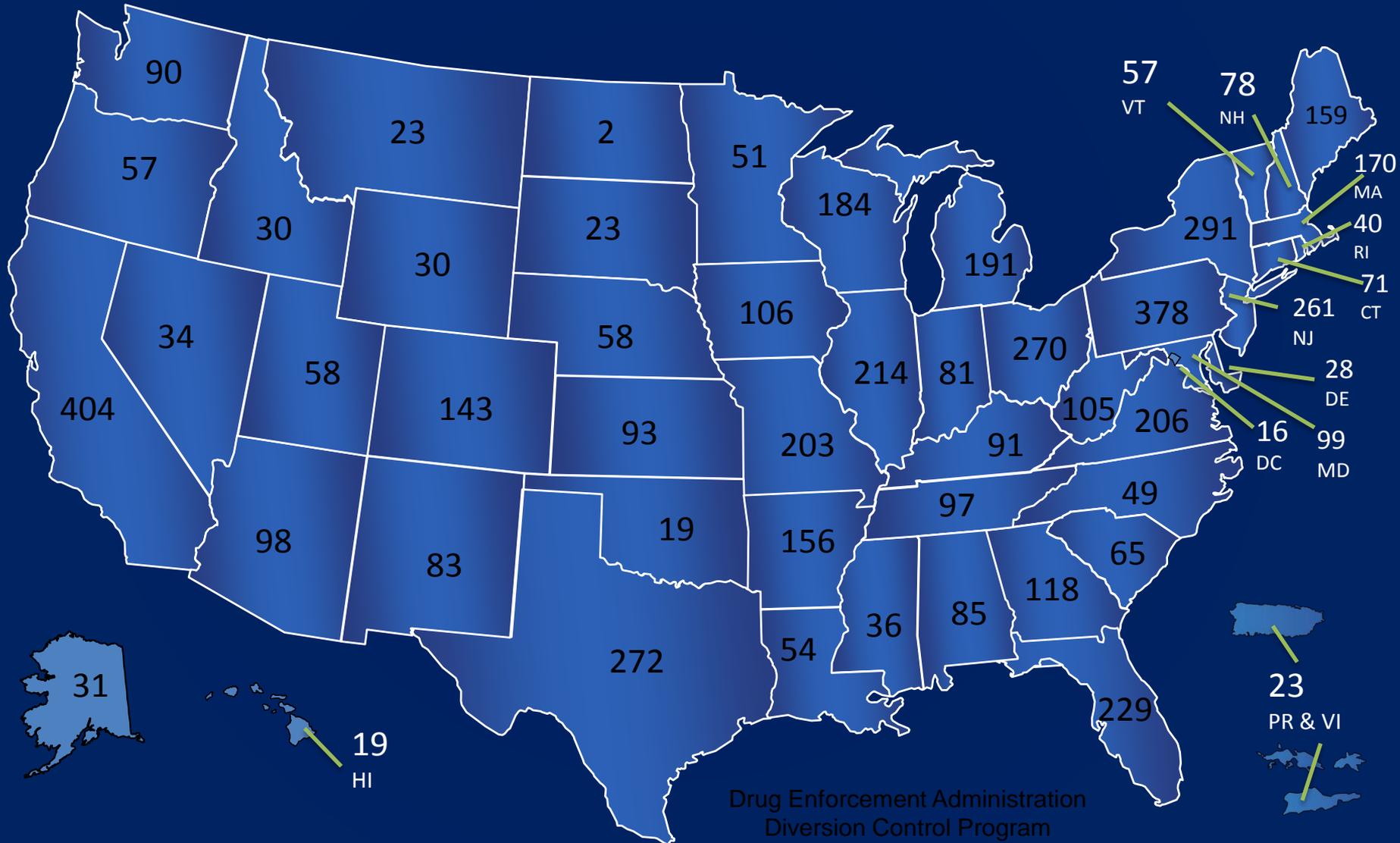


Drug Enforcement Administration  
Diversion Control Program



# National Take Back Day: April 27, 2013

Total Collection Sites: 5829

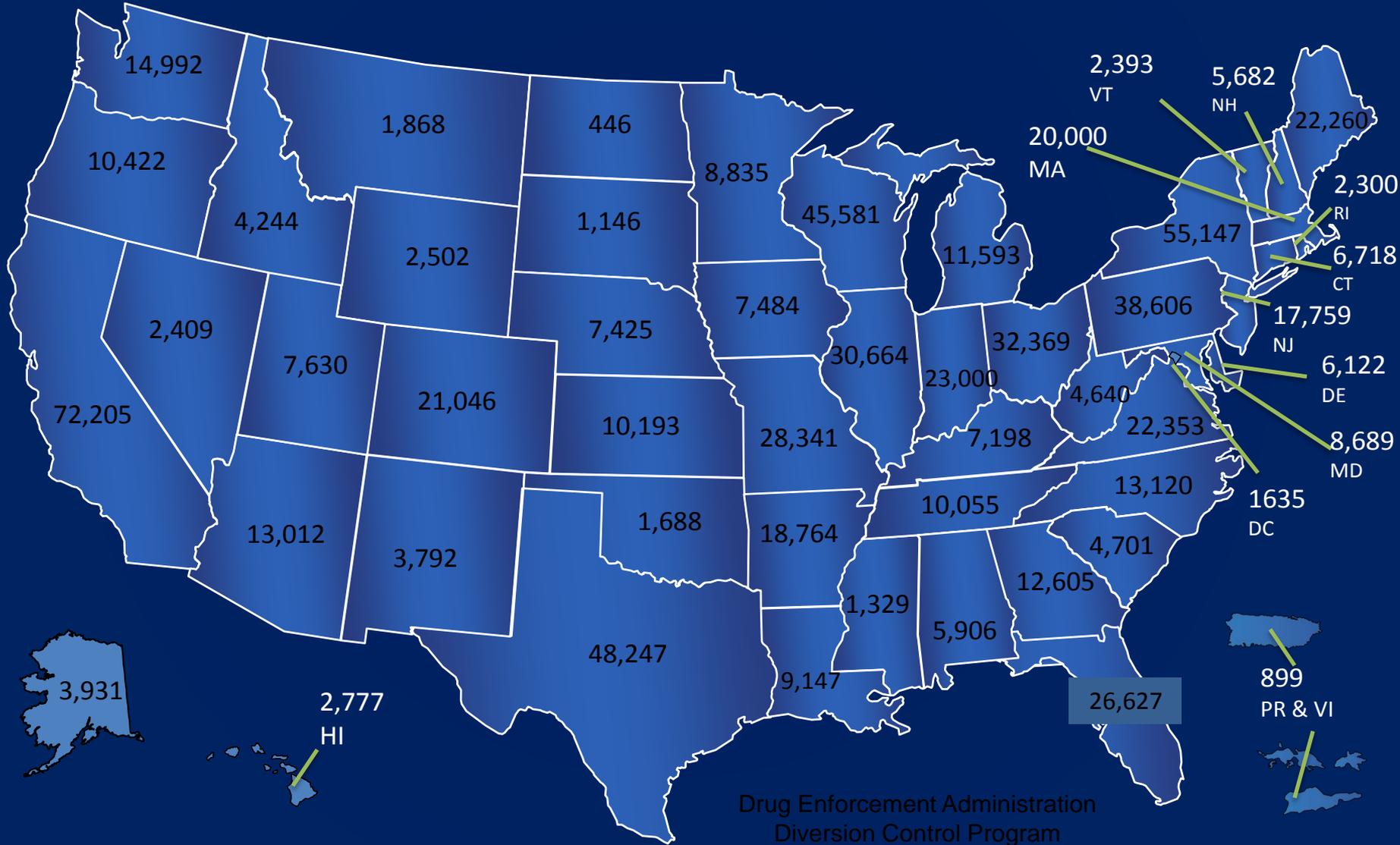


Drug Enforcement Administration  
Diversion Control Program



# National Take Back Day: April 27, 2013

Total Weight Collected (pounds): 742,497



Drug Enforcement Administration  
Diversion Control Program



# Take-Back Events



Boxed, Sealed, Counted, Weighed,  
Consolidated, Secured, and  
Incinerated



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# Electronic Prescribing of Controlled Substances (ECPS)

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



# Interim Final Rule with Request for Comment Electronic Prescriptions for Controlled Substances

- DEA is revising its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically
- The NPRM on EPCS was published in the Federal Register on March 31, 2010
- Open for a 60-day public comment period / Closed June 1, 2010
- The Final Rule will be published in the Federal Register upon completion

16236 Federal Register / Vol. 75, No. 61 / Wednesday, March 31, 2010 / Rules and Regulations

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

21 CFR Parts 1300, 1304, 1306, and 1311

[Docket No. DEA-218]

RIN 1117-AA61

#### Electronic Prescriptions for Controlled Substances

**AGENCY:** Drug Enforcement Administration (DEA), Department of Justice.

**ACTION:** Interim Final Rule with Request for Comment.

**SUMMARY:** The Drug Enforcement Administration (DEA) is revising its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically.

The regulations will also permit pharmacies to receive, dispense, and archive these electronic prescriptions. These regulations are in addition to, not a replacement of, the existing rules. The regulations provide pharmacies, hospitals, and practitioners with the ability to use modern technology for controlled substance prescriptions while maintaining the closed system of controls on controlled substances dispensing; additionally, the regulations will reduce paperwork for DEA registrants who dispense controlled substances and have the potential to reduce prescription forgery. The regulations will also have the potential to reduce the number of prescription errors caused by illegible handwriting and misunderstood oral prescriptions. Moreover, they will help both pharmacies and hospitals to integrate prescription records into other medical records more directly, which may increase efficiency, and potentially reduce the amount of time patients spend waiting to have their prescriptions filled.

**DATES:** This rule has been classified as a major rule subject to Congressional review. The effective date is June 1, 2010. However, at the conclusion of the Congressional review, if the effective date has been changed, the Drug Enforcement Administration will publish a document in the **Federal Register** to establish the actual effective date or to terminate the rule.

The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register as of June 1, 2010.

Written comments must be postmarked and electronic comments must be submitted on or before June 1,

2010. Commenters should be aware that the electronic Federal Docket Management System will not accept comments after Midnight Eastern Time on the last day of the comment period.

**ADDRESSES:** To ensure proper handling of comments, please reference "Docket No. DEA-218" on all written and electronic correspondence. Written comments sent via regular or express mail should be sent to the Drug Enforcement Administration, Attention: DEA Federal Register Representative/ODI, 8701 Morrisette Drive, Springfield, VA 22152. Comments may be sent to DEA by sending an electronic message to [dea.diversion.policy@usdoj.gov](mailto:dea.diversion.policy@usdoj.gov).

Comments may also be sent electronically through <http://www.regulations.gov> using the electronic comment form provided on that site. An electronic copy of this document is also available at the <http://www.regulations.gov> Web site. DEA will accept attachments to electronic comments in Microsoft Word, WordPerfect, Adobe PDF, or Excel file formats only. DEA will not accept any file formats other than those specifically listed here.

Please note that DEA is requesting that electronic comments be submitted before midnight Eastern Time on the day the comment period closes because <https://www.regulations.gov> terminates the public's ability to submit comments at midnight Eastern Time on the day the comment period closes. Commenters in time zones other than Eastern Time may want to consider this so that their electronic comments are received. All comments sent via regular or express mail will be considered timely if postmarked on the day the comment period closes.

**FOR FURTHER INFORMATION CONTACT:** Mark W. Caverly, Chief, Liaison and Policy Section, Office of Diversion Control, Drug Enforcement Administration, 8701 Morrisette Drive, Springfield, VA 22152, Telephone (202) 307-7297.

#### SUPPLEMENTARY INFORMATION:

**Comments:** DEA is seeking additional comments on the following issues: Identity proofing, access control, authentication, biometric subsystems and testing of those subsystems, internal audit trails for electronic prescription applications, and third-party auditors and certification organizations.

**Posting of Public Comments:** Please note that all comments received are considered part of the public record and made available for public inspection online at <http://www.regulations.gov> and in the Drug Enforcement

Administration's public docket. Such information includes personal identifying information (such as your name, address, etc.) voluntarily submitted by the commenter.

If you want to submit personal identifying information (such as your name, address, etc.) as part of your comment, but do not want it to be posted online or made available in the public docket, you must include the phrase "PERSONAL IDENTIFYING INFORMATION" in the first paragraph of your comment. You must also place all the personal identifying information you do not want posted online or made available in the public docket in the first paragraph of your comment and identify what information you want redacted.

If you want to submit confidential business information as part of your comment, but do not want it to be posted online or made available in the public docket, you must include the phrase "CONFIDENTIAL BUSINESS INFORMATION" in the first paragraph of your comment. You must also prominently identify confidential business information to be redacted within the comment. If a comment has so much confidential business information that it cannot be effectively redacted, all or part of that comment may not be posted online or made available in the public docket.

Personal identifying information and confidential business information identified and located as set forth above will be redacted and the comment, in redacted form, will be posted online and placed in the Drug Enforcement Administration's public docket file. Please note that the Freedom of Information Act applies to all comments received. If you wish to inspect the agency's public docket file in person by appointment, please see the **FOR FURTHER INFORMATION** paragraph.

- I. Legal Authority
- II. Regulatory History
- III. Discussion of the Interim Final Rule
- IV. Discussion of Comments
  - A. Introduction
  - B. Identity Proofing and Logical Access Control
  1. Identity Proofing
  2. Access Control
  - C. Authentication Protocols
  - D. Creating and Signing Electronic Controlled Substance Prescriptions
    1. Reviewing Prescriptions
    2. Timing of Authentication, Lockout, and Attestation
    3. Indication That the Prescription Was Signed
    4. Other Prescription Content Issues
    5. Transmission on Signing/Digitally Signing the Record
    6. PKI and Digital Signatures
    - E. Internal Audit Trails



# ECPS Interim Final Rule with Request for Comment

- Provides practitioners with the option of writing Rxs electronically.
- Permits pharmacies to receive, dispense and archive these Rxs.
- Was effective as of June 1, 2010.
- Still many of **Questions** from stakeholders ???



# What does the ECPS Interim Final Rule Allow ?

- Practitioners have the option of signing and transmitting prescriptions for controlled substances electronically.
- Permits pharmacies to receive, dispense, and archive electronic prescriptions.
- CII-V prescriptions permissible.



# What does the ECPS Interim Final Rule Allow ?

- Electronic prescriptions for controlled substances are voluntary from DEA's perspective.
- Written, manually signed, and oral prescriptions for controlled substances, where applicable, still permitted.



# How Many Practitioners Are Using EPCS?

- We do not know !!
- DEA does not track this information.



# How Many States Have EPCS Regulations?

All but the following:

➤ Hawaii

➤ Maine

➤ Missouri

➤ Nebraska

➤ Vermont



# Approved Certification Processes for EPCS

- As set forth in the regulations, before any electronic prescription or pharmacy application may be used to transmit prescriptions, a third party must audit the application for compliance with the requirements of 21 CFR 1311
- Or a certifying organization whose certification process has been approved by DEA must verify and certify that the application meets the requirements of 21 CFR 1311.



# Approved Certification Processes for EPCS

To date, the certifying organizations whose certification processes have been approved by DEA are listed as follows:

- *InfoGard Laboratories Inc.* -- 709 Fiero Lane San Luis Obispo, CA 93401 Phone: 805-783-0810 Email: [epcs@infogard.com](mailto:epcs@infogard.com) Web: [www.infogard.com](http://www.infogard.com)
- *Drummond Group Inc.* -- 3359 North Hwy 183, Suite B-406-238 Austin, TX 78750 Phone: 817-294-7339 Email: [info2@drummondgroup.com](mailto:info2@drummondgroup.com) Website: [www.drummondgroup.com](http://www.drummondgroup.com)
- *iBeta, LLC* -- 2675 South Abilene Street Suite 300 Aurora, CO. 80014 Phone: 303-627-1110 Email: [epcs@iBeta.com](mailto:epcs@iBeta.com) Web: [www.iBeta.com](http://www.iBeta.com)
- *Global Sage Group, LLC* -- PO Box 1431 Salem, NH 03079 Email: [htheberge@globalsagegroup.com](mailto:htheberge@globalsagegroup.com) Web: [www.globalsagegroup.com](http://www.globalsagegroup.com)



# Will DEA Post A List of Software That Has Been Certified Compliant?

Short Answer, NO.

Because, .....



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# DEA Resources

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



# DEA Web-based Resources

## Office of Diversion Control

www.deadiversion.usdoj.gov

The screenshot shows the homepage of the DEA Office of Diversion Control. At the top, it features the U.S. Department of Justice Drug Enforcement Administration logo and the text "Office of Diversion Control". Navigation links include "Home", "Registration", "Reporting", "Info & Legal Resources", and "Inside Diversion Control".

**Report Illicit Pharmaceutical Activities**  
 1-877-RX-ABUSE  
 1-877-792-2873

**Quick Links**  
 Renew Applications Online  
 New Applications Online  
 Database Certificate Request  
 Registration Validation  
 Registration Change Request  
 Other Forms  
 FAQs  
 DEA Form 224, Report Theft or Loss of Controlled Substances  
 Control Meth Act 2005 (CMAA)  
 Cases Against Doctors  
 Medical Approvals for Travel Outside of the U.S.  
 Electronic Prescriptions for Controlled Substances  
 Physicians & Medicals  
 Meetings and Events  
 Crisis Checklist - Get Crisis  
 Chemical Control Program  
 Medical Misuse  
 Student A to Z

**What's New**  
 Leo A. Fagan, M.D., Decision and Order (May 13, 2013)  
 Jon C. Zaverty, M.D., Decisions and Order (May 15, 2013)  
 Schedules of Controlled Substances, Department of Commerce (See Schedule J) (May 6, 2013)  
 Top 50 Pharmacy, Decision and Order (May 8, 2013)  
 Licensed (April 25, 2013)  
 Fisher Global Services, Inc. (April 23, 2013)  
 Research Triangle Institute (April 23, 2013)  
 WABE Laboratories, Inc. (April 23, 2013)  
 S & B Pharma, Inc. (April 23, 2013)  
 Alltech Associates, Inc. (April 23, 2013)  
 PCAS-Norwalk, LLC (April 23, 2013)  
 Cayman Chemical Company (April 23, 2013)  
 Rhodia Technologies (April 19, 2013)  
 Caratex DTS, Inc. (April 16, 2013)  
 Ames Clinical Services, Inc. (ACSI) (April 16, 2013)  
 GE Healthcare (April 16, 2013)  
 Nevada State Penitentiary (April 16, 2013)  
 Biopak Corporation (April 10, 2013)  
 Rhodia Technologies (April 10, 2013)  
 American Pharmaceutical Chemicals, Inc. (April 10, 2013)  
 Nektaria, LLC (April 10, 2013)  
 National Center for Medical Products Research (NCMPR) (April 10, 2013)  
 Schedules of Controlled Substances, Temporary Placement of Three Synthetic Cannabinoids (See Schedule I) (April 10, 2013)  
 Schedules of Controlled Substances, Department of Medicine (See Schedule J) (April 10, 2013)  
 60-Day Action - Comments Requested National Drug Control Strategy Submission With Changes of a Priority Accession Collection (April 9, 2013)  
 60-Day Action - Comments Requested Prescription Drug Identification for Use I and List I Chemicals, DEA Forms 488 and 488A (March 29, 2013)  
 Gary Albert Shover, M.D., Decision and Order (March 28, 2013)

**Registration Support**  
**Registration Number Toll Free: 1-800-882-9539 (8:30 am-6:00 pm EST)**  
 Save time by applying for and/or renewing your DEA Registration online. Data will be entered through a secure connection to the ODMPF online web application system.  
**Minimum requirements:** Credit Card and a web-browser that supports 128-bit encryption.  
[Guidance: Special Plan for Physicians](#)  
**Email Registration Questions to:** [DEA.Registration.Help@usdoj.gov](mailto:DEA.Registration.Help@usdoj.gov)  
 Email Questions with Registration Specialists

**Upcoming Meetings**  
 Pharmacy Division Awareness Conference  
 Manufacturers/Wholesaler Exposure Conference

**Hurricane Sandy**  
 Messages for New Jersey and New York Area Registrants - As you know, Hurricane Sandy impacted the New Jersey and New York areas particularly hard. Staff at the DEA's Office in those two states have also been impacted by the storm. If you are not able to contact your local DEA Field Division you may direct any questions or problems with your registration to DEA's main call center at 1-800-882-9539 (hours of operation are from 8:30 to 6:00pm EST. Thank you for your patience.

**FAQ**  
 ARCS  
 Controlled Substance Orders System (CSOS)  
 DEA Form 224 Online Form  
 Electronic Prescriptions for Controlled Substances  
 Issuance of Multiple Prescriptions for Schedule II Controlled Substances  
 Licensure  
 Manufacturer Questions  
 Opioid  
 Prescription Drug Monitoring System  
 Student  
 Students  
 Registration Procedures

**Got Drugs?**  
 EMERGENCY Disaster Relief  
 ALERT  
 Extortion SCAM  
 Regulations.gov  
 The voice in Federal decision making  
 Good Medicine, Bad Behavior  
 Drug Diversion in America  
 To view PDF documents  
 Get Adobe Reader

External links included in this website should not be considered an official endorsement of the views contained therein.



# DEA Web-based Resources

www.DEA.gov

The screenshot shows the DEA website homepage. At the top left is the DEA logo. The main header features the text 'DEA UNITED STATES Drug Enforcement Administration' and the slogan 'TOUGH WORK, VITAL MISSION'. A navigation menu includes links for HOME, ABOUT, CAREERS, OPERATIONS, DRUG INFO, PREVENTION, and PRESS ROOM. The main content area has a large graphic with the text 'Tough Work, Vital Mission The Facts About DEA' and a smaller DEA seal. To the right are three featured resource boxes: 'Drug Facts for Today's Teens' (JustThinkTwice.com), 'A DEA Resource for Parents' (GetSmartAboutDrugs.com), and 'Wall of Honor' (DEA Remembers). Below these are three columns: 'TOP STORY' with a headline about a couple in Brownsville, Texas; 'TOPICS OF INTEREST' with links to fact sheets and guides; and 'RESOURCE CENTER' with links to various legal and support resources.

**DEA** UNITED STATES Drug Enforcement Administration  
TOUGH WORK, VITAL MISSION

HOME ABOUT CAREERS OPERATIONS DRUG INFO PREVENTION PRESS ROOM

Tough Work, Vital Mission  
The Facts About DEA

Drug Facts for Today's Teens  
JustThinkTwice.com

A DEA Resource for Parents  
GetSmartAboutDrugs.com

Wall of Honor  
DEA Remembers

**TOP STORY**

**Couple Handed Lengthy Sentences in International Cocaine Trafficking Conspiracy**

JAN 29 (BROWNSVILLE, TEXAS)

*Norma Alicia Galleaga, 30, and her husband Jose Carlos...*

**TOPICS OF INTEREST**

- DEA Fact Sheet
- Drugs of Abuse: A DEA Resource Guide
- Extension of Temporary Placement of Five Synthetic Cannabinoids
- The DEA Position on Marijuana

**RESOURCE CENTER**

- Controlled Substances Act
- DEA Museum and Visitors Center
- Doing Business with DEA
- Drug Disposal
- Employee Assistance Program



# DEA Web-based Resources

www.JustThinkTwice.com

The screenshot shows the homepage of the Just Think Twice website. At the top, there is a navigation bar with the following links: HOME (return home), DRUG FACTS (learn the truth), FACTS & FICTION (know the difference), CONSEQUENCES (life changing events), TEENS TO TEENS (sharing our experience), and INSIDE DEA (find out more). A search bar is also present. The main content area features a large banner for "THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF" with a photo of a young woman. Below the banner, there are three buttons for "MARIJUANA", "COCAINE", and "METH". To the right, there are two smaller promotional boxes: "IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE" and "FACTS & FICTION Get the Facts". At the bottom, there is a "TEENS TO TEENS" section with a "READ MORE" button.

**JUST THINK TWICE**  
YOU'VE HEARD THE FICTION. NOW LEARN THE FACTS.

Parents & Educators | Drug Glossary

SEARCH

HOME *return home* | DRUG FACTS *learn the truth* | FACTS & FICTION *know the difference* | CONSEQUENCES *life changing events* | TEENS TO TEENS *sharing our experience* | INSIDE DEA *find out more*

**THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF?**

Maybe you've heard it's made of the same stuff as cold medicine. Well, that's not all. Some of the ingredients used to make meth include battery acid, gasoline, and drain cleaner.

[GET THE FACTS ABOUT METHAMPHETAMINE »](#)

MARIJUANA | COCAINE | METH

**IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE**

[Learn More](#)

**FACTS & FICTION**  
*Get the Facts*

**TEENS TO TEENS**  
Advice from teens on the D.A.R.E. Youth Advisory Board

[READ MORE »](#)

**Did You Know?** Combine toxic chemicals with neglected hygiene, and you get a condition called "meth mouth"—rotten and decaying teeth.



# DEA Web-based Resources

www.GetSmartAboutDrugs.com

The screenshot shows a web browser window displaying the homepage of www.getsmartaboutdrugs.com. The browser's address bar shows the URL. The website header features the DEA logo and the text "GetSmartAboutDrugs A DEA Resource for Parents". A navigation menu includes links for Home, Identify, Prevent, Help, Hot Topics, DEA in the Community, and Communities of Practice. The main content area has a large text block about the Communities of Practice section, a "Learn more" button, and a "COMMUNITIES of PRACTICE" graphic. To the right, there are two promotional boxes: "DEA Publications" with a "READ MORE" button and "Watch the Videos" with a "VIEW" button. At the bottom, there are three columns: "Latest News" with two articles, "Voices" with "Irma Perez's Story", and "Inside DEA" with a paragraph about DEA agents.

http://www.getsmartaboutdrugs.com/

Get Smart About Drugs

DEA A DEA Resource for Parents

Home Identify Prevent Help Hot Topics DEA in the Community Communities of Practice

The new Communities of Practice section includes three PowerPoint presentations about drug abuse and awareness and an online Train the Trainer module that provides presenters with techniques to effectively deliver the presentations.

Learn more

COMMUNITIES of PRACTICE

DEA Publications  
Download or request  
Drugs of Abuse and  
Prescription for Disaster.  
READ MORE

Watch the Videos  
View videos to learn how  
to keep your family safe,  
including ways to avoid  
prescription drug abuse.  
VIEW

Latest News [See All News Stories](#)

**Drug Court Offers Hope for the Future**  
Jan 22, 2013 The Columbia River Partnerships for Change, a nonprofit in Oregon, is seeing tremendous success with its three drug court programs: adult treatment, juvenile treatment, and families restored.

**ER Visits Tied to Energy Drinks Double Since 2007**  
Jan 16, 2013 Hospitals around the country have seen a gradual uptick in the number of emergency room visits involving energy drinks.

Voices

**Irma Perez's Story**

Irma was a 14 year old girl from Belmont, California who took an Ecstasy pill on April 23, 2004. She became sick immediately—vomiting and writhing in pain—yet her friends did not seek medical help for her. Instead, they gave

Inside DEA

The men and women of DEA aren't just drug enforcement agents—we're parents, grandparents, brothers and sisters. We've seen how drugs rob young people of their promise and dreams, and how entire families are affected by a child's drug abuse...



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# THANK YOU & QUESTIONS

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