



# DEA Trends & Update

## Minneapolis Pharmacy Diversion Awareness Conference

July 8 & 9, 2016



The United States Department of Justice  
**Drug Enforcement Administration**

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





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# Public Health Epidemic

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DRAWINGBOARD / SIGNE

# DRUG-FREE AMERICA





*Primum non nocere*



# Public Health Epidemic

## 2000-2014:

Unintentional drug overdose deaths in the US increased 137%, which was a 200% increase in overdose deaths involving opioids.

**500,000 deaths** due to prescription overdose

## 2014:

Over **47,000** drug-related overdose deaths

**129 deaths** every 24 hours

**46 deaths** by end of today's PDAC

**1 death** every 11.16 minutes

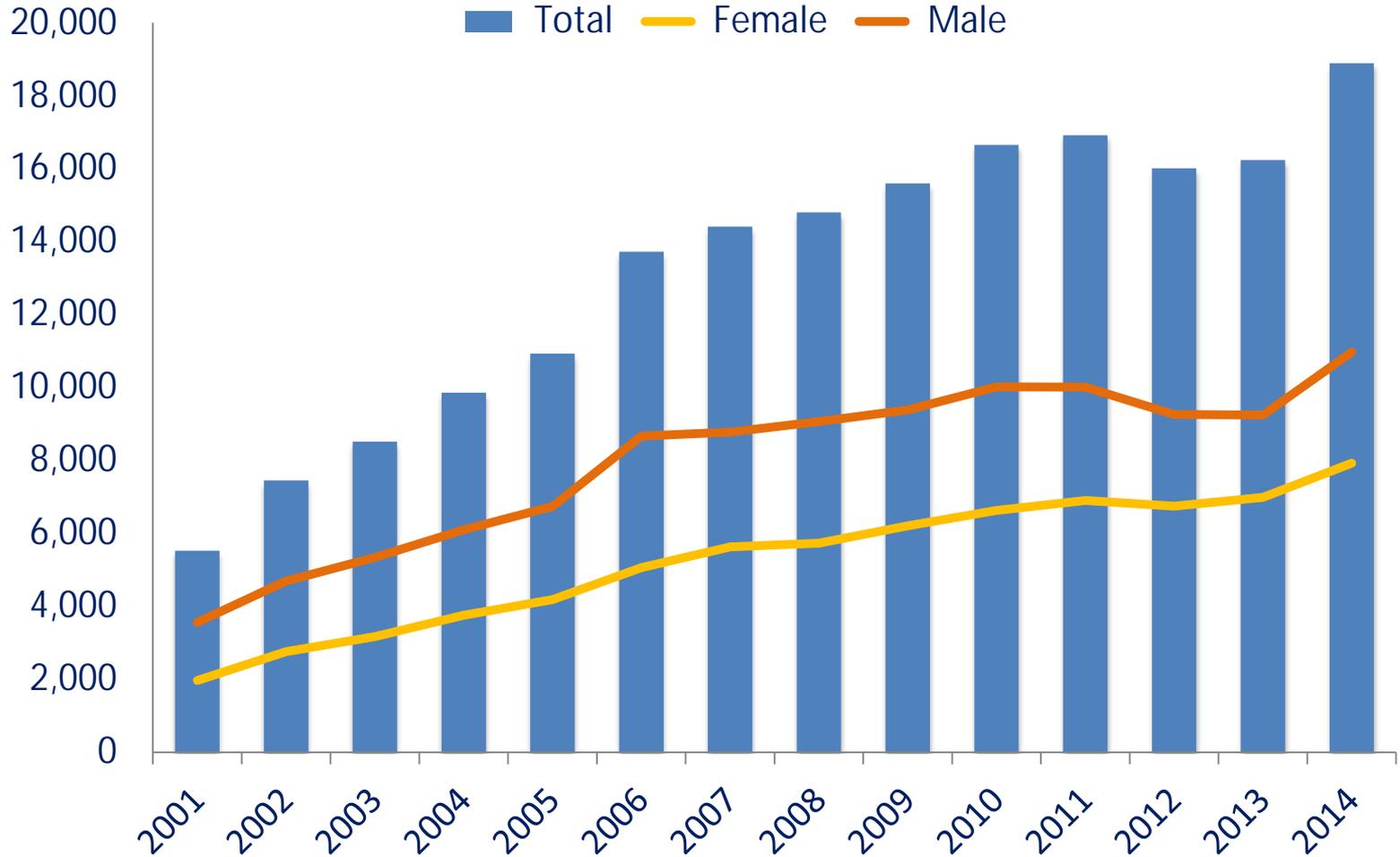
**28,647 deaths** involved opioids, including heroin

**19,000 deaths** involved prescription opioid



# National Overdose Deaths

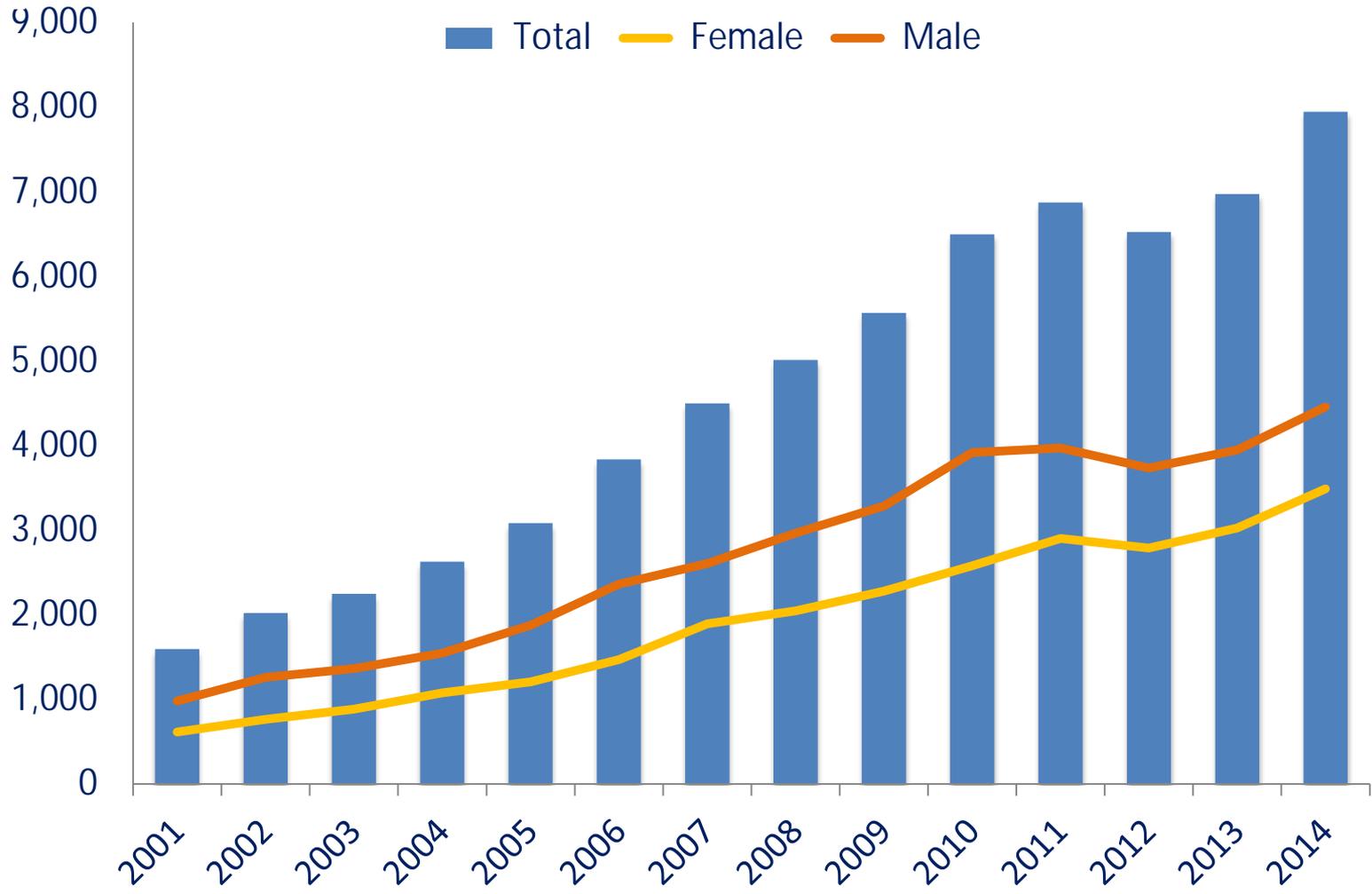
## Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

# National Overdose Deaths

## Number of Deaths from Benzodiazepines

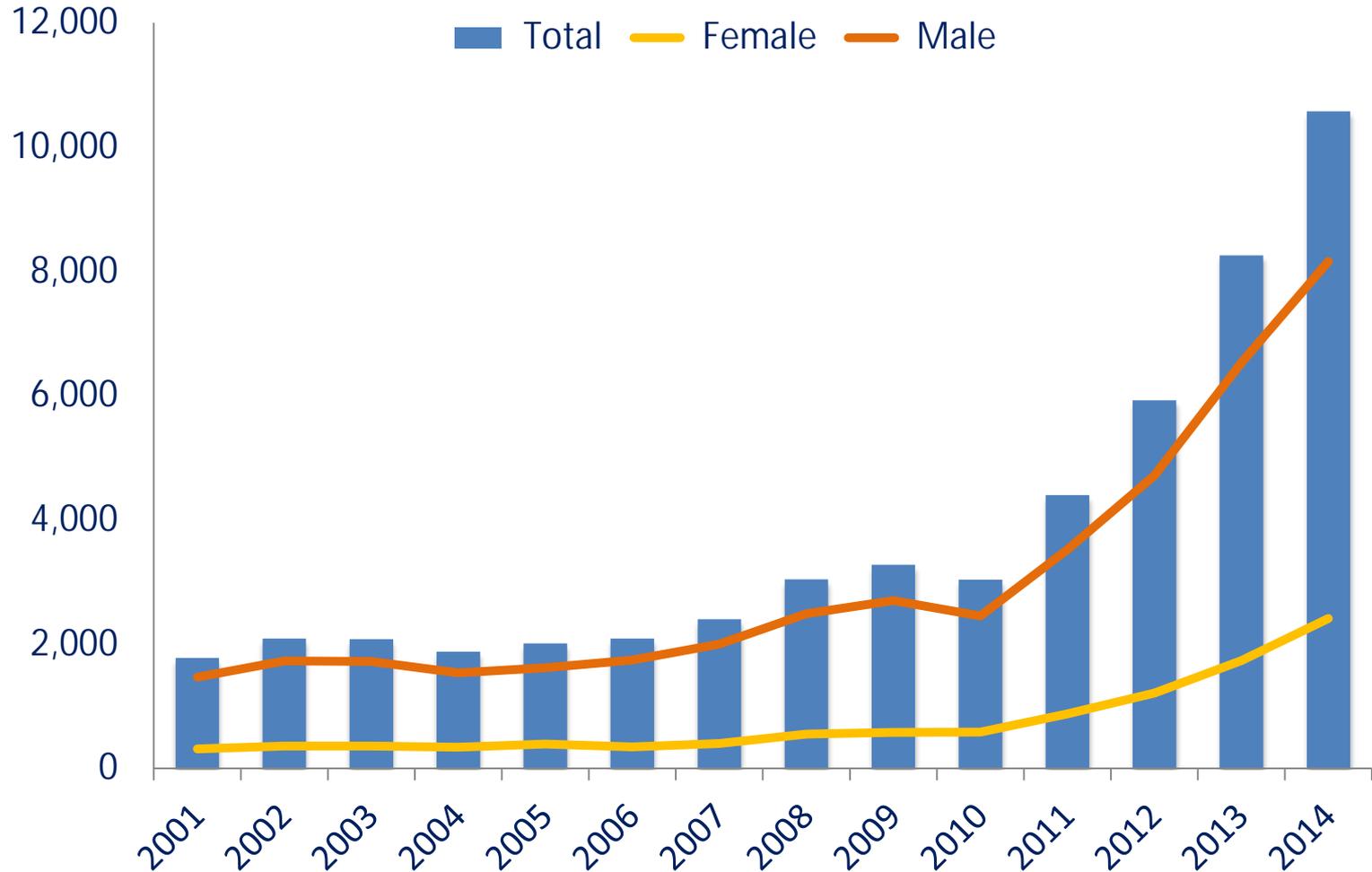


Source: National Center for Health Statistics, CDC Wonder



# National Overdose Deaths

## Number of Deaths from Heroin



Source: National Center for Health Statistics, CDC Wonder

# Our Youth

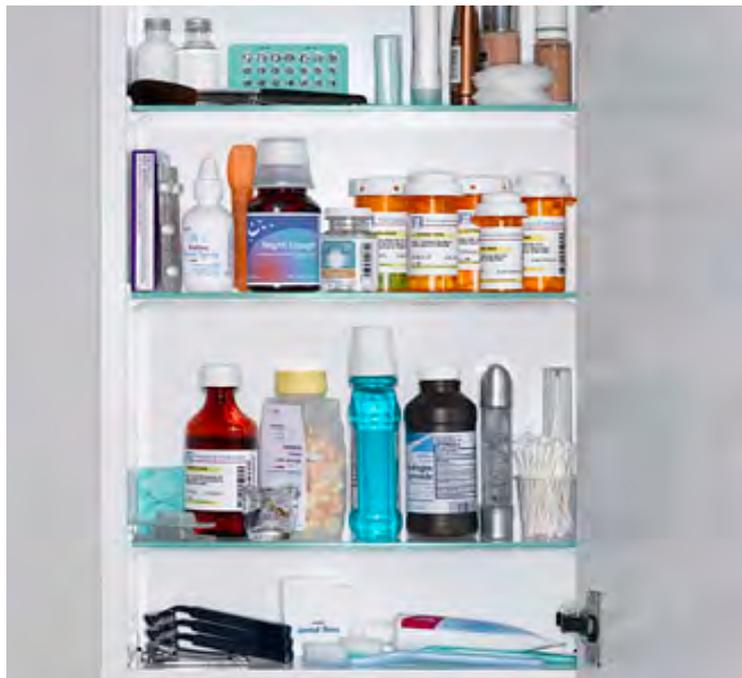


U.S. Drug Enforcement Administration  
Office of Diversion Control



# Most Frequent Method of Obtaining a Pharmaceutical Controlled Substance for Non Medical Use

## Friends and Family...For Free!!



# Patients Often Prescribed Extra Painkillers, Many Share Them

Two new U.S. studies shed light on opioid epidemic

## John Hopkins Study:

- +60% had leftover opioids they hung on for “future use”
- 20% shared their medications
- 8% likely will share w/ friend
- 14% likely will share w/ relative
- 10% securely lock their medication

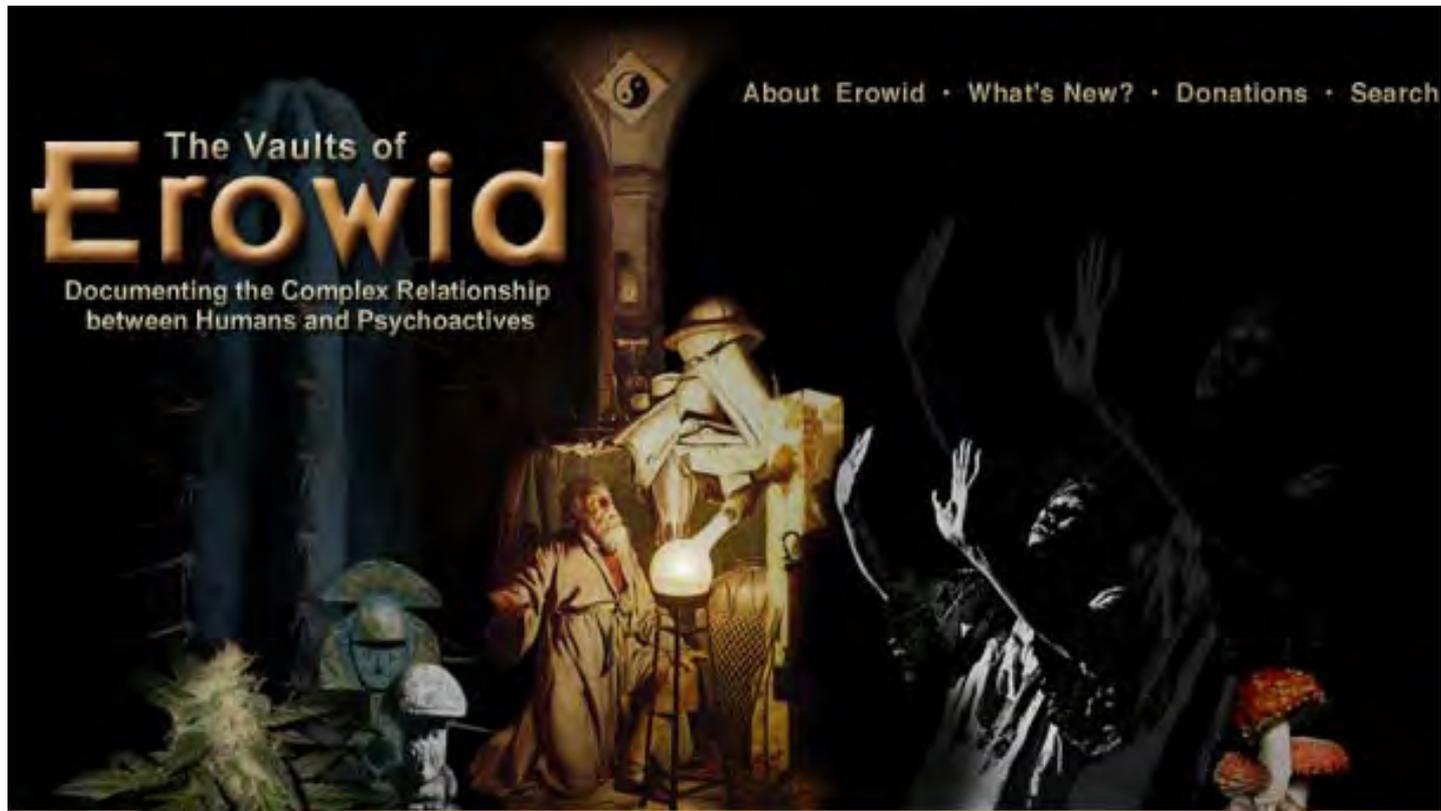
## Harvard Study:

600,000 Medicare recipients found that 15% of hospital patients got a new opioid prescription at discharge. Of those patients, almost 43% were still taking opioids more than 3 months later.



# Where else do our kids get their information from?

[www.erowid.org](http://www.erowid.org)



# Where do kids get their information from?

## www.bluelight.org

The screenshot shows the BlueLight website homepage. At the top, there is a navigation bar with "Home", "Forum", "What's New?", and "Wiki" links. A search bar is located on the right. Below the navigation bar, a banner for "HARM REDUCTION WORKSHOP with BLUELIGHT PSYCHEDELIC SCIENCE 2013" is displayed, including the date "APRIL 10TH" and "REGISTER NOW".

The main content area features a message: "If this is your first visit, be sure to check out the FAQ. You may have to register before you can post: click the register link above to proceed. To start viewing messages, select the forum that you want to visit from the selection below."

On the left side, there are two sections: "Features" and "Forums".

**Features:**

- BlueLight Wiki: Our own Wiki project
- Blogs: Blogs from our members
- BlueLight Mobile: Use BlueLight on the go!
- Staff List: Contact our staff members
- Twitter: Follow us on Twitter

**Forums:**

Focus Forums	Australia & Asia
Drug FAQs	Australian Drug Discussion
Ecstasy Discussion	Australian Social & Events
Cannabis Discussion	
Steroid Discussion	Europe & Africa
Psychedelic Drugs	European Drug Discussion
Other Drugs	European Events
Drug Discussion	North America & South America
Drug Studies	North & South American
Drugs in the Media	Social & Drug Discussion
Basic Drug Discussion	North & South American Events
Advanced Drug	

The main article, titled "THE FRONT PAGE", is a letter from Brad Burge (MAPS) and Sebastians\_Ghost (BL) dated 05-04-2013 06:57. It features an image of two hands shaking and discusses a major collaboration between BlueLight.ru and the Multidisciplinary Association for Psychedelic Studies (MAPS). The text states: "It is with great pride and enthusiasm that we announce today a major collaboration between BlueLight.ru and the Multidisciplinary Association for Psychedelic Studies. Through the efforts of Brad Burge, MAPS' Director of Communications, Rick Doblin, MAPS' Founder and Executive Director, Sebastians\_Ghost and The\_Love\_Bandit of BlueLight.ru, we will soon undertake an exciting partnership to reinvigorate the MAPS forum and increase opportunities for public education about psychedelic science and medicine. The existing plaintext email MAPS Forum will be migrating to BlueLight.ru, the world's leading drug information website. We're aiming to unveil the new MAPS Forums on BlueLight shortly before the Psychedelic Science 2013 symposium in mid-April. In the coming weeks, the MAPS Forum will no longer be linked from maps.org. Instead, MAPS will provide a link to the new MAPS Forum hosted at BlueLight. MAPS will work closely with BlueLight to encourage public participation in our new 'home' at BlueLight.ru as the migration of the MAPS Forum topics is completed."

DEA

U.S. DRUG ENFORCEMENT ADMINISTRATION

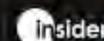


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# Violence

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# Starting the year with a bang

Saranac Hale Spencer, The News Journal 12:36 a.m. EST January 4, 2016

f 18



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(Photo: DELAWARE STATE POLICE)

A 26-year-old Lewes man threatened to detonate explosives he said were strapped to his body if a pharmacist at a Walgreens near Magnolia didn't give him prescription drugs, according to state police.

The man, Curtis Kuhn, didn't actually have explosives strapped to his body, according to police.

Kuhn went into the pharmacy at about 9:30 a.m. on Saturday and put a note on the counter demanding Percocet and Xanax – he told the pharmacist that he had explosives strapped to his body and he was being forced to commit the robbery by someone who was sitting in a car in the parking lot, according to police.

When officers arrived shortly after that, they took Kuhn into custody without incident and found that he had no explosives and there was no car fitting his description in the parking lot, according to police.

Kuhn was charged with first-degree attempted robbery, attempted theft of a controlled substance and two counts of terroristic threatening. He was arraigned and sent to Vaughn Correctional Center near Smyrna for lack of \$27,000 secured bond and



DEA

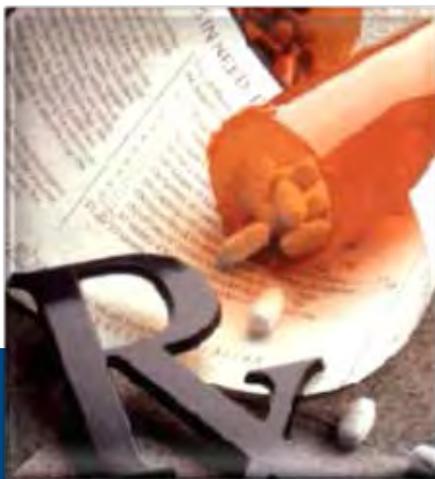
U.S. DRUG ENFORCEMENT ADMINISTRATION



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# Drugs of Abuse

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# Most commonly prescribed prescription medicine?

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Hydrocodone/acetaminophen

# Hydrocodone

- Ø Hydrocodone / Acetaminophen (toxicity)
  
- Ø Similarities:
  - Structurally related to codeine
  - Equal to morphine in producing opiate-like effects
  
- Ø Brand Names: Vicodin<sup>®</sup>, Lortab<sup>®</sup>, Lorcet<sup>®</sup>
  
- Ø **October 6, 2014 moved to SCHEDULE II**
  
- Ø “Cocktail” or “Trinity”
  - Ø Hydrocodone
  - Ø Soma <sup>®</sup> / carisoprodol
  - Ø Alprazolam / Xanax<sup>®</sup>



Street prices: \$2 to \$10+ per tablet depending on strength & region

# The Trinity



Opiate

Carisoprodol



Muscle Relaxant



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 ® / 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.

# Oxycodone HCL CR (OxyContin®) Reformulation





# New OxyContin® OP



08-27-2010, 01:11 AM

#17

[mz.mary420](#)

Member



Join Date: May 2010  
Location: down south  
Posts: 6

well just got ours and they suck! when snorted the pill balls up in your nose and gets stuck, so i tried sucking on one and it did ok, but tastes nasty. No way you can shoot them as metioned in a previous post. havent tried smoking it yet, kinda in a hole money wise, it cost me over \$700.00 to get my 80s filled and i probably wont even get half my money back 😞

\* if anyone has tried to smoke this new formulated shit, please post! thanks



08-27-2010, 06:09 AM

#18

[mephist00](#)

Member



Join Date: Apr 2008  
Location: NY  
Age: 25  
Posts: 628

ya my friend has tried to smoke the new ones... said its very harsh on the lungs and throat..

so far the only way ive been able to beat the time release, is use a hose clamp to grind it very fine, and snort it.. it doesnt gel up like you would think (doesnt gel up like the football shaped generic 40's do anyways) it just kinda turns snotty.. but if you can get it down fast it seems to work ok

Quote:

Originally Posted by **stalk**

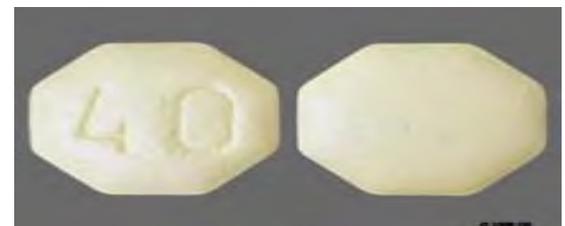
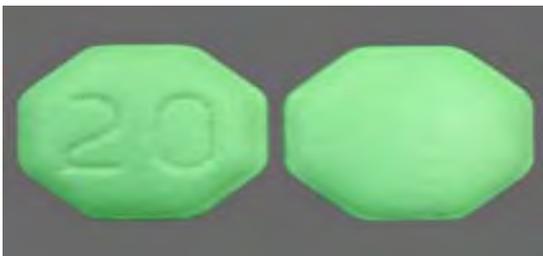
*I've come to the conclusion it's because these psychedelic visions are simply vibrating on a higher, or different, spectrum of frequencies that normally the monkey does not perceive.*



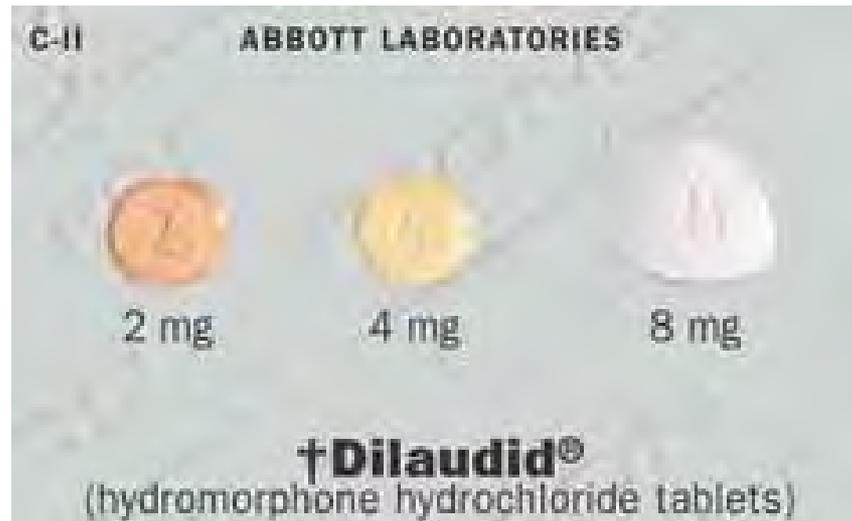
# Oxymorphone Extended Release Opana ER® (Schedule II)

## Ø Opana ER® - (Schedule II)

- Treats constant, around the clock, moderate to severe pain
- Becoming popular and is abused in similar fashion to oxycodone ; August 2010 (Los Angeles FD TDS)
- Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
- Street: \$10.00 – \$80.00



# Hydromorphone



**Usual Dose:** See package insert.  
**Storage:** Store at 25°C (77°F), excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature]. Dispense in a child-resistant container as defined in the USP.

**NDC 0054-0264-25** 100 Tablets  
**HYDROMORPHONE HYDROCHLORIDE** **C-II**  
**Tablets, USP**  
**4 mg**

Each tablet contains 4 mg hydromorphone hydrochloride USP, Rx only.

Boehringer Ingelheim  
**Roxane Laboratories**

10054026425  
 10005693002  
 © RLI, 2009

**Usual Dosage:** See package insert for prescribing information.  
 Dispense in a light-resistant container, as defined in the USP, with a child-resistant closure.  
 Store at 20°-25°C (68°-77°F) [See USP Controlled Room Temperature].  
 Rx Only.

**NDC 0927-1355-01**  
**Lannett**  
**HYDROMORPHONE HYDROCHLORIDE** **C-II**  
**TABLETS, USP**  
**8 mg**  
**Rx Only**  
**100 TABLETS**

**Each Tablet Contains:**  
 Hydromorphone Hydrochloride, USP 8 mg  
**Inactive Ingredients:**  
 Anhydrous Lactose, Lactose Monohydrate, USP 100 mg, Cellulose, Stearic Acid

Manufactured by:  
 Lannett Company, Inc.  
 Pittsboro, PA 19133  
 Made in the USA

0927-1355-01

# Other Opiates of Interest



**Trade Name: MS Contin**  
Controlled Ingredient: morphine sulfate, 100 mg



**Trade Name: MS Contin**  
Controlled Ingredient: morphine sulfate, 15 mg



**Trade Name: MS Contin**  
Controlled Ingredient: morphine sulfate, 30 mg



**Trade Name: Oramorph SR**  
Controlled Ingredient: morphine sulfate, 30 mg



**Trade Name: Oramorph SR**  
Controlled Ingredient: morphine sulfate, 100 mg



**Trade Name: Oramorph SR**  
Controlled Ingredient: morphine sulfate, 60 mg



**Trade Name: Dilaudid**  
Controlled Ingredient:  
hydromorphone hydrochloride, 2 mg



**Trade Name: Dilaudid**  
Controlled Ingredient:  
hydromorphone hydrochloride, 4 mg

# Fentanyl



Fentora®

- ⊘ Fentanyl Patches
- ⊘ Fentanyl Citrate dispensed in a berry flavored lollipop-type unit
- ⊘ Fentanyl is 100 times more potent than morphine
- ⊘ Intended to be used for chronic cancer pain & only for people who are tolerant to prescription opioid (narcotic) pain medicines
- ⊘ Abused for its intense euphoric effects



# Methadone- 5mg & 10mg



# Methadone 40 mg



NDC 0406-0540-34 **100 TABLETS**

**METHADOSE™**  
Dispersible Tablets **Ⓒ II**  
(Methadone Hydrochloride  
Tablets for Oral Suspension USP)

**40 mg**

Each tablet contains:  
Methadone Hydrochloride USP..... 40 mg  
**Rx only**

**Mallinckrodt**

**COVIDIEN™**

**Usual Dosage:**  
See accompanying literature for dosage.

Keep tightly closed.

Dispense in a tight container (USP) with a child-resistant closure.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Do not accept if seal over bottle opening is broken or missing.

Mallinckrodt Inc.,  
Hazelwood, MO 63042 USA.

0406-0540-34 2

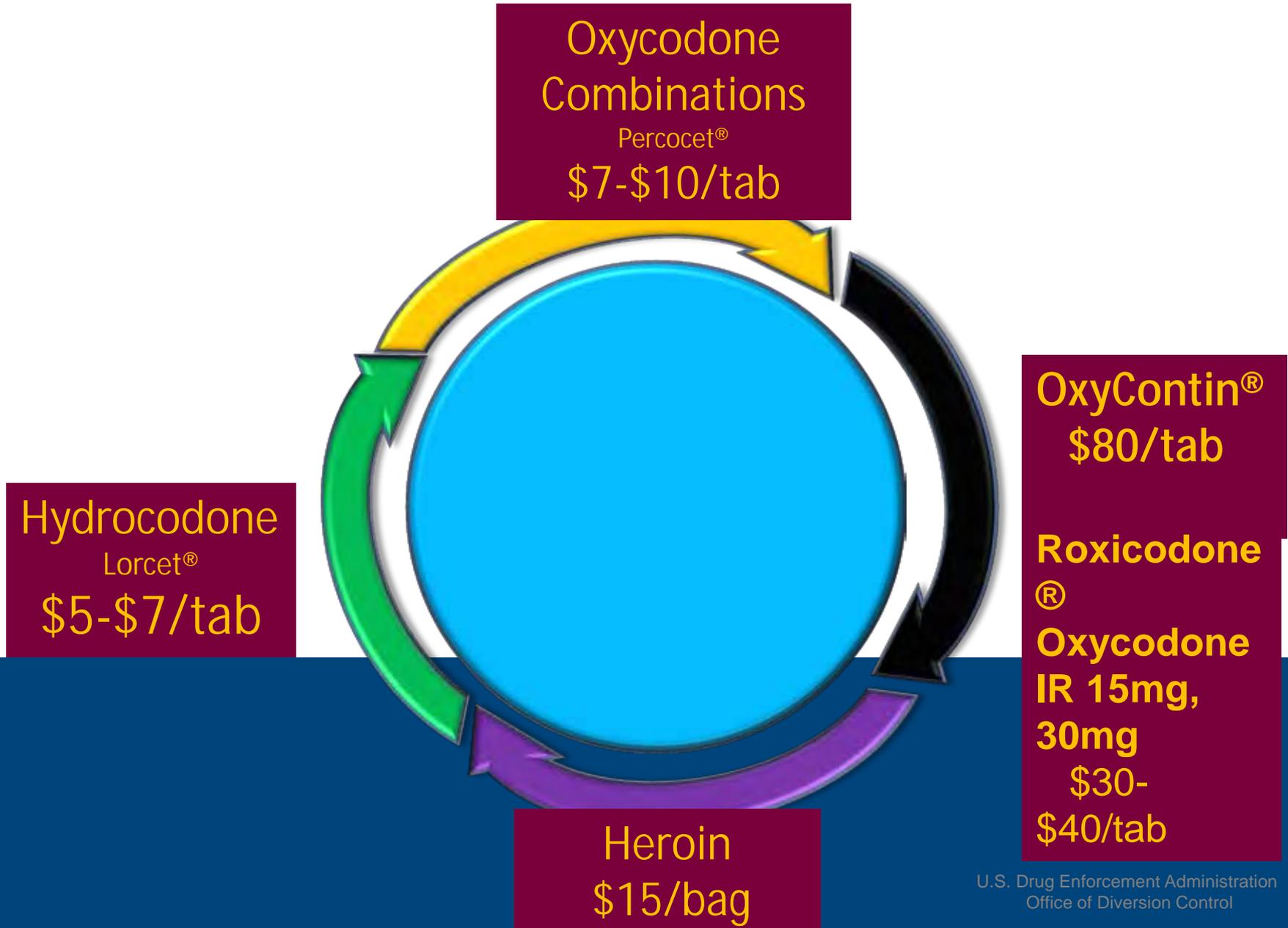




# Prescription Opiates v. Heroin



# Circle of Addiction & the Next Generation





Heroin Seizure

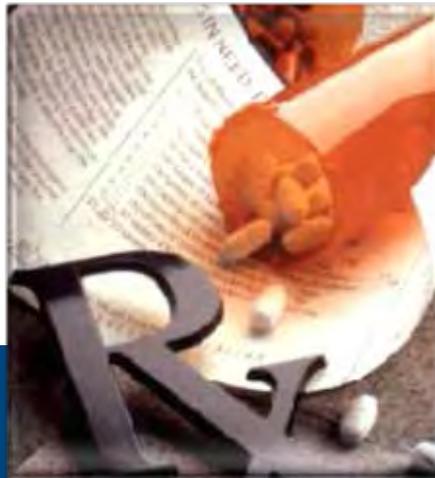


Pharmaceutical Oxycodone 30mg

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# Criminal Activity

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# **Egregious Activity (Not on the fringes)**



# United States V. Alvin Yee, M.D.

Dr. Alvin Yee



U.S. Drug Enforcement Administration  
Office of Diversion Control





# United States V. Alvin Yee, M.D.

MEDICAL OFFICE

Various Locations, Orange County, California



U.S. Drug Enforcement Administration  
Office of Diversion Control





# United States V. Alvin Yee, M.D.

Dr. Yee primarily met with his “patients” in Starbucks cafes throughout Orange County, California.

He would see up to a dozen patients each night between 7:00 and 11:00 p.m. and wrote these “patients” prescriptions, primarily for opiates, in exchange for cash.

Yee pled guilty to distributing millions of dollars in oxycodone, oxymorphone, hydrocodone, hydromorphone, Adderall® and alprazolam outside the course of professional practice and without a legitimate medical purpose.





# United States V. Alvin Yee, M.D.

## CURES Data (PMP)

During a one-year time period, Yee wrote prescriptions for a total of 876,222 dosage units of all medications combined.

52% of all prescriptions (458,056 dosage units) written by Yee were for oxycodone (92%-30mg) during the one-year period.

96% - oxycodone, hydrocodone, alprazolam, hydromorphone, and oxymorphone.

Almost half of Yee's patients were 25 and under.



**DEA**

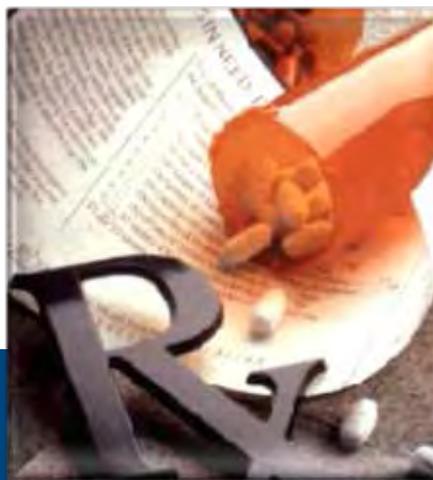
U.S. DRUG ENFORCEMENT ADMINISTRATION



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# The Controlled Substances Act: Checks & Balances

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# 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

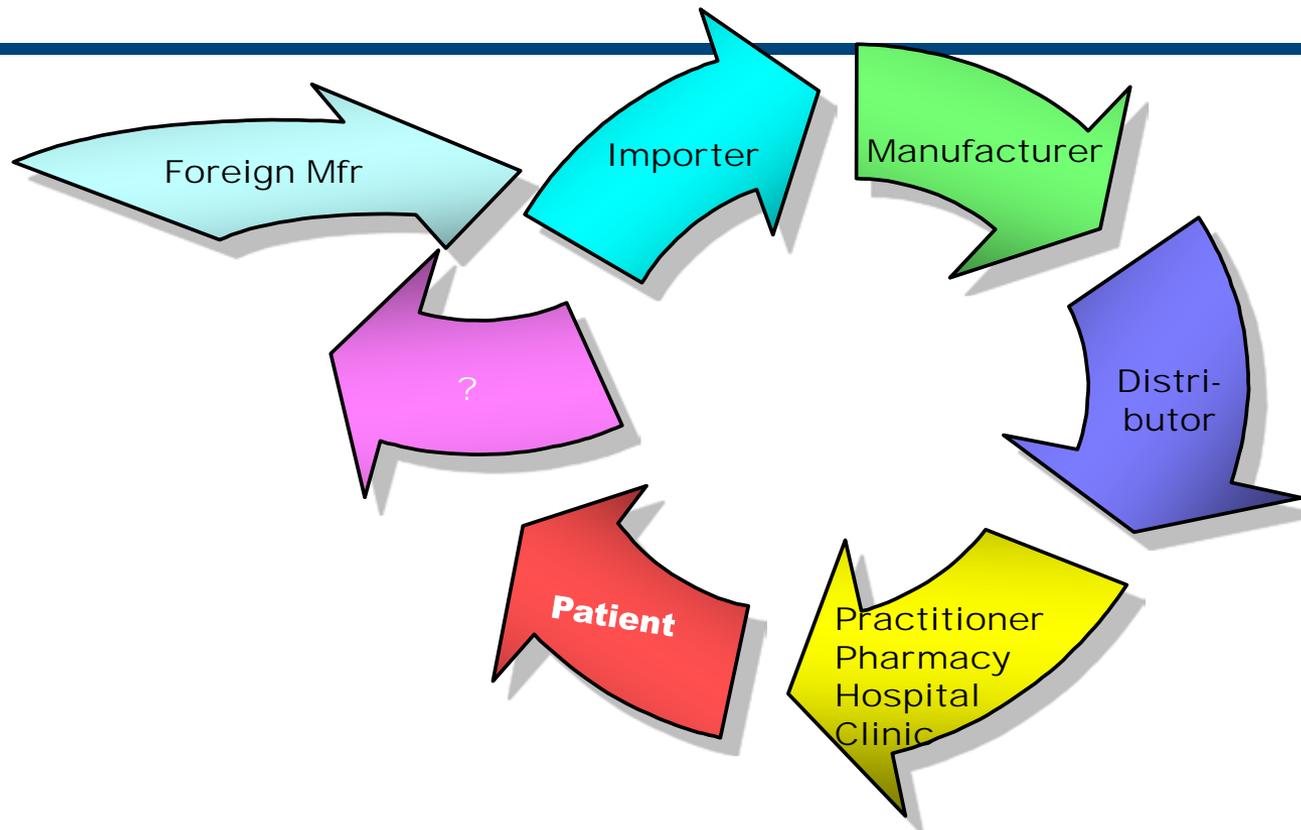
*while ...*

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





# Closed System of Distribution

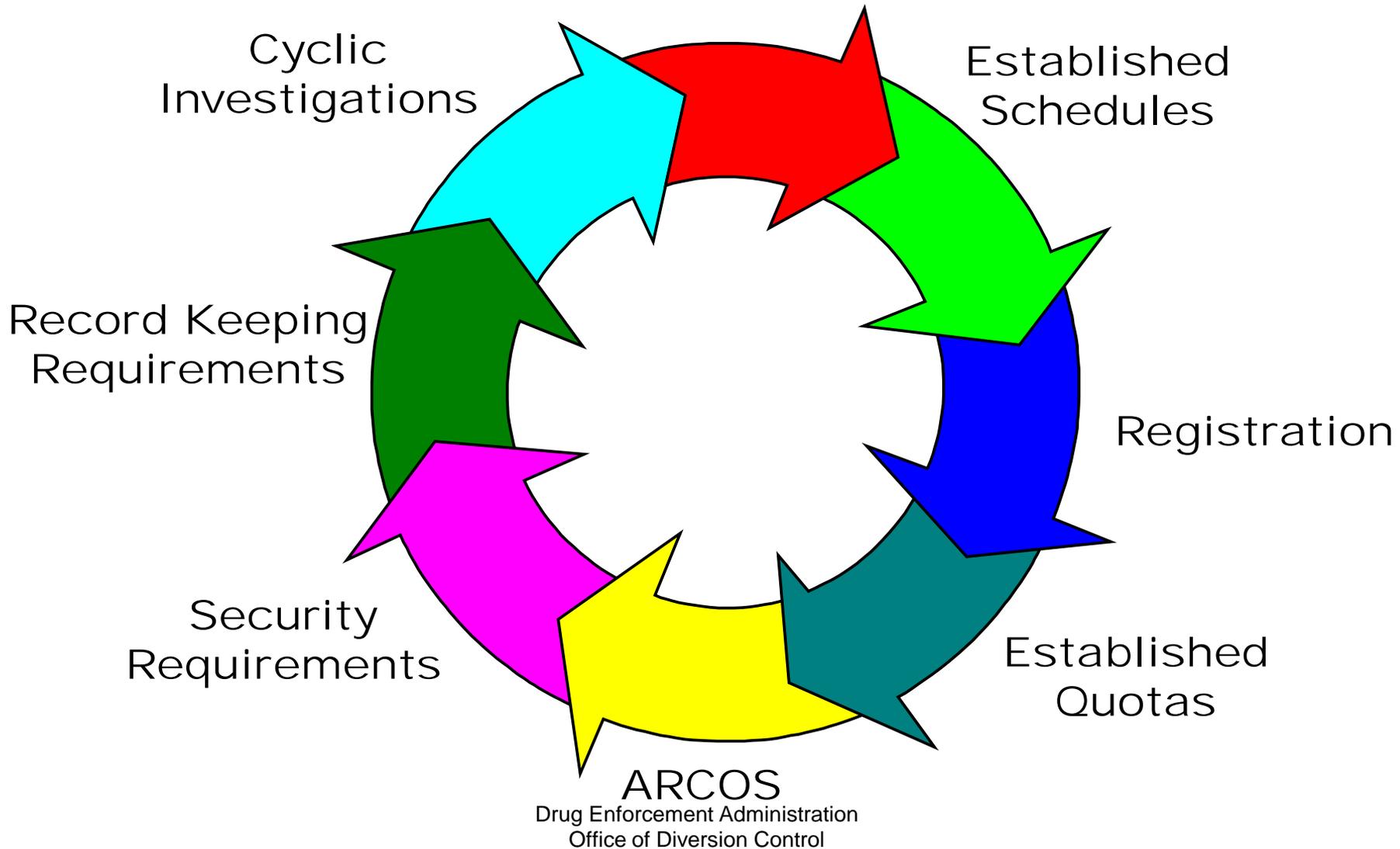


**1,638,232 (06/09/2016)**

- **Practitioners:** **1,233,795**
- **Retail Pharmacies:** **73,665**
- **Hospital/Clinics:** **16,951**



# 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





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# Legal Obligations: DEA Registrant

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# Effective Controls

- § All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.
  
- § 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**.

21 CFR § 1301.71(a)



# Suspicious Orders

## 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.”

21 CFR § 1301.74(b)

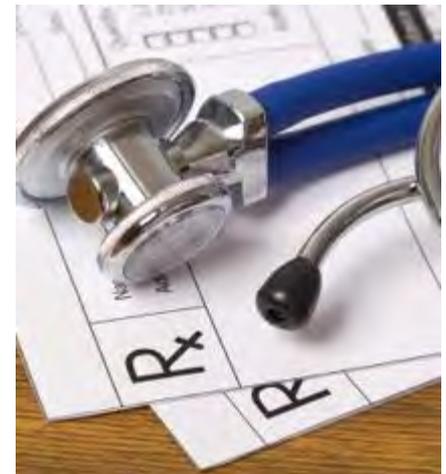


# Prescriptions

A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.

21 CFR § 1306.04(a)

*United States v Moore* 423 US 122 (1975)





# CDC Guidelines for Prescribing Opioids for Chronic Pain

## § Clinical Reminders:

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



# CDC Guidelines for Prescribing Opioids for Chronic Pain

- § Use immediate-release opioids when starting
- § Start low and go slow
- § When opioids are needed for acute pain, prescribe no more than needed
- § Do not prescribe ER/LA opioids for acute pain
- § Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed



# CDC Guidelines for Prescribing Opioids for Chronic Pain

- § Evaluate risk factors for opioid-related harms
- § Check PDMP for higher dosages and prescriptions from other providers
- § Use urine drug testing to identify prescribed substances and undisclosed use
- § Avoid concurrent benzodiazepine and opioid prescribing
- § Arrange treatment for opioid use disorder if needed



# Corresponding Responsibility by Pharmacist

The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.

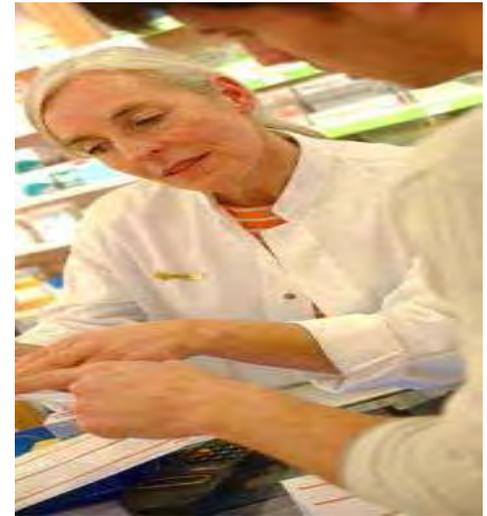
21 CFR § 1306.04(a)





# Corresponding Responsibility by Pharmacist

- § A pharmacist, by law, has a corresponding responsibility to ensure that prescriptions are legitimate.
- § When a prescription is presented by a patient or demanded to be filled for a patient by a doctor's office, a pharmacist is not obligated to fill the prescription!!!





# The Last Line of Defense



U.S. Drug Enforcement Administration  
Office of Diversion Control



# Potential Red Flags

Many customers receiving the same combination of prescriptions;  
cocktail

Many customers receiving the same strength of controlled substances;  
no individualized dosing: multiple prescriptions for the strongest dose

Many customers paying cash for their prescriptions

Early refills

Many customers with the same diagnosis codes written on their  
prescriptions;

Individuals driving long distances to visit physicians and/or to fill  
prescriptions;



# Potential Red Flags continued

- C**ustomers coming into the pharmacy in groups, each with the same prescriptions issued by the same physician; and
- C**ustomers with prescriptions for controlled substances written by physicians not associated with pain management (i.e., pediatricians, gynecologists, ophthalmologists, etc.).
- O**verwhelming proportion of prescriptions filled by pharmacy are controlled substances
- P**harmacist did not reach out to other pharmacists to determine why they were not filling a particular doctor's prescription
- V**erification of legitimacy not satisfied by a call to the doctors office



# Red Flag?

What happens next?

*You attempt to resolve...*



# [www.nabp.net](http://www.nabp.net)

## NABP

NATIONAL ASSOCIATION OF  
BOARDS OF PHARMACY

**GO**

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**QUESTION/CHAT IS AVAILABLE**

### Meet the NABP Executive Committee

The 2015-2016 NABP Executive Committee, including President Edward D. McOrley, MBA, RPh, were inaugurated at the 111<sup>th</sup> Annual Meeting. [Learn More](#)

### 2015-2016 Executive Committee

Chairman – Joseph L. Adams, RPh  
President – Edward D. McOrley, MBA, RPh  
President-Elect – Hal Ward, MBA, RPh

### Do You Know What a Doctor Shopper Looks Like?

Americans abuse prescription drugs more than cocaine, heroin, and hallucinogens combined. The "Red Flags" video helps pharmacists identify the warning signs of prescription drug abuse and diversion.

<a href="#">Red Flags for Pharmacists</a>	<a href="#">Verified Pharmacy Program</a>	<a href="#">DEE Monitor</a>	<a href="#">Safe Dollar Pharmacies</a>
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**NEWSROOM HEADLINES**

**RELATED**



# Resolution is comprised of many factors

- § Verification of a valid practitioner DEA number ! It is not, **however**, the end of the pharmacist's duty. Invalid DEA number = Invalid RX
- § Resolution cannot be based solely on patient ID and prescriber verification.
- § You must use your professional judgment, training and experience...we all make mistakes
- § Knowledge and history with the patient
- § Circumstances of prescription presentation
- § Experience with the prescribing practitioner
- § It does not require a call to the practitioner for every CS RX
- § This is not an all-inclusive list...



# Who do I call to report a practitioner?

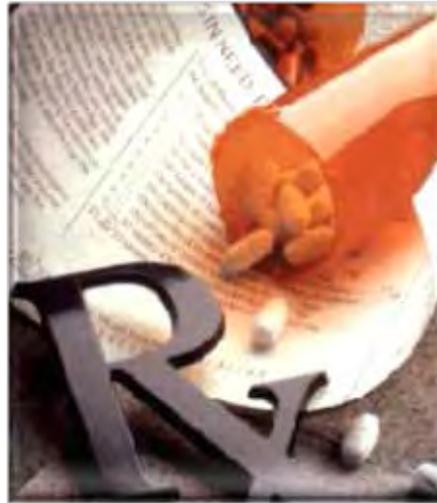
- Ø State Board of Pharmacy, Medicine, Nursing, Dental
- Ø State, County, Local Police
- Ø DEA local office and Tactical Diversion Squad
- Ø Health Department
- Ø HHS OIG if Medicare, Medicaid fraud



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# The DEA Response

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Drug Enforcement Administration

# 360 Degree Strategy





## Community Partnerships



- DEA recognizes we cannot arrest our way out of the drug problem – our goal is lasting success in the communities we serve.
- Education and Prevention are key elements for a true 360 Strategy.
- Law enforcement operations provide an opportunity for community empowerment and a jumping off point for education and prevention efforts.



# 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

Briefings to **95** firms with **305** registrations



# DEA Registrant Initiatives

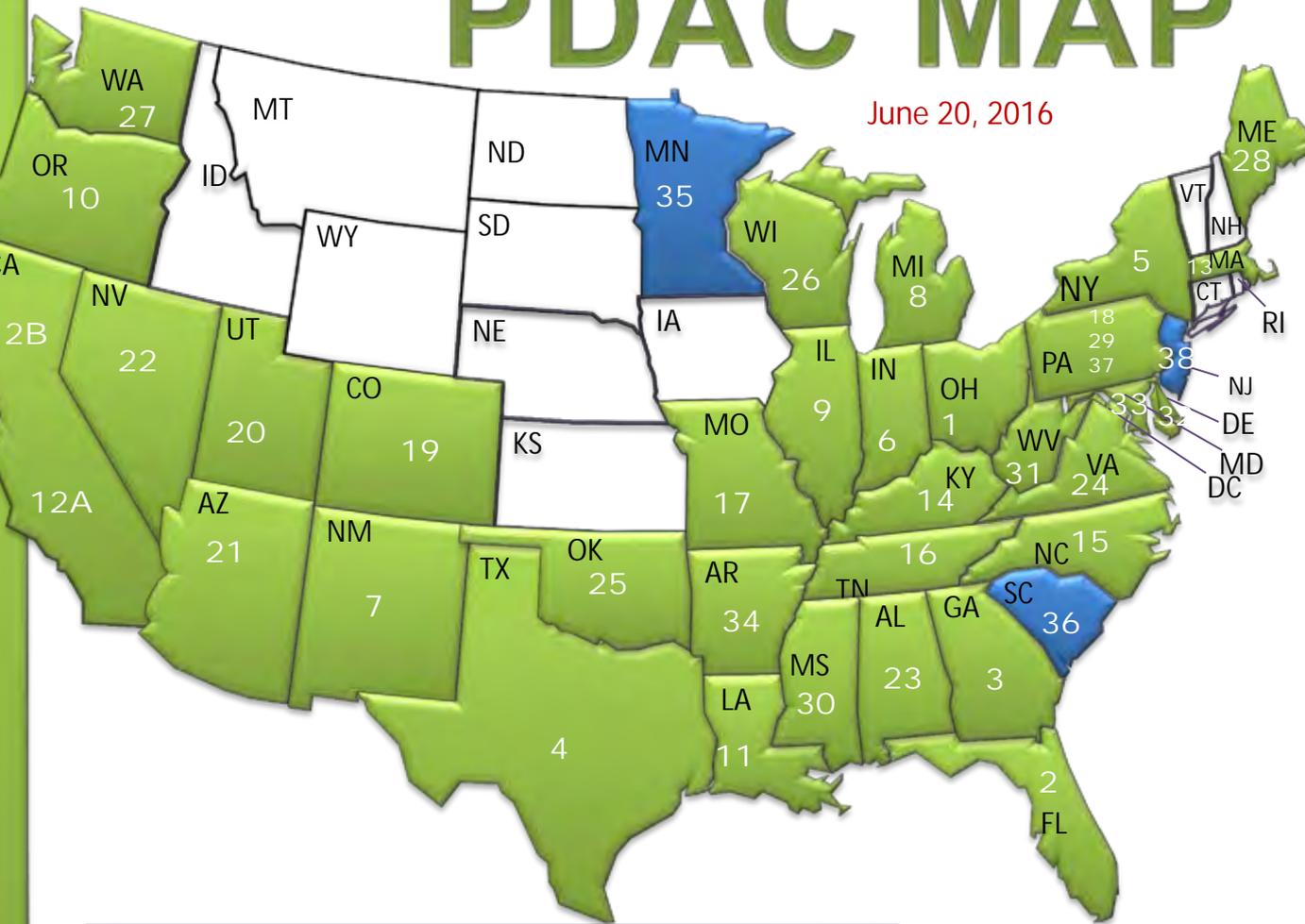
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## Pharmacy Diversion Awareness Conference

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

June 20, 2016



Completed PDACs	Attendance
<b>FY-2011</b>	
1-Cincinnati, OH 9/17-18/11	75
<b>FY-2011 Total Attendance</b>	<b>75</b>
<b>FY-2012</b>	
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
<b>FY-2012 Total Attendance</b>	<b>2,429</b>
<b>FY-2013</b>	
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
<b>FY-2013 Total Attendance</b>	<b>2,948</b>
<b>FY-2014</b>	
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
<b>FY-2014 Total Attendance</b>	<b>2,196</b>
<b>FY-2015</b>	
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 8/8-9/15	210
28-Portland, ME 9/12-9/13/15	94
<b>FY-2015 Total Attendance</b>	<b>1,570</b>
<b>FY-2016</b>	
29-Pittsburgh, PA 12/10-11/15	196
30-Jackson, MS 1/9-10/16	185
31-Charleston, WV 2/27-28/16	245
32-Wilmington, DE 3/19-20/16	111
33-Towson, MD 4/17-4/18/16	442
34-Little Rock, AR 6/11-12/16	216
<b>Total Attendance To Date</b>	<b>10,613</b>

Proposed FY-2016 PDACs  
 35-Minneapolis/St. Paul, Minnesota – July 8 & 9, 2016  
 36-Hilton Head, South Carolina – August 15 & 16, 2016  
 37-Harrisburg, Pennsylvania – August 27, 2016  
 38-Trenton, New Jersey – September 17 & 18, 2016

**33 STATES**                      **70 PDAC CONFERENCES**

Completed PDACs

Proposed PDACs



# 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



# 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.

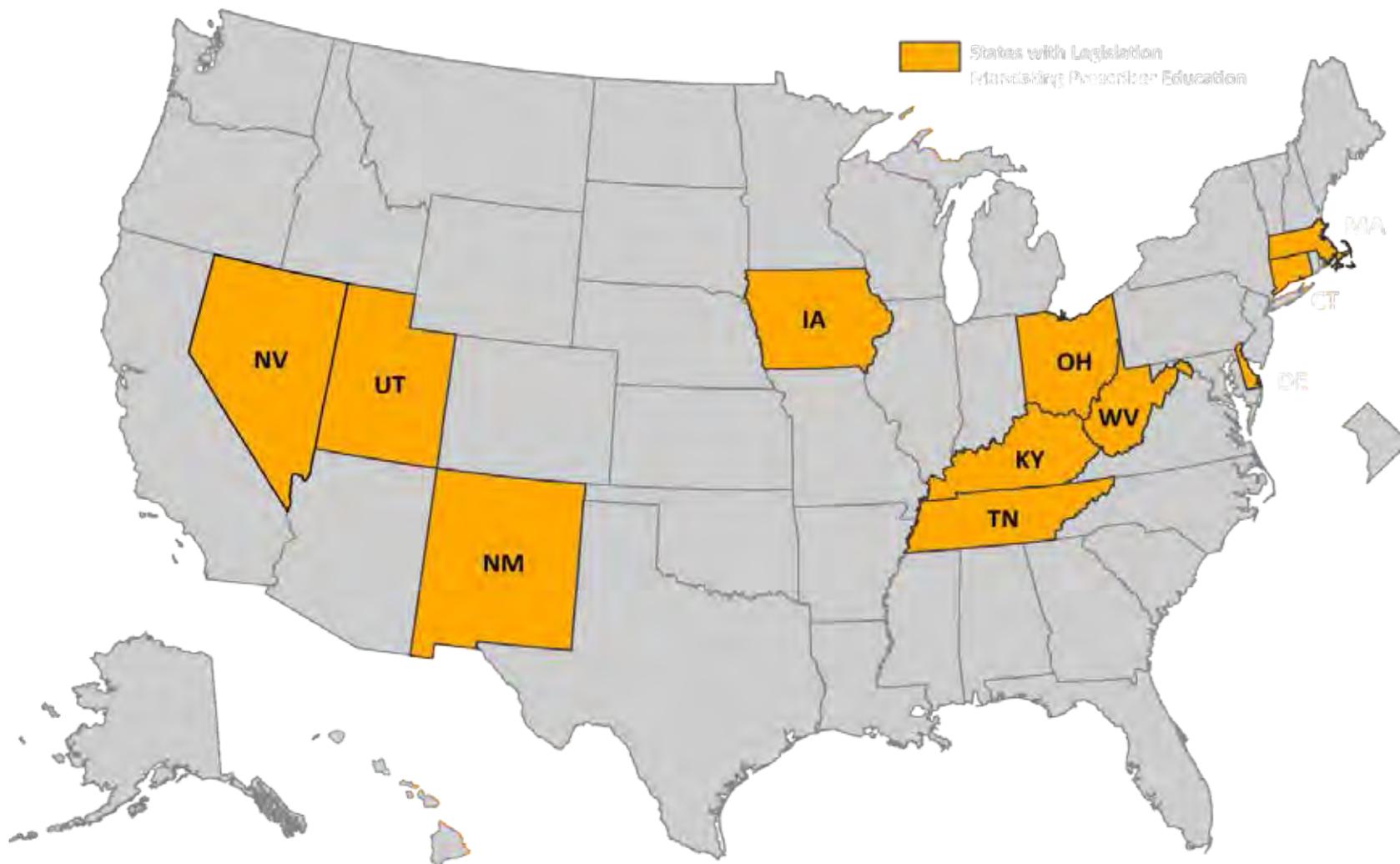


# Scheduled Investigations

- § 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



# Since 2011, Eleven States have Passed Legislation Mandating Prescriber Education





# Maine

- § Second State to Mandate Electronic Prescribing
- § Prescribers are required to undergo addiction training every 2 years
- § Set cap on daily strength for opioid prescribing:
  - Acute pain – 7 days
  - Chronic pain – 30 days
- § To begin January 2017



# National Take Back Initiative

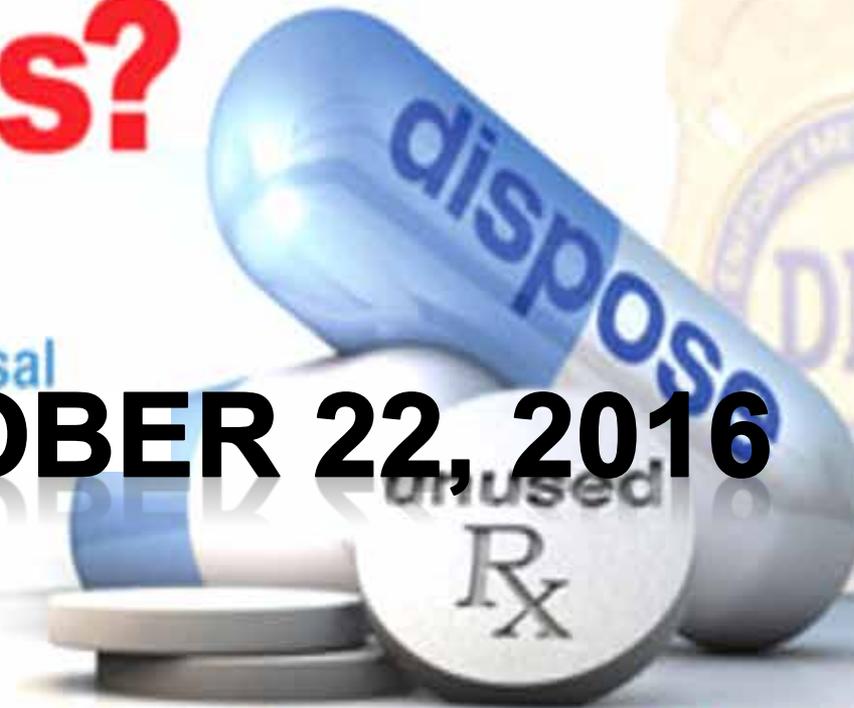
## April 30, 2016

# Got Drugs?

Turn in your  
unused or expired  
medication for safe disposal  
Saturday

Click here  
for a collection  
site near you.

# OCTOBER 22, 2016

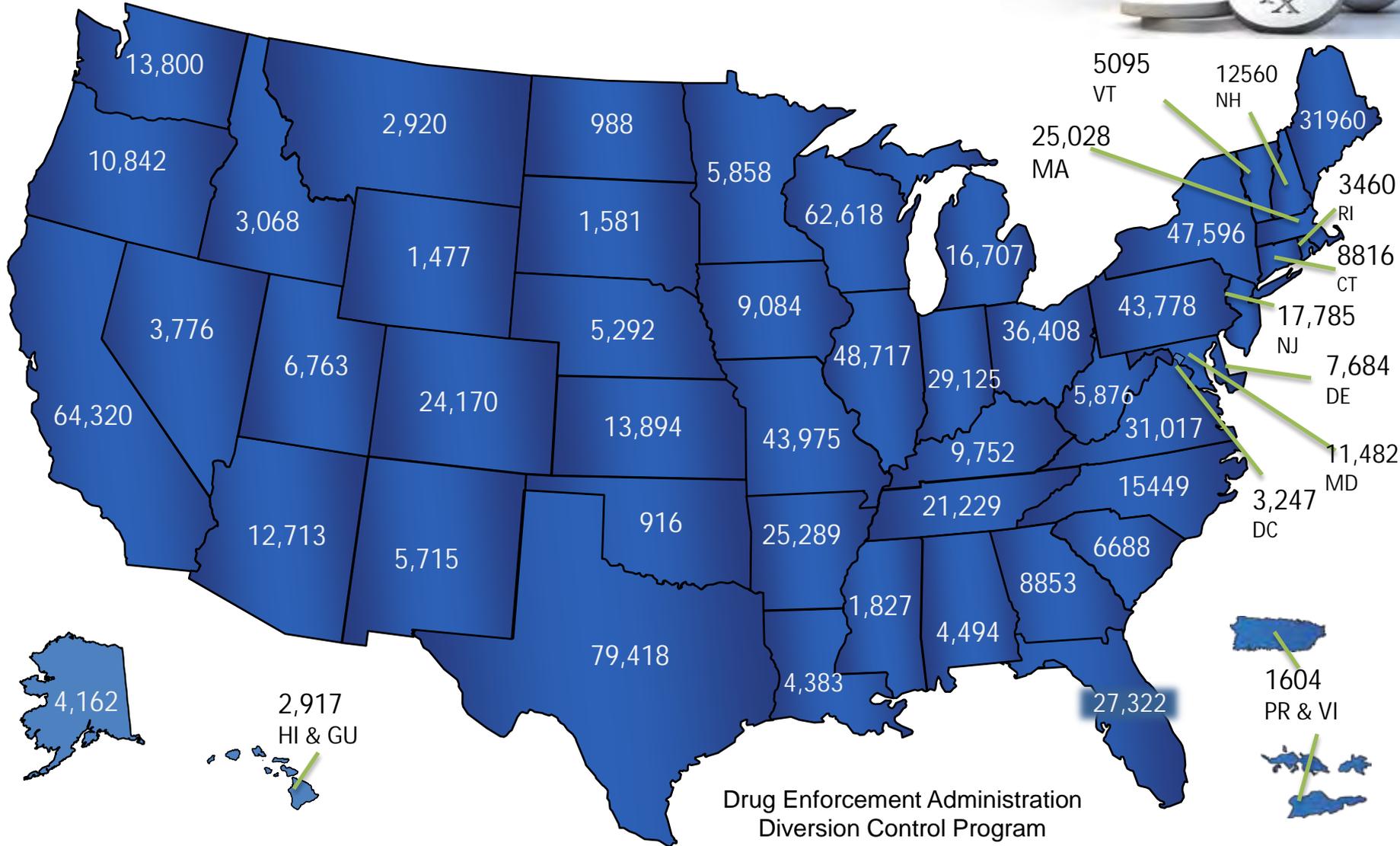


10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration  
Office of Diversion Control

# 11<sup>th</sup> National Take Back Day: April 30, 2016

Total Weight Collected (pounds): 893,498 (447 Tons)



**DEA**

U.S. DRUG ENFORCEMENT ADMINISTRATION



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# Secure and Responsible Drug Disposal Act of 2010

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# Ultimate User

**Ultimate user** means as “a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or a member of his household.”

21 USC § 802(27)

**Ultimate user** methods of destruction prior to Disposal rule:

- ü Disposal in Trash (ONDCP method); or
- ü Flushing (FDA opioids and select CSs)
- ü National Take-back Event (DEA)
- ü Transfer to Law Enforcement
- ü (Police Station Receptacles or local Take-back events)
- ü DEA





# 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)

§ Participation is voluntary

21 USC § 822(g)(2)

§ Registrants authorized to collect:

- Ø Manufacturers
- Ø Distributors
- Ø Reverse Distributors
- Ø Narcotic Treatment Programs
- Ø Hospitals/clinics with an on-site pharmacy
- Ø 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

- § 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



# Law Enforcement

- § Law Enforcement may continue to conduct take-back events.
- § Any person may partner with Law Enforcement.
- § Law Enforcement shall maintain control and custody of collected substances until secure transfer, storage, or destruction has occurred.
- § Authorized collection receptacles and inner liners “should” be used.

21 CFR § 1317.35 and 1317.65

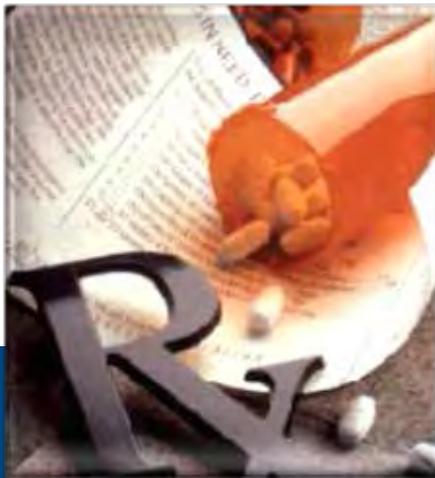




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# Collection

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# Collection

**Collection** means to receive a controlled substance for the purpose of destruction from an:

- Ultimate user,
- Person lawfully entitled to dispose of an ultimate user decedent's property, or
- LTCF on behalf of an ultimate user who resides or has resided at the facility.

21 USC § 822(g)(3) & (4) and 21 CFR § 1300.01(b)





# Design of Collection Receptacles

- § Securely fastened to a permanent structure.
- § Securely locked, substantially constructed container with permanent outer container and removable inner liner.
- § Outer container must have small opening that allows for contents to be added, but does not allow for removal of contents.
- § Outer container must display a sign stating only Schedule II-V and non-controlled substances are acceptable substances.
- § Schedule I controlled substances are not permitted to be collected

21 CFR § 1317.75(e)





# Collection Receptacle Inner Liner

- ü Waterproof, tamper-evident, and tear-resistant.
- ü Removable and sealable upon removal without emptying or touching contents.
- ü Contents shall not be viewable from the outside when sealed (i.e., can't be transparent).
- ü Size shall be clearly marked on the outside of the liner (e.g., 5-gallon, 10-gallon, etc.).
- ü Outside of liner shall have permanent, unique ID number.

21 CFR § 1317.60(a)



# Collection Receptacles

- Ø Ultimate users *shall* put the substances directly into the collection receptacle.
- Ø Controlled and non-controlled substances may be comingled.
- Ø Collected substances shall not be counted, sorted, inventoried, or otherwise individually handled.
- Ø Registrants **shall not dispose of stock or inventory** in collection receptacles.

21 CFR § 1317.75(b) and (c)



# Collection Receptacle Location

- § Registered location – immediate proximity of designated area where controlled substances are stored and at which an employee is present.
- LTCF – located in secure area regularly monitored by LTCF employees.
  - Hospital/clinic – located in an area regularly monitored by employees---not in proximity of where emergency or urgent care is provided.
  - NTP – located in a room that does not contain any other controlled substances and is securely locked with controlled access.

21 CFR § 1317.75(d)



# Mail-Back Program

## Requirements of mail-back program

- Ø Only lawfully possessed schedules II-V controlled substances may be collected
- Ø Controlled and non-controlled substances may be collected together
- Ø **Must have method of on-site destruction**

21 CFR § 1317.70 (b)

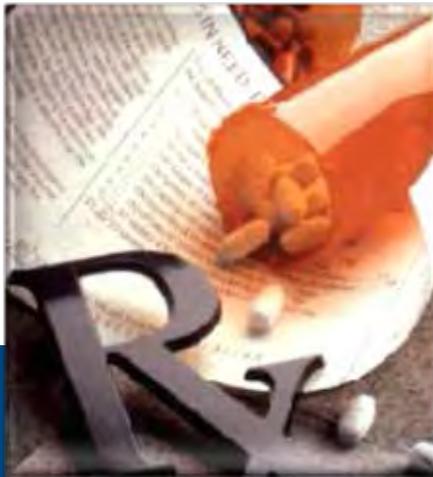
DEA Registrant who sells mail-back packages for another registrant is **NOT** required to modify registration as a collector



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# Registrant Disposal

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# 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)



# 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



# Abandoned Controlled Substances

- Circumstances when there is no authorized person to dispose of controlled substances
  - Ø School
  - Ø Summer camp
  - Ø Hospital
- Return to ultimate user is not feasible
- Options
  - Ø Contact law enforcement or DEA
  - Ø Destroy on-site

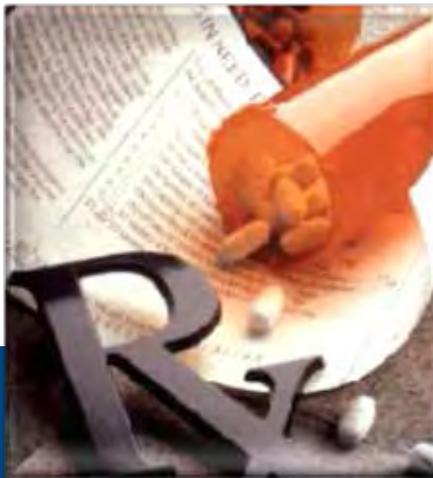
79 FR 53546 (Disposal Final Rule)



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# Pharmaceutical Wastage

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# Pharmaceutical Wastage

## Not subject to **21 CFR Part 1317**

- Destruction does not have to be “non-retrievable”
- DEA Form 41 must not be utilized

§ Dispensing must be recorded as a record

21 CFR § 1304.22(c)

§ Clarification memorandum on DEA website at  
[www.deaDiversion.usdoj.gov](http://www.deaDiversion.usdoj.gov)



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# Miscellaneous Pharmacy Topics

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# Changes to a Schedule II Prescription

Pharmacist may change:

- § Patient's address upon verification
- § Dosage form, drug strength, drug quantity, directions for use, or issue date only after consultation with and agreement of the prescribing practitioner.
  - Consultation should be noted on the prescription
  - Must be in compliance with state law/regulation/policy

Pharmacy may not make changes:

- § Patient's name
- § Controlled substance prescribed (except for generic substitution permitted by state law), or
- § Prescriber's signature



# Multiple Prescriptions Schedule II Controlled Substances

- Individual practitioner may issue multiple prescriptions which authorizes patient to receive 90-day supply of C-II
  - § Each separate prescription is for legitimate medical purpose issued by practitioner acting in usual course of professional practice
  - § Written instructions on each prescription indicating earliest date it can be filled
  - § Doesn't cause undue risk of diversion by patient
  - § Compliance with all other elements of CSA and state laws

21 CFR § 1306.12(b)



# Faxed Prescription vs. EPCS

- True electronic prescriptions are transmitted as **electronic data files** to the pharmacy, whose application imports the data file into its database.
- A system that allows the prescriber to “sign” his/her name does **NOT** conform to EPCS regulations.
- A facsimile with a written signature is **NOT** an electronic Rx.

21 CFR § 1306.05(d)





# Hospice & LTCF Prescriptions

Schedule II narcotic substances may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile

§ Practitioner (or agent) must note it is hospice patient

§ Facsimile serves as original written prescription

21 CFR § 1306.11(f), (g) & 1306.13(b)

## Schedule III-V prescription

- Written prescription signed by a practitioner, or
- Facsimile of a written, signed prescription transmitted by the practitioner (or agent) to the pharmacy, or
- Oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist



# Distribution by Pharmacy to Practitioner

- Practitioner registered to dispense may distribute a quantity of such substance to another practitioner for general dispensing
  - Purchaser must be registered with DEA
  - Schedule III-V - records by purchaser and receiver must conform to 21 CFR § 1304.22(c)
  - Schedule I or II - an order form must be used and must conform to 21 CFR § 1305
  - Total number of controlled substances dispensed cannot exceed 5% of total controlled substances dispensed

21 CFR § 1307.11(a)(1)



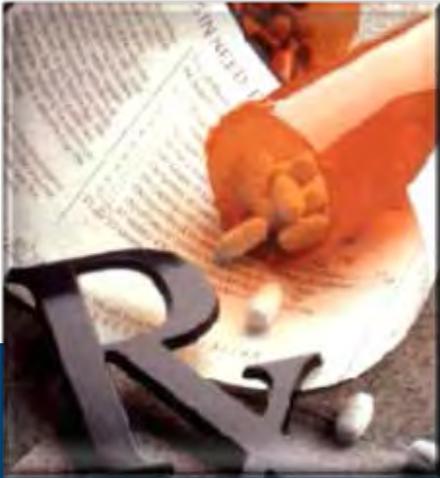
# Repackaging by Pharmacy

- Practitioner can prepare, compound, package, or label in the course of his professional practice  
21 CFR § 1300.01(b)
- Pharmacy can **NOT** repackage drugs (ie 100 ct bottle packaged in smaller size bottles) and sell the drugs in the form of a distribution to any DEA Registrant – including practitioner office.
- Violation of DEA and FDA regulations

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# Questions?

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U.S. Drug Enforcement Administration  
Office of Diversion Control