DEA Trends & Update
San Juan, Puerto Rico Pharmacy Diversion Awareness Conference
March 26-27, 2017
Welcome to the Pharmacy Diversion Awareness Conference (PDAC)

- (San Juan, PR)
- 88th PDAC (Sunday, March 26th); 89th PDAC (Monday, March 27th)
- Please silence cell phones
- NO VIDEO/AUDIO RECORDING
- RESTROOMS
- CPE Codes
  - Codes will be provided at the end of each presentation block
  - Due by Thursday May 25th, 2017 by 11:59pm CDT
  - Don’t forget to complete your evaluations
  - Please wait to register until Monday
  - In about 3 weeks, presentations will be available
- PARKING
- LUNCH: On-site restaurants / Other options within walking distance
- COFFEE: On-site options
Disclosure:

I have no relevant personal/professional/financial relationship(s) to disclose
Goals and Objectives

- Public Health Epidemic
- Drugs of Abuse
- From Pharmaceuticals to Heroin
- Violence
- Indiscriminate Prescribing
- Criminal Activity
- Legal Obligations of DEA Registrants
- DEA’s Mission and Response
- Drug Disposal

Data table for Figure 5. Percentage of drug overdose deaths involving selected drug categories: United States, 2010, 2014, and 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>All drug overdose deaths</th>
<th>Heroin</th>
<th>Natural and semisynthetic opioids</th>
<th>Methadone</th>
<th>Synthetic opioids excluding methadone</th>
<th>Cocaine</th>
<th>Psychostimulants with abuse potential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>2010</td>
<td>38,329</td>
<td>100</td>
<td>3,036</td>
<td>7.9</td>
<td>10,943</td>
<td>28.6</td>
<td>4,577</td>
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<td>2014</td>
<td>47,055</td>
<td>100</td>
<td>10,574</td>
<td>22.5</td>
<td>12,159</td>
<td>25.8</td>
<td>3,400</td>
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<tr>
<td>2015</td>
<td>52,404</td>
<td>100</td>
<td>12,989</td>
<td>24.8</td>
<td>12,727</td>
<td>24.3</td>
<td>3,301</td>
</tr>
</tbody>
</table>

NOTES: Deaths are classified using the International Classification of Diseases, Tenth Revision. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: for heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; synthetic opioids excluding methadone, T40.4; cocaine, T40.5; and psychostimulants with abuse potential, T43.6. Categories are not mutually exclusive because deaths may involve more than one drug. The percentage of drug overdose deaths lacking information on the specific drugs involved varied by year: 25% in 2010, 19% in 2014, and 17% in 2015.

Opioid involvement in benzodiazepine overdose

Source: National Center for Health Statistics, CDC Wonder
DRUG-FREE AMERICA

AGE 0-4  
AMOXICILLIN

4-12  
RITALIN

12-18  
APPETITE SUPPRESSANTS

18-24  
NO-DOZ

24-38  
PROZAC

38-65  
ZANTAC

65 —  
EVERYTHING ELSE
How did we get here?
The 1960s/70s/80s

- **Uppers - Amphetamines**
  - Meprobamate

- **Downers - Barbiturates**
  - Quaalude

- **Hydromorphone**

- **“Ts and Blues”**
  - Oxycodone/APAP
Rx Drug Ads on TV – Educational or Influential?

Overweight? Suffering from anxiety or erectile dysfunction? Well, relief is just a prescription pill away according to the endless television ads promoting prescription drugs.
The 1990s

OxyContin® Tablets
(oxycodeone hydrochloride controlled-release)
Oxycontin

• 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, 20, 40, 80mg available

• Effects:
  – Similar to morphine in effects and potential for abuse/dependence
  – Sold in “Cocktails” or the “Holy Trinity”
    • Oxycodone, Soma® and Xanax®

• Street price: Approx. $80 per 80mg tablet
Oxycodone HCL CR
(OxyContin®) Reformulation

NOTE: New formulation introduced in 2010 made it more difficult to circumvent for insufflation (snorting) or injection. Does nothing to prevent oral abuse.

Caused large drops in sales when the reformulation went into effect.
“Primum non nocere”
"First, do no harm"
Drugs of Abuse
Most commonly prescribed prescription medicine?

Hydrocodone/acetaminophen

U.S. Drug Enforcement Administration
Diversion Control Division
Hydrocodone

- Hydrocodone / Acetaminophen (toxicity)

- Similarities:
  - Structurally related to codeine
  - Equal to morphine in producing opiate-like effects

- Brand Names: Vicodin®, Lortab®, Lorcet®

- October 6, 2014 moved to SCHEDULE II

- “Cocktail” or “Trinity”
  - Hydrocodone (opioid)
  - Soma® / carisoprodol (Schedule 4 muscle relaxant)
  - Alprazolam / Xanax® (Benzo)

- Street prices: $2 to $10 per tablet depending on strength & region
The Trinity Cocktail

Hydrocodone

Carisoprodol
Aka: Soma
Muscle Relaxant

C-IV as of 1/11/2012

Alprazolam
Benzodiazepine

Opiate
• potent extended release formulation
• straight-up hydrocodone/no acetaminophen
• Opiate: 5-10 times stronger than Vicodin
• Manufactured by Zogenix
• Approved by FDA 10/25/2013
• can last up to 12 hours of pain relief per dose

Idk what you guys are tripping about, I’m stoked to get in on some of that, hydrocodone is one of my favorite opioids. It’s just as euphoric as oxy IMD.
Oxymorphone Extended Release
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

- Opioid
- Used for moderate to severe pain
- 8 times stronger than morphine
- Recreationally used as heroin
- Best consumed intravenously

*In 2008, there were over 14,000 hydromorphone overdose deaths in the US.*
Methadone- 5mg & 10mg

Methadone 40 mg
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:** Suboxone
  - Contains: buprenorphine

- **Trade Name:** Duragesic
  - Contains: fentanyl

- **Trade Name:** Fentora
  - Contains: fentanyl

- **Trade Name:** Subutex
  - Contains: buprenorphine
Our Youth

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

Friends and Family... For Free!!
Where else do our kids get their information from?
www.erowid.org
Where do kids get their information from?
www.bluelight.org
Pills v. Heroin
Circle of Addiction & the Next Generation

Hydrocodone
Lorcet®
$5-$7/tab

Oxycodone Combinations
Percocet®
$7-$10/tab

Oxycodone
IR 15mg, 30mg
$30-$40/tab

Heroin
$5 -$10/bag

Heron

OxyContin®
$80/tab

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

U.S. Drug Enforcement Administration Diversion Control Division
Heroin use spikes in area suburbs

Pill addicts risk deadly drug
Community Impact?

Heroin trafficking organizations relocating to areas where prescription drug abuse is on the rise.

Heroin traffickers pave the way for increasing crime and violence.

Law enforcement and prosecutors eventually fighting the problem on two fronts (prescription opiate diversion and heroin distribution) further depleting resources.

Communities suffer.
Pharmaceutical Oxycodone 30mg

Heroin Seizure
COPS: PHOTOS OF BOY WITH PASSED-OUT ADULTS SHOW DRUG SCOURGE

Police in East Liverpool, Ohio released these images they say to illustrate the impact of the heroin and painkiller epidemic. (City of East Liverpool, Ohio/Facebook)
CDC (2016):

Heroin deaths more than triple between 2010-2014

“This increase . . . has been shown to be closely tied to opioid pain reliever misuse and dependence.”

Source: National Center for Health Statistics, CDC Wonder
Opiates and Heroin

- 4 out of 5 recent heroin users initiated used after using prescription opioids non-medically.\(^1\)

- The recent heroin abuse rate is 19 times higher among those who reported prior non-medical use of pain relievers than among those who did not report such use.\(^2\)

- Overdose deaths from heroin abuse have more than doubled since 2010.\(^3\)

\(^1\)NIDA, June 2015
\(^2\)SAMHSA, August 2013
\(^3\)NIDA, February 2015
Violence
Starting the year with a bang

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

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

(Photo: DELAWARE STATE POLICE)
Violence Related to Controlled Substance Pharmaceuticals

NEW YORK POST
Page Six

ASSASSIN

CHILLING ANATOMY OF DRUGSTORE MASSACRE

DRUGSTORE MASSACRE
Husband and wife busted in Rx-slay horror

PAIN KILLER

PAGE SIX
www.nypost.com

TUESDAY, June 25, 2013 / Tabloid 6 / Broadsheet F-10

$1.00

NEW YORK POST
Page Six
www.nypost.com

TUESDAY, June 25, 2013 / Tabloid 6 / Broadsheet F-10

$1.00
Prescription Drug Abuse is driven by

Indiscriminate Prescribing

Criminal Activity
Many Patients Share Medication prescribed

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

1. University of Pennsylvania Dental School Study:
   *More than half of the narcotics prescribed for wisdom teeth removal go unused...findings suggest that more than 100 million pills prescribed go unused...leaving the door open for possible misuse or abuse.


2. 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

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 non-opioid 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

Survey of Long-Term Painkiller Users

• Majority say their doctor talked about possibility of addiction or dependence – **61% say there was no discussion about plan to get them off.**

• Majority say they used the drugs to relieve pain. Other major reasons for taking them:
  – 20% - ‘for fun or get high”
  – 14% - “to deal with day-to-day stress”
  – 10% - “to relax or relieve tension”

• Other Findings:
  – 34% admit being dependent or addicted
  – 17% have taken painkillers that were not specifically prescribed for them
  – 14% have given their painkillers to a family member or friend
  – 20% know or suspect someone was using, taking or selling their painkillers

Criminal Activity
United States V. Alvin Yee, M.D.

Dr. Alvin Yee

U.S. Drug Enforcement Administration
Office of Diversion Control
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.
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**.
Legal Obligations of DEA Registrants
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 professional practice**.

21 CFR § 1306.04(a)

*United States v Moore* 423 US 122 (1975)
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 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)
The Last Line of Defense

U.S. Drug Enforcement Administration
Diversion Control Division
Potential Red Flags

- Many customers receiving the same combination of prescriptions; *cocktails*
- 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

Customers coming into the pharmacy in groups, each with the same prescriptions issued by the same physician; and

Customers with prescriptions for controlled substances written by physicians not associated with pain management (i.e., pediatricians, gynecologists, ophthalmologists, etc.) - Check Dr. Specialty

Overwhelming proportion of prescriptions filled by pharmacy are controlled substances

Pharmacist did not reach out to other pharmacists to determine why they were not filling a particular doctor’s prescription

Verification of legitimacy not satisfied by a call to the doctors office
www.nabp.net
Who do I call to report a practitioner?

- Local Police, County, State
- State Board of Pharmacy, Medicine, Nursing, Dental
- DEA local office and Tactical Diversion Squad
- Health Department
- HHS OIG if Medicare, Medicaid fraud
DEA’s Mission
The mission of the Diversion Control Division 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

- Practitioners: 1,253,249
- Mid Level Practitioner: 319,280
- Retail Pharmacies: 72,126
- Hospital/Clinics: 17,674

1,677,537 (1/18/2017)
The DEA is responsible for:

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

*DEA doesn’t regulate the practice of medicine.*
DEA’s Response
DEA has increased the number of registrants to be inspected to ensure compliance with the Controlled Substances Act and its implementing regulations.

DEA has also increased in the frequency of the regulatory investigations.

Verifications of customers and suppliers.
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.
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 99 firms with 309 registrations.
Pharmacy Diversion Awareness Conferences

These conferences are designed to educate pharmacists, pharmacy technicians, and pharmacy loss prevention personnel on ways to address and respond to potential diversion activity.
Completed PDACs

FY-2011
29-Pittsburgh, PA 12/10-11/15
30-Jackson, MS 1/9-10/16
31-Charleston, WV 2/27-28/16
32-Wilmington, DE 3/19-20/16
33-Towson, MD 4/17-4/18/16
34-Little Rock, AR 6/11-12/-/16
35-Minneapolis/St. Paul, MN 7/8-9/16
36-Hilton Head, SC 8/15-16/16
37-Camp Hill, PA 8/27/16
38-New Brunswick, NJ 9/18-19/16

FY-2016 Total Attendance 2,091

FY-2017
39-Fargo, ND 10/2/16
40-Washington, DC 11-19-20/16
41-Buffalo, NY 12/9-10/16
42-Honolulu, HI 1/22-23/17
43-Anchorage, AK 2/10/2017 (61)
44-Wichita, KS 3/11-12/2017

FY-2017 PDACs
44-Kansas – March 11 & 12, 2017
45-Puerto Rico – March 26 & 27, 2017
46-Connecticut/Rhode Island – April 2017 (Date TBD)
47-Nebraska – June 2017 (Date TBD)
48-Iowa – July 2017 (Date TBD)
49-Idaho – August 2017 (Date TBD)
50-Montana – August 2017 (Date TBD)
51-Wyoming – August 2017 (Date TBD)
52-South Dakota – September 2017 (Date TBD)
53-Vermont/New Hampshire – September 2017 (Date TBD)

40 STATES (incl. the D.C.) 87 PDAC CONFERENCES
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.
Since 2011, Eleven States have Passed Legislation Mandating Prescriber Education

[Map showing states where legislation is in place]
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
- Began: January 2017
National Take Back Initiative (NTBI)

10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration
Diversion Control Division

Got Drugs?
Turn in your unused or expired medication for safe disposal
Saturday.

Click here for a collection site near you.

#13

APRIL 29, 2017

10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration
Diversion Control Division
National Take Back I-XII Totals:
Total Weight Collected (pounds): 7,202,977 pounds (3601 Tons)
For disposals of Retail Pharmacy CS inventory:

- Incineration and Chemical Ingestion – DEA’s acceptable methods of destruction that renders all controlled substances non retrievable

- Retail Pharmacies – Use reverse distributors

- Use 222s for transfer of Schedule 2 CS

- Reverse Distributors will complete the DEA-41: copy may be requested

- Present this to Investigators during onsite inspections
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:
- Disposal in Trash (ONDCP method); or
- Flushing (FDA opioids and select CSs)
- National Take-back Event (DEA)
- Transfer to Law Enforcement
- (Police Station Receptacles or local Take-back events)
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:
  - Manufacturers
  - Distributors
  - Reverse Distributors
  - Narcotic Treatment Programs
  - Hospitals/clinics with an on-site pharmacy
  - Retail Pharmacies
  21 CFR § 1317.40

Authorized collectors, as registrants, are readily familiar with the security procedures and other requirements to handle controlled substances.
How a registrant becomes a collector?

- Must be registered to handle Schedule 2 CS
- Must request a modification from DEA
  (can be in writing or online)
- Request contains:
  1. Registrant’s name, address and DEA #
  2. Method of collection:
     (receptacle or mail back)
  3. Authorized signature

*No fee for modification
21 CFR 1301.51(b) and (c)
**Collection** means to receive a controlled substance for the purpose of destruction.

Places where they can be located:
1. Inside a collector’s registered location
2. Inside law enforcement location
3. Inside an authorized LTCF
Collection Receptacles

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

21 CFR § 1317.75(b) and (c)
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

- Waterproof, tamper evident and tear resistant
- Removable and sealable without touching content
- Content shall not be viewable from the outside
- Size of liner shall be clearly marked on the outside
- Outside of liner shall have a unique id number

21 CFR 1317.60(a)
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

- Only lawfully possessed schedules II-V controlled substances may be collected
- Controlled and non-controlled substances may be collected together
- Registrant 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
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
Questions?

Luis.A.Carrion@usdoj.gov

U.S. Drug Enforcement Administration
Diversion Control Division