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Objectives

To Introduce the DEA registered Practitioner with:

• Real Mission of the Diversion Control Division of the DEA
• Extent of the Opioid Epidemic in the U.S.
• History and Complexity of Drug Abuse in the U.S.
• Trends in Prescribing and Dispensing Patterns
• Nationwide Efforts to Combat the Problem
Questions To Discuss

At the completion of this block of instruction you will be able to answer the following questions:

1. What limits has West Virginia placed on Schedule 2 controlled substance prescriptions?

2. What are the top three most commonly prescribed controlled substances in the U.S.?
Questions To Discuss

3. According to the CDC approximately how many people died from drug overdoses in the year 2016?

4. Under Federal Law what is the primary responsibility of practitioners when it comes to issuing prescriptions for controlled substances?

5. According to IMS Data the total number of prescriptions being filled for oxycodone for the last three years has declined?
There Is Pain
There Is Legitimate Pain
There Is Dependence
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...
Mission

... while ensuring an adequate and uninterrupted supply of controlled substances to meet legitimate medical, commercial, and scientific needs.
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**.
Public Health Epidemic

In 2014, there were 47,055 drug overdose deaths,

... one death every 11.16 minutes,

... approximately 128 per day,

... 19,000 were due to prescription opioid pain relievers

In 2015, there were 52,404 drug overdose deaths,

... one death every 10.06 minutes,

... approximately 143 per day,

... 22,598 were due to prescription opioid pain relievers
Public Health Epidemic

In 2016, there were 63,632 drug overdose deaths,
... one death every 8.28 minutes,
... approximately 174 per day,
... 42,249 were due to opioids

Public Health Epidemic

Preliminary reported numbers 2017 over 72,000 drug overdose deaths,

...one death every 7 minutes,

...approximately 197 per day,

...30,000 were due to fentanyl and other synthetic analogs

Soldier Field
Capacity: 61,500
Mountaineer Field
Capacity: 60,000
Drug Poisoning Deaths, 1999-2016

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released 2017. Data on drug poisoning deaths were extracted by ONDCP from http://wonder.cdc.gov/mcd-icd10.html on December 21, 2017.
Heroin Seizure

Pharmaceutical Oxycodone 30mg

U.S. Drug Enforcement Administration
Ten Most Commonly Prescribed Controlled Substances in the U.S.

- Hydrocodone
- Oxycodone
- Alprazolam
- Tramadol
- Zolpidem
- Clonazepam
- Lorazepam
- Dextroamphetamine
- Codeine
- Methylphenidate

IMS Data on file.
The Most Common Drugs Involved in Prescription Opioid Overdose Deaths

Hydrocodone

Oxycodone

Methadone

Unfortunately, The United States has a Long History of Drug Use and Abuse
1804

Morphine is Distilled from Opium for the First Time

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
The First Opium War Breaks Out as Britain Forces China to Sell Its India Grown Opium

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1853
The Hypodermic Syringe is Invented

The Inventor’s Wife is the First to Die of an Injected Drug Overdose

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1861-1865
Morphine Addiction

The Civil War

The “Soldier's Disease”
1898
Bayer Chemist Invents diacetlylmorphine, 
Names It Heroin
Advent of the 20th Century

Abuse Of Opium And Morphine: A Significant Problem In The US

But

There Was Widespread Distribution Of Medicinal Products Containing The New "Non-addictive" Alternative To Morphine - Heroin.
25 Originaltabletten
"BAYER"
enthaltend jede 0,0025 g.

Heroin.
hydrochlor.

Farbenfabriken
vorn
FRIEDR. BAYER & Co.
LEVERKUSEN
b/COLN a/Rh.
POISON
100 TABLETS
HEROIN
HYDROCHLORIDE
1-6 GRAIN
ELI LILLY & COMPANY
INDIANAPOLIS
STICKNEY AND POOR'S
PURE PAREGORIC

DOSE

Five days old, 5 drops
Two weeks old, 8 drops
Five years old, 25 drops
Adults, 1 Teaspoonful

Guaranteed by Stickney & Poor
Spice Co., Boston, Mass., under
the Food and Drugs Act, June
30, 1906, Serial No. 47
Burroughs Wellcome & Co.

‘TABLOID’ BRAND

‘Forced March’

Containing the combined active principles of Kola Nut and Coca Leaves.

Allays hunger and prolongs the power of endurance.

DIRECTION. — One to be dissolved in the mouth every hour when undergoing continued mental strain or physical exertion.

POPULAR FRENCH TONIC WINE
Fortifies and Refreshes Body & Brain
Restores Health and Vitality

HALL'S COCA WINE
THE ELIXIR
For HAY FEVER, CATARRH, AND THROAT TROUBLES.
CURE NERVOUSNESS, HEADACHE, and SLEEPLESSNESS.
Price 50c. a box at Druggists or by mail. Send for Pamphlet.
ALLEN COCAINE MFG. CO.,
1254 Broadway, N. Y.
COCAINETOOTHACHE DROPS
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
219 HUDSON AVE., ALBANY, N. Y.
For sale by all Druggists.
(Registered March 1885.)
No. 56.

Menthol, Eucalyptus and Cocaine

\[ \frac{1}{50} \text{ Menthol, } \frac{1}{100} \text{ min. Eucalyptus Oil, } \frac{30}{100} \text{ gr. Cocaine.} \]

A Pastille may be taken every four or six hours, if required.

Manufactured by

Allen & Hanburrys Ltd.

LONDON
For Body and Brain

Since 30 Years all Eminent Physicians recommend

**VIN MARIANI**

Over 7,000 written endorsements from prominent Physicians in Europe and America

Nourishes Fortifies Refreshes Strengthens the Entire System

Most popularly used Tonic-Stimulant in Hospitals, Public & Religious Institutions Everywhere

The most Agreeable, Effective and Lasting Tonic

Ask for Vin Mariani at Druggists and Fancy Grocers

EVERY Test, strictly on its Own Merits, proves its Exceptional Reputation

To avoid disappointments accept no substitutions

Free Offer! We will mail, gratis, 75 Portraits, Sketches, Biographical Notes and Autographs of Celebrities, testifying to excellence of "Vin Mariani"

Paris: 41 Boulevard Haussmann

Mariani & Co.

52 W. 15th St., New York
A COLD BOTTLE ON A HOT DAY

Is a natural desire; but, remember, there is just one thing that the bottle can hold that will enable you to forget worry and fatigue—

Coca-Cola quenches the thirst, refreshes, invigorates, as nothing else can.

Its Purity Proved by Analysis

CHEMICAL DEPARTMENT
South Carolina College
COLUMBIA, S. C.

This is to certify that, pursuant to your request, I have bought in the open market (from the Murray Drug Co.) an original package of five gallons of Coca-Cola syrup bearing the label of “The Coca-Cola Co., Atlanta, Ga.” and have submitted the same to careful analysis.

The object of this investigation being to establish the presence or absence of cocaine, and possibly of other injurious alkaloids, I operated on quantities of three to five times the amount contained in a bottle of the carbonated beverage. The extractions of the syrup were repeated until the alkaloids were entirely removed, and different immiscible solvents were used on different portions. The crystalline substance thus obtained was further separated by fractional extractions, after which it was concentrated and tasted. Since this concentrated product, which would contain all of the cocaine, failed to respond to the usual tests for cocaine, it is clear that the alkaloid is absent, or, if present at all, then in quantities too minute to allow of detection. The active constituent of Coca-Cola Syrup proved to be caffeine, and in quantities seemingly less than in a cup of good coffee or tea.

There was no evidence of the presence of other alkaloids.

Guaranteed under the Pure Food and Drugs Act, June 30, 1906.
Serial Number 3324.

5¢ Everywhere 5¢

Coca-Cola
February 9, 1909
Congress
Public Law 221

“An Act to Prohibit the Importation and Use of Opium for Other Than Medicinal Purposes”
1914

U.S. Congress Passes Harrison Tax Act

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1928
Committee on the Problems of Drug Dependence is Formed
To Organize Research in Pursuit of the Holy Grail: A Non-addictive Painkiller
Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1951
Arthur Sackler Revolutionizes Drug Advertising With Campaign for the Antibiotic Terramycin

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1960

Arthur Sackler’s campaign for Valium makes it the industry’s first $100 million drug

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1980

The *New England Journal of Medicine* publishes a letter to the editor that becomes known as “Porter and Jick”

Sam Quinones, 2015, *Dream Land: The Tale of America’s Opiate Epidemic*
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

Jane Porter
Hershel Jick, M.D.
Boston Drug Surveillance Program
Boston University Medical Center
January 1980

“We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.”
1986
Drs. Kathleen Foley and Russell Portenoy publish paper in the journal *Pain*, opening a debate about use of opiate painkillers for wider variety of pain

Sam Quinones, 2015, *Dream Land: The Tale of America’s Opiate Epidemic*
1996
Purdue releases OxyContin, timed-released oxycodone, marketed largely for chronic-pain patients

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1996

Dr. David Procter’s clinic in South Shore, Kentucky, is presumed the nation’s first pill mill

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1996
President of American Pain Society urges doctors to treat pain as a vital sign

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2002

Dr. David Procter pleads guilty to drug trafficking and conspiracy and serves eleven years in federal prison

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2007

Purdue and three executives plead guilty to misdemeanor charges of false branding of OxyContin; fined $634 million

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2008

Drug overdoses, mostly from opiates, surpass auto fatalities as leading cause of accidental death in the United States

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2011
Ohio passes House Bill 93, regulating pain clinics

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2013
The College on the Problems of Drug Dependence turns seventy-five without finding the Holy Grail of a nonaddictive painkiller

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
The Problem Affects Everyone
No one Is Un-Affected
DEA Registrants as of July 31, 2018: 1,763,068

- Importers: 270
- Manufacturers: 580
- Exporters: 277
- Distributors: 943
  - Pharmacies: 71,876
  - Practitioners: 1,655,947
  - Hospitals: 17,977
- Research/Analysis: 13,206
- Narcotic Treatment Programs: 1,661
- Patients (U.S. pop.): 327,109,224
Livonia doctor, 7 others charged in $18M prescription drug scheme

January 9, 2018

“Great Falls pharmacy manager charged with stealing drugs”

January 12, 2018

Seaborn Larson, Great Falls Tribune,
“Police: Maryland officer arrested after he stole opioids from a bedridden citizen”

February 2, 2018

“Ex-dentist pleads guilty to illegally prescribing drugs”

February 5, 2018

“More than a dozen people arrested in Bloomington drug investigation”

February 6, 2018

“Doctor prescribed needless pills and bilked Medicare, feds say”

February 12, 2018

“Las Vegas doctor charged with unlawful distribution of opioid, health care fraud”

February 14, 2018

“Nurse arrested for forging opioid prescriptions”

February 18, 2018

“Federal agents raid doctor's office and suspected 'pill mill'”

February 27, 2018

“Doctor accused of trading prescription drugs for sex; 44 arrested in massive bust”

March 1, 2018

Philadelphia doctors charged in $5M prescription drug bust

By Dann Cuellar
Thursday, May 12, 2016
SOUTH PHILADELPHIA (WPVI) --
According to a federal indictment, three doctors illegally sold over $5 million worth of prescription drugs out of their now-defunct Philadelphia clinic on South Broad Street.
Two Mobile Pain Doctors Arrested On Drug And Fraud Charges
Wednesday, May 20, 2015

United States Attorney Kenyen R. Brown of the Southern District of Alabama, along with FBI-Mobile Special Agent in Charge Robert Lasky, and DEA-Mobile Special Agent in Charge Keith Brown, New Orleans Field Division, announce the arrests of Dr. John Patrick Couch and Dr. Xiulu Ruan.
What’s Trending
Total Prescriptions Filled: Hydrocodone 2009-2017
(x 1,000)

IMS Data
Total Prescriptions Filled: Oxycodone 2009-2017
(x 1,000)

IMS Data
Opioid addiction is plateauing. But the crisis isn’t over.

*Vox*

By Dylan Scott

New data from the Blue Cross Blue Shield Association suggests opioid addiction rates are finally plateauing.

The big finding from the BCBSA data, which compiles medical claims information from the various Blue Cross affiliates across the United States: Diagnoses of opioid use disorder (addiction, in other words) declined from 2016 to 2017, from 6.2 per 1,000 patients to 5.9.
Total Prescriptions Filled: Buprenorphine 2009-2017 (x 1,000)
Opioid Treatment Programs (OTPs)

*As of September 18, 2018: DEA Data*
DEA Registered Qualifying Practitioners

Data Waived Physician (DWP)/Qualifying Practitioner Totals

*As of September 18, 2018 (NPs and PAs as of 01/01/2017)
Qualifying Practitioners (US)

- Practitioner DW-30 29,621
- Practitioner DW-100 9,389
- Practitioner DW-275 4,539
- Nurse Practitioner DW-30 5,917
- Physician Assistant DW-30 1,542
Qualifying Practitioners (WV)

- Practitioner DW-30 159
- Practitioner DW-100 89
- Practitioner DW-275 85
- Nurse Practitioner DW-30 59
- Physician Assistant DW-30 14
Nationwide Efforts to Combat the Problem
States

Practitioners

Hospitals

Treatment Providers

Medical Schools

Pharmacies
<table>
<thead>
<tr>
<th>State</th>
<th>Prescription Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>7 Day Supply (initial prescription)</td>
</tr>
<tr>
<td>Arizona</td>
<td>7 Day Supply (initial prescription)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (for minors)</td>
</tr>
<tr>
<td>Connecticut</td>
<td>7 Day Supply (initial prescription)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (for minors)</td>
</tr>
<tr>
<td>Delaware</td>
<td>Up to 100 dosage units or a 31 day supply, whatever is greater</td>
</tr>
</tbody>
</table>
States with Limits CII

- District of Columbia 7 Day Supply (emergency situation)
- Florida 3 Day Limit/Acute Pain
- Hawaii 30 Day Supply
- Illinois 30 Day Supply: CII (Some exceptions under certain conditions)
- Indiana 7 Day Supply (initial prescription) 7 Day Supply (for minors)
States with Limits CII

Kansas  30 Day Supply
(Substances to treat obesity)

Kentucky  3 Day Supply (acute pain) with exceptions: e.g. Chronic Pain, Cancer Pain, End of Life, Hospice, Narcotic Drug Treatment, Major Surgery.

Louisiana  10 Day Supply: CII-III
(Prescribers not licensed in Louisiana)

Maine  30 Day Supply (chronic pain)
7 Day Supply (acute pain)
States with Limits CII

Massachusetts  
7 Day Supply (unless more in indicated)
7 Day Supply (all opioids for minors)

Massachusetts  
30 Day Supply: CII-III
60 Day Supply (Dextroamphetamine)

Missouri  
30 Day Supply: CII
90 Day (If medical reason given)

New Hampshire  
34 Day Supply: CII
60 Day Supply (ADD/ADHD)
States with Limits CII

New Jersey  First prescription: 5 Day Supply

New York  30 Day Supply
            7 Day Supply (initial prescription)

North Carolina  5 Day Supply (acute pain)

Ohio  7 Day Supply
       5 Day Supply (for minors)

Oregon  7 Day Supply (initial prescription)
        7 Day Supply (for minors)
States with Limits CII

Pennsylvania
- 7 Day Supply (for minors)
- 7 Day Supply
  (emergency department and urgent care centers)

Rhode Island
- 20 Doses for opioids (initial prescription)
- No more than 30 morphine MME/day

South Carolina
- 31 Day Supply
  (Except Transdermal patches)
- 90 Day Supply: CIII-V
States with Limits CII

Tennessee  30 Day Supply of Opioids and Benzodiazepines

Texas    90 Day Supply (multiple prescriptions)

Utah    30 Day Supply: CII

Vermont  90 Day Supply
72 MME (first prescription for minors)
350 MME – 7 Day limit (acute pain, first prescription)
States with Limits CII

Virginia
Limitations on Number of Days
7 Day Supply (acute pain)
14 Day Supply (surgical procedures)
(Some exceptions)

Washington
7 Day Supply (initial prescription)
3 Day Supply (dentist)

West Virginia
4 Day Supply ER (Initial Script Adults)
3 Day Supply ER (Children)
7 Day Supply Private Practice
3 Day Supply Dentists/Optometrists
CVS Pharmacy Policy: 2/01/18

• Acute Pain (Opioid Naïve Patients: No Opioid Script within the Past Year)
• 7-Day Supply
• Opioid Prescriptions
• Requirement to Counsel Patients:
  – Risks Of Addiction
  – Secure Storage Of Medications In The Home
  – Proper Disposal of Medications
Walmart giving away solution to dispose of unused prescription pills
January 26, 2018

Gene Myers, Staff Writer, @myersgene
Narcan available at more than 8,000 Walgreens locations nationwide

- CBS News, By Peter Martinez: October 27, 2017

- Walgreens (WBA) is now stocking Narcan at all of its more than 8,000 locations nationwide, the company announced Thursday. The nasal spray, which is an FDA-approved form of naloxone, can reverse the effects of an opioid overdose.

- The drug store chain said the move was "part of its comprehensive national plan to combat drug abuse" and help the communities it serves.
Knowing the Risks of Opioid Prescription Pain Medications (Rite Aid)

Opioid prescription pain medications are a type of medicine used to relieve pain. Some of the common names include oxycodone and acetaminophen (Percocet®); oxycodone, (OxyContin®); and hydrocodone and acetaminophen (Vicodin®).

These medications...

• Cause your brain to block the feeling of pain; they do not treat the underlying cause of pain.

• Are very addictive, especially if they are not used correctly.

• Increase your chances of accidental overdose, coma, and death if taken with prescription medications, including anti-anxiety and sedating medications, and alcohol.

Effective non-opioid options are available for relieving short-term pain, including ibuprofen (Advil®, Motrin®), acetaminophen (Tylenol®), physical therapy, chiropractic, acupuncture, and cognitive behavioral therapy. Talk with your pharmacist or healthcare provider to learn more.
Protect yourself - and your loved ones - with Naloxone (Rite Aid)

What is Naloxone?

• Naloxone is a lifesaving, rescue medication that can be used in an emergency to reverse the effects of an accidental opioid overdose.

Why should I get Naloxone?

• Any prescription opioid medication has the potential risk for unintended consequences such as slowed breathing and accidental overdose.

• Guidelines recommend naloxone if you take high doses of opioids, certain interacting medications or have medical condition(s) that increase your risk.

• Having naloxone at home can not only protect yourself, but loved ones that may ingest the opioid by accident - an emergency can occur after just one dose.

• Similar to a fire extinguisher in your home, naloxone is important to have "just in case" of an emergency or accident it is always better to take appropriate precautions and be safe!
Walmart Will Implement New Opioid Prescription Limits By End Of Summer

Vanessa Romo, May 8, 2018
Non-opioid medication outperforms opioids for chronic pain, study shows

The Washington Times
By Laura Kelly

Journal of the American Medical Association,
March 6, 2018
Reducing opioids not associated with lower patient satisfaction scores, study finds

Science Daily

A Kaiser Permanente study of nearly 2,500 patients who used high doses of opioids for at least six months showed that reducing their opioid use did not lower their satisfaction with care. The study, "Satisfaction With Care After Reducing Opioids for Chronic Pain," was published today in The American Journal of Managed Care.

"Physicians are often concerned they will receive lower satisfaction scores if they reduce opioids for patients who are accustomed to high opioid doses to manage chronic pain," said the study's lead author, Adam L. Sharp, MD, MS, of Kaiser Permanente Southern California Department of Research & Evaluation. "This study showed that following current recommendations and reducing opioids for chronic pain did not result in lower satisfaction scores."
Could DNA help doctors predict opioid addiction?

MDDI

By Kristopher Sturgis

New research out of Bentley University aims to explore the genetic links between human DNA and opioid addiction. The new study could help doctors identify patients susceptible to opioid dependence and choose different treatment methods.

The research project aims to help better inform doctors on how likely a patient is to become addicted to opioids before ever prescribing opioid drugs. The new data could also be used to predict how patients addicted to opioids will respond to certain treatments.
“Tylenol, Motrin just as effective in treating pain in ER patients as opioids”

November 7, 2017

FDA approves the first non-opioid treatment for management of opioid withdrawal symptoms in adults

Encouraging more widespread innovation and development of safe and effective treatments for opioid use disorder remains top agency priority
Most doctors are ill-equipped to deal with the opioid epidemic. Few medical schools teach addiction.

Jan Hoffman, The New York Times

Comprehensive addiction training is rare in American medical education. A report by the National Center on Addiction and Substance Abuse at Columbia University called out “the failure of the medical profession at every level — in medical school, residency training, continuing education and in practice” to adequately address addiction.

September 27, 2018
CDC

• New project to estimate best practice opioid prescribing in the United States.

• Using large health insurance claims data, CDC will estimate current opioid prescribing rates in the US for various conditions and procedures. Using clinical guidelines and related research, CDC will estimate what the prescribing rates would be for these conditions and procedures if best practices were followed.
DEA Initiatives
Dear DEA-Registered Practitioner:

In March, 2016, the Centers for Disease Control and Prevention (CDC) published its “CDC Guideline for Prescribing Opioids for Chronic Pain” to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

CDC’s Guideline is part of a comprehensive approach to addressing the opioid overdose epidemic and is one step toward a more systematic approach to the prescribing of opioids, while ensuring that patients with chronic pain receive safer and effective pain management. According to the CDC, The Guideline’s twelve recommendations, published in August 2017, are based on three key principles:

1. Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care. Opioids should only be used when their benefits are expected to outweigh their substantial risks.
2. When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose. Clinicians should start low and go slow.
3. Providers should always exercise caution when prescribing opioids and monitor all patients closely. Clinicians should minimize risk to patients—whether checking the state prescription drug monitoring program, or having an ‘off-ramp’ plan to taper.

You are receiving this email as part of DEA’s effort to improve its communication with its more than 1.7 million registrants while simultaneously improving the dissemination of the CDC Guidelines to those authorized to prescribe opioids.

A copy of CDC’s publication entitled, “Guideline for Prescribing Opioids for Chronic Pain: Recommendations” may be found at: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf.

Additionally, an Interactive Training Webinar for providers who prescribe opioids may be found at: https://www.cdc.gov/drugoverdose/training/index.html.

More than 11 million people abused prescription opioids in 2016.
Opioid Addiction Resources

Resources for DEA Registered Practitioners for Patients Who May Be Dependent and/or Addicted To Opioids

According to the U.S. Centers for Disease Control and Prevention (CDC) there were 63,632 drug overdose deaths in the United States in 2016; 174 deaths per day; one death every 8.28 minutes; 42,249 (66.4%) of those deaths were due to opioids. More deaths than those as a result of firearms, homicide, suicide, and motor vehicle crashes.

Practitioners are in a unique position to help combat the current opioid epidemic in this country. Please take time to understand and recognize the signs of this disease in your patients. If you or anyone in your office suspects that a patient may have a problem with opioid dependence, please provide your patients with the below listed information so they, or someone in their family, can get the help that they may need.

Practitioners may also wish to talk with their patients who are currently taking opioids for a legitimate medical issue about the benefits of naloxone (e.g. Narcan®, Evzio®) in the case of an overdose situation which may involve themselves or anyone in their family. These types of products can rapidly reverse the effects of an opioid overdose and are the standard treatment for these types of situations. Information on naloxone products can be found at www.fda.gov.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Helpline, 1-800-662-HELP (4357), for those with a possible opioid use disorder. The Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information here.

To find an authorized Opioid Treatment Program dispensing methadone or buprenorphine to treat opioid dependency in your state visit:
The Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. U.S.C. § 829(e). However, the Act provides an exception to this requirement: 21 U.S.C. § 829(e)(3)(A). Specifically, a DEA-registered Practitioner acting within the United States, is exempt from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet, if the Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of 21 U.S.C. § 802(54).

Under 21 U.S.C. § 802(54)(A),(B), for most (DEA-registered) Practitioners in the United States, including Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers") who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1395m(m) of Title 42 (42 C.F.R. § 410.78(a)(3)), which practice is being conducted:

A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner
   - who is acting in the usual course of professional practice;
   - who is acting in accordance with applicable State law; and
   - is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

OR

B. while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner
   - who is acting in the usual course of professional practice;
   - who is acting in accordance with applicable State law; and
   - is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.
Use of Mobile Devices in the Issuance of EPCS

The DEA is issuing the following statement regarding the use of mobile devices for issuing electronic prescriptions for controlled substances (EPCS) due to confusion surrounding this issue.

At this time, the DEA does not preclude the use of a mobile device, for the issuance of an electronic prescription for a controlled substance, if the encryption used on the device meets security requirements set out in Federal Information Processing Standards (FIPS 140-2). The DEA will allow the use of a mobile device as a hard token, that is separate from the computer or device running the EPCS application, if that device meets FIPS 140-2 Security Level 1 or higher. The device used to create the prescription cannot be the same device that serves as the hard token in the two-factor authentication.

A practitioner who uses a mobile or other electronic device for EPCS, and who does not wish to carry a hard token on a separate device, must use biometrics, and a password or a challenge question. See 21 C.F.R. §§ 1311.115 and 1311.116.

A practitioner may issue an electronic prescription for a Schedule II, III, IV, or V controlled substance when all of the requirements under 21 C.F.R. Part 1311 (Subpart C) are met.

Please note that while this document reflects DEA’s interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants.

For more information contact DEA Policy & Liaison Section at ODLP@usdoj.gov.
Safe Prescribing Saves Lives
Use the resources below to learn more about DEA, SAMHSA, and CDC working together to help you prescribe with confidence.

GET SMART ABOUT DRUGS
A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS
www.getsmartaboutdrugs.gov

800-662-HELP (4357)
NATIONAL HELPLINE
www.samhsa.gov/treatment

Prescription opioids can be addictive and dangerous.
It only takes a little to lose a lot.
www.cdc.gov/RxAwareness

Developed by CDC

EMPOWERING PROVIDERS.
IMPROVING CARE.
GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN
www.cdc.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

CDC
Do You or a Family Member Need Help with Drugs?

1-800-662-HELP (4357)
A Final Note
Solutions to the Problem

Prevention/Detection
Education
Treatment
Enforcement
1. What basic limits has West Virginia placed on Schedule 2 controlled substance prescriptions for treating acute pain?
   A. 4 Days ER (Adults)
   B. 3 Days ER (Children)
   C. 7 Days Private Practice
   D. 3 Days Dentists/Optometrists
   E. All of the Above
2. What are the top three most commonly prescribed controlled substances in the U.S.?

A. Hydrocodone
B. Methadone
C. Oxycodone
D. Alprazolam
E. Tramadol
F. A, C, & D.
3. According to the CDC, approximately how many people died from drug overdoses in the year 2016?

A. 52,404  
B. 47,055  
C. 63,632
4. Under Federal Law what is the primary responsibility of practitioners when it comes to issuing prescriptions for controlled substances?

A. A prescription must be issued for a legitimate medical need.
B. A prescription must be issued in the usual course of professional practice.
C. A&B
5. According to IMS Data the total number of prescriptions being filled for oxycodone for the last three years has declined?

A. Yes
B. No
Thank You
Contact Information

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