



# DEA Trends & Update

## Boise, Idaho Pharmacy Diversion Awareness Conference

October 22-23, 2017



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

Luis Carrion  
Staff Coordinator  
Liaison and Policy Section  
Diversion Control Division





# Disclosure: Luis Carrion

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



# Goals and Objectives

- DEA's Mission
- Public Health Epidemic
- Looking at the Past
- Drugs of Abuse
- Impact on the youth
- From Pharmaceuticals to Heroin
- Indiscriminate Prescribing
- Criminal Activity
- Legal Obligations of DEA Registrants
- DEA's Response

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# DEA's Mission

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# Mission

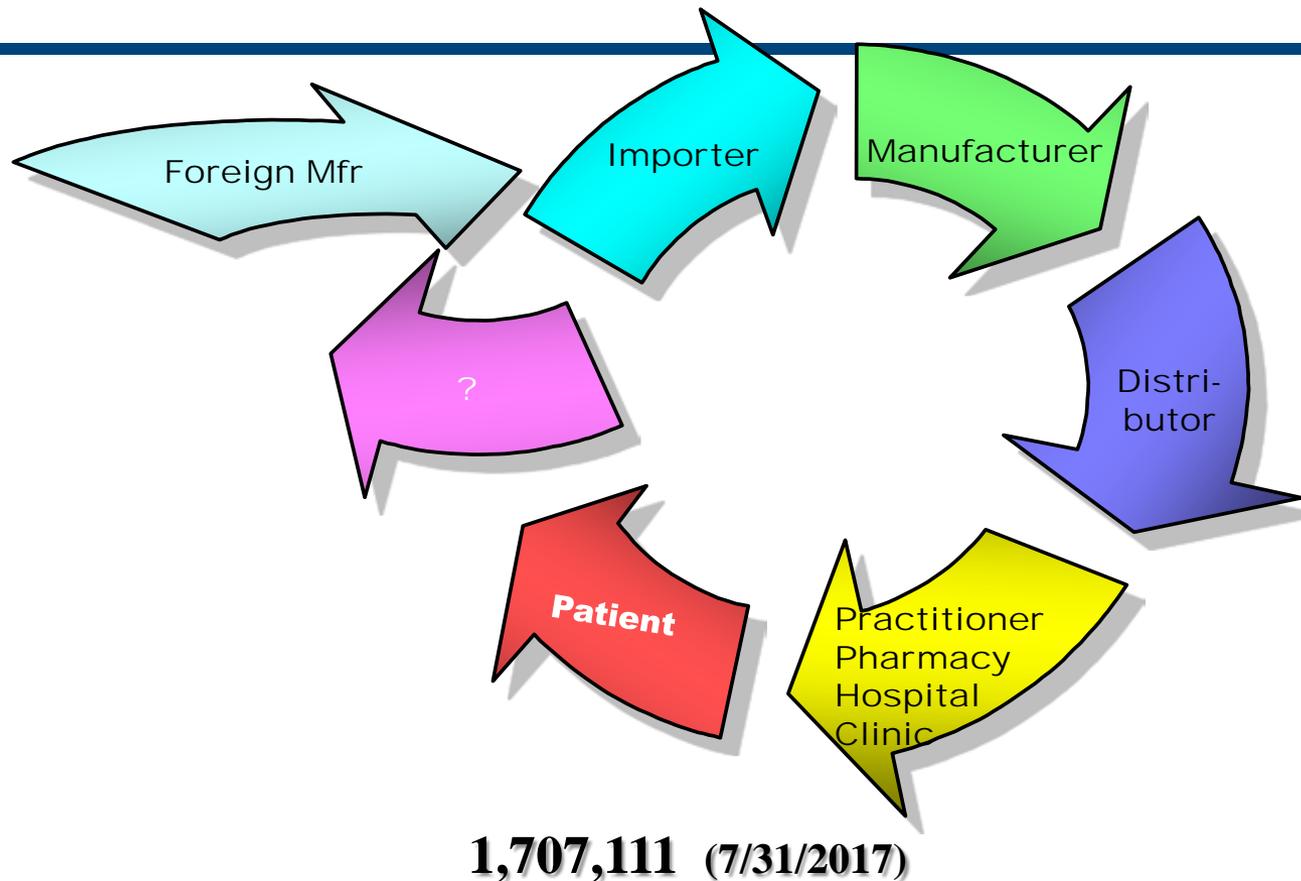
The mission of the Diversion Control Division is to prevent, detect, and investigate the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels of distribution

*while ...*

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



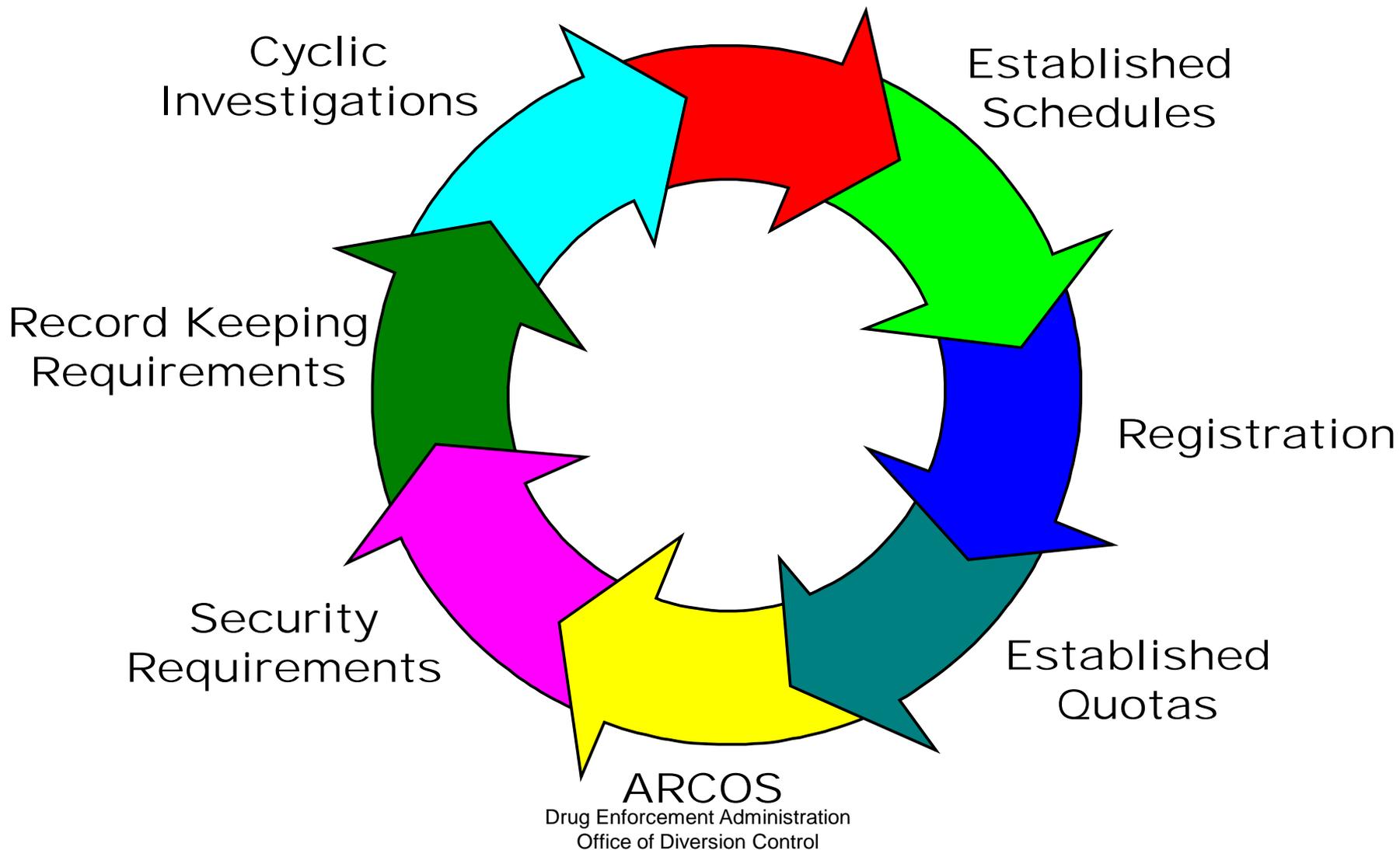
# Closed System of Distribution



- **Practitioners:** 1,267,267
- **Mid Level Practitioner:** 333,579
- **Retail Pharmacies:** 71,851
- **Hospital/Clinics:** 17,756



# Closed System of Distribution





# Closed System of Distribution

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## The DEA is responsible for:

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

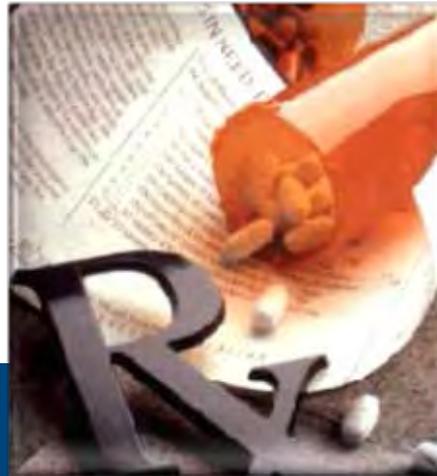
\*DEA doesn't regulate the practice of medicine.



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# Public Health Epidemic

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U.S. Drug Enforcement Administration  
Diversion Control Division



# Present Epidemic Drug Crisis

§ U.S. faces epidemic: addiction to opioids

A. Prescription pain relievers

B. Heroin

Problem stems from:

a. pain from injuries, accidents, surgeries, etc...

b. the increased availability of these drugs

c. Teenagers who are bored and curious

§ According to SAMHSA, in 2015, 2.6 million people were addicted to these opioids

§ Nationwide, there has been over 50,000 overdose deaths

§ According to the US Surgeon General, around 250 million prescriptions are written every year, enough for each American to have one bottle

§ U.S. has 5% of the world's population and we acquire over 80% of prescription drugs – pills are taken regularly



# Public Health Epidemic

**2000-2015**

Over **550,000** unintentional drug overdose deaths in the US

**2015**

**52,404** drug-related overdose deaths

**143** deaths every 24 hours (**129** in '14)

1 death every 10.07 minutes (**11.16** minutes '14)

**33,091** deaths involved opioids, including heroin (**91**)

**\*17,536** deaths involved opioid pain relievers (**48**)

\*Opioid pain relievers (other than synthetic opioids) ICD-10 codes (T40.2, T40.3, & T40.6) excluding the category predominated by illicit fentanyl

CDC National Center for Health Statistics/Morbidity and Mortality Weekly Report (MMWR); December 30, 2016



# On an average Day in the U.S.:



- § More than **650,000 opioid prescriptions** dispensed<sub>1</sub>
- § **3,900 people** initiate nonmedical use of prescription opioids<sub>2</sub>
- § **580 people** initiate heroin use<sub>2</sub>

1. **Source:** IMS Health National Prescription Audit
2. SAMHSA National Survey on Drug Use and Health
3. Center for Disease Control (CDC) National Vital Statistics System



## Data Brief 273: Drug Overdose Deaths in the United States, 1999–2015

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

Year	All drug overdose deaths		Heroin		Natural and semisynthetic opioids		Methadone		Synthetic opioids excluding methadone		Cocaine		Psychostimulants with abuse potential	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2010	38,329	100	3,036	7.9	10,943	28.6	4,577	11.9	3,007	7.8	4,183	10.9	1,854	4.8
2014	47,055	100	10,574	22.5	12,159	25.8	3,400	7.2	5,544	11.8	5,415	11.5	4,298	9.1
2015	52,404	100	12,989	24.8	12,727	24.3	3,301	6.3	9,580	18.3	6,784	12.9	5,716	10.9

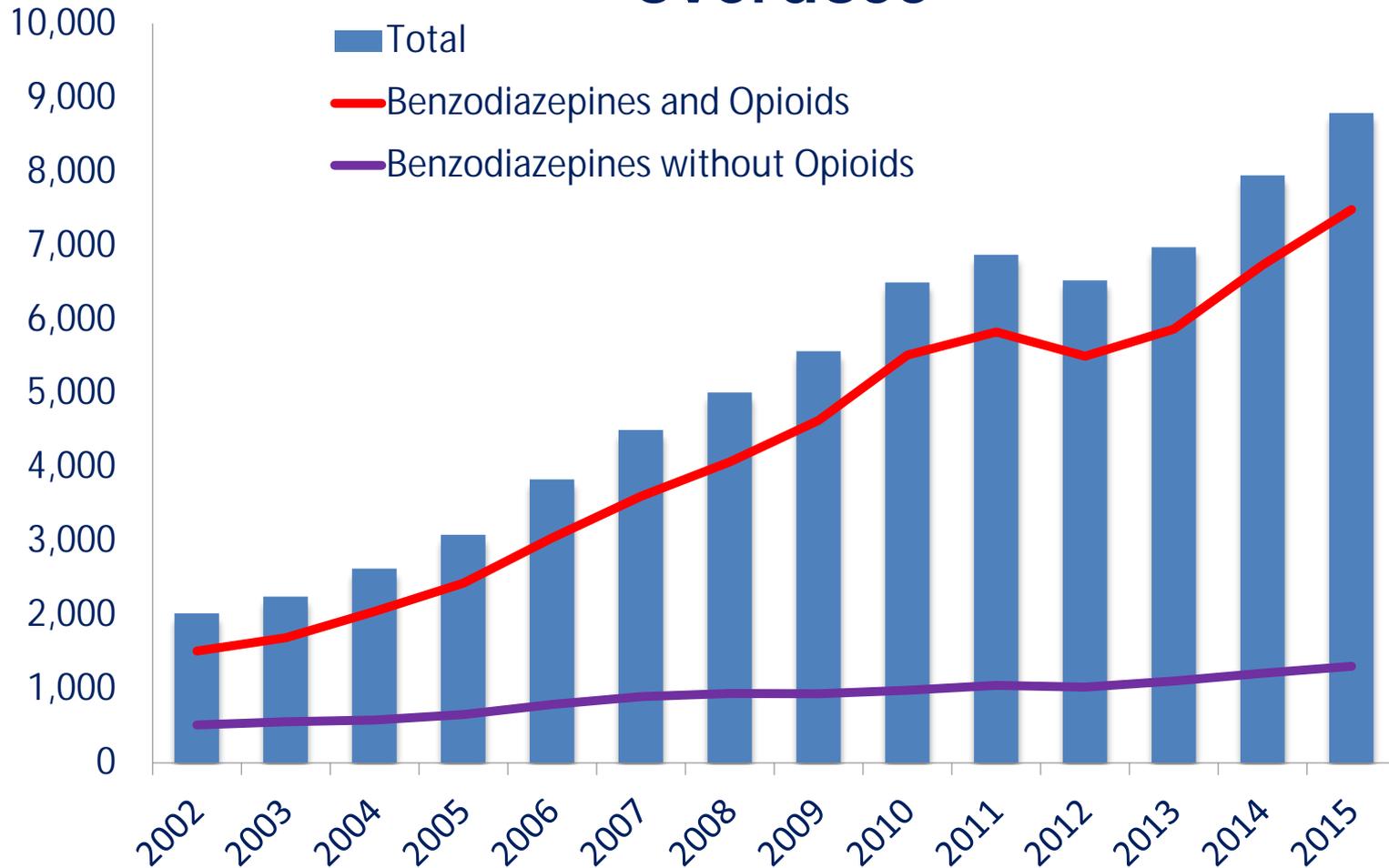
NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X80–X84, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death 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, T43.8. 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.

SOURCE: NCHS, National Vital Statistics System, Mortality.

**\*CDC’s estimate for 2016— 62,497 total drug overdose deaths**



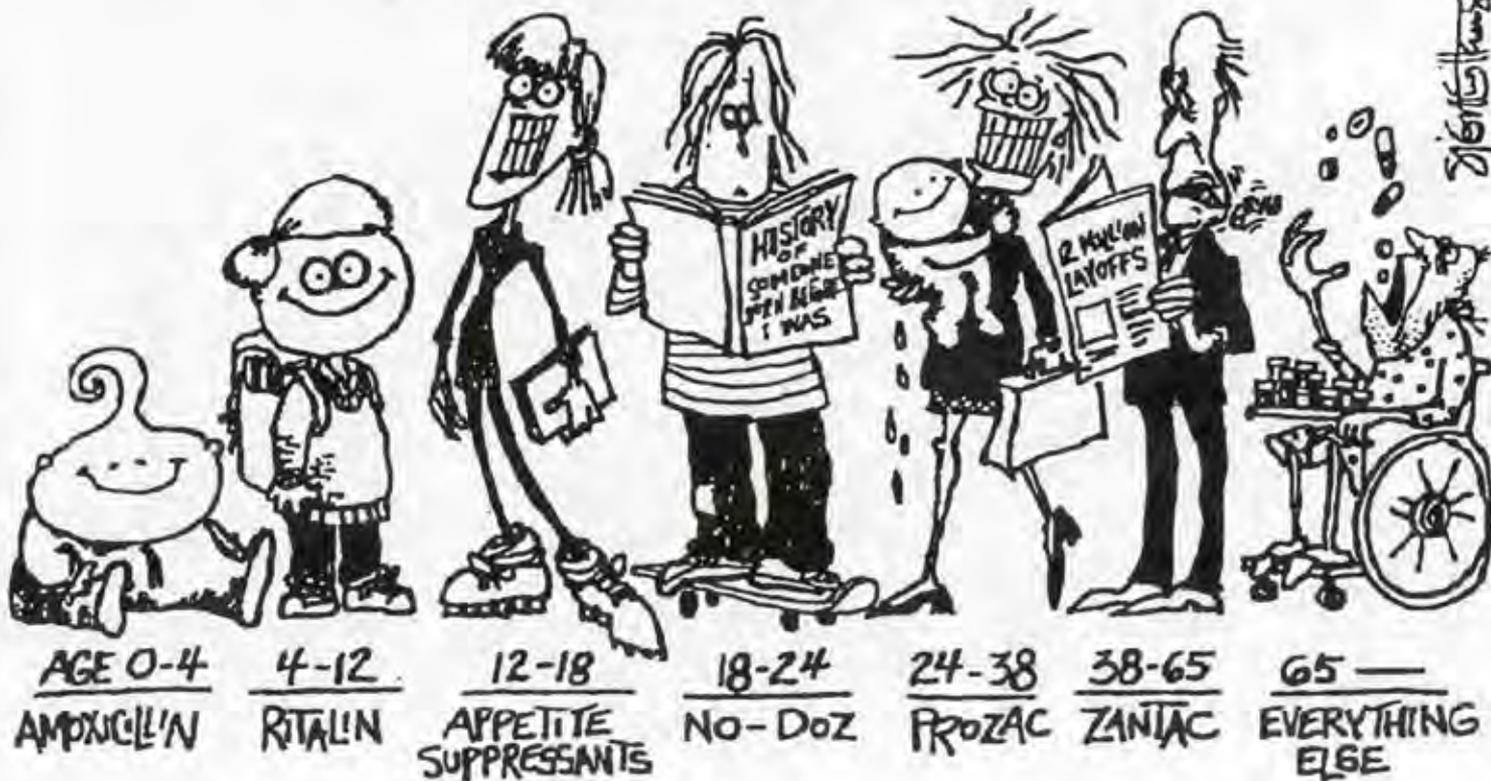
# Opioid involvement in benzodiazepine overdose





DRAWINGBOARD / SIGNE

# DRUG-FREE AMERICA

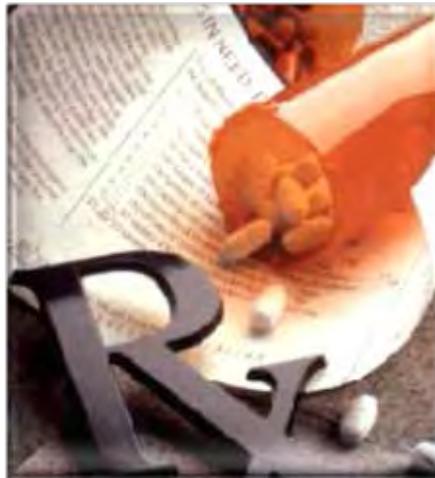




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# How did we get here?

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U.S. Drug Enforcement Administration  
Diversion Control Division



## Before the 1990's

Doctors – mindful of patients' addiction potential

They prescribed opioids for:

- Acute pain patients
- Hospice patients
- Bone fractures
- After surgeries

Doctors did not prescribe opioids for chronic pain such as back pains, headaches, etc....

No long term opioid treatment

Doctors considered the prescribing of opioids to be unsafe and dangerous



## Before the 1990's

During chronic pain:

- a. Non controlled drugs were prescribed
- b. Muscle relaxants
- c. Therapeutic remedies
- d. Acupuncture
- e. Use opioids as the last resort

**NO "EASY FIX" CONCEPT**



## Around mid 90's – Change takes place

Pain Advocates encouraged a shift of how the medical field was practicing medicine

- Opiates started to get used more frequently
- Two campaigns: Marketing & Education

Convinced the medical community:

- Opioids were under prescribed
- Patients suffered from unnecessary pain
- Opioids were not addictive
- Opioids were safe

Result: Doctors started to freely prescribe opioids

# 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.**



**DEA**

U.S. DRUG ENFORCEMENT ADMINISTRATION



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# Drugs of Abuse

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U.S. Drug Enforcement Administration  
Diversion Control Division

# Most commonly prescribed prescription medicine?

## 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”

Hydrocodone (opioid)

Soma<sup>®</sup> / carisoprodol (Schedule 4 muscle relaxant)

Alprazolam / Xanax<sup>®</sup> (Benzo)

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



# The Trinity Cocktail



Opiate



Muscle Relaxant



Benzodiazepine



10 mg



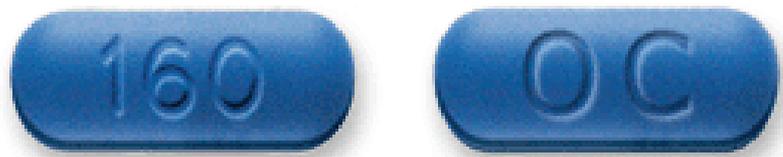
20 mg



40 mg



80 mg



160 mg

# The 1990s

**OxyContin® Tablets**  
(oxycodone 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” such as:  
*Oxycodone, Soma<sup>®</sup> and Xanax<sup>®</sup>*
- 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 when into effect.

# Happy Prometh Day!



# 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.***

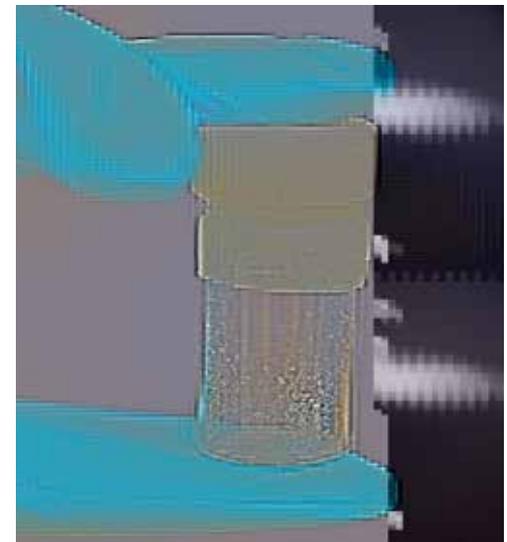
# Fentanyl

## Legitimate

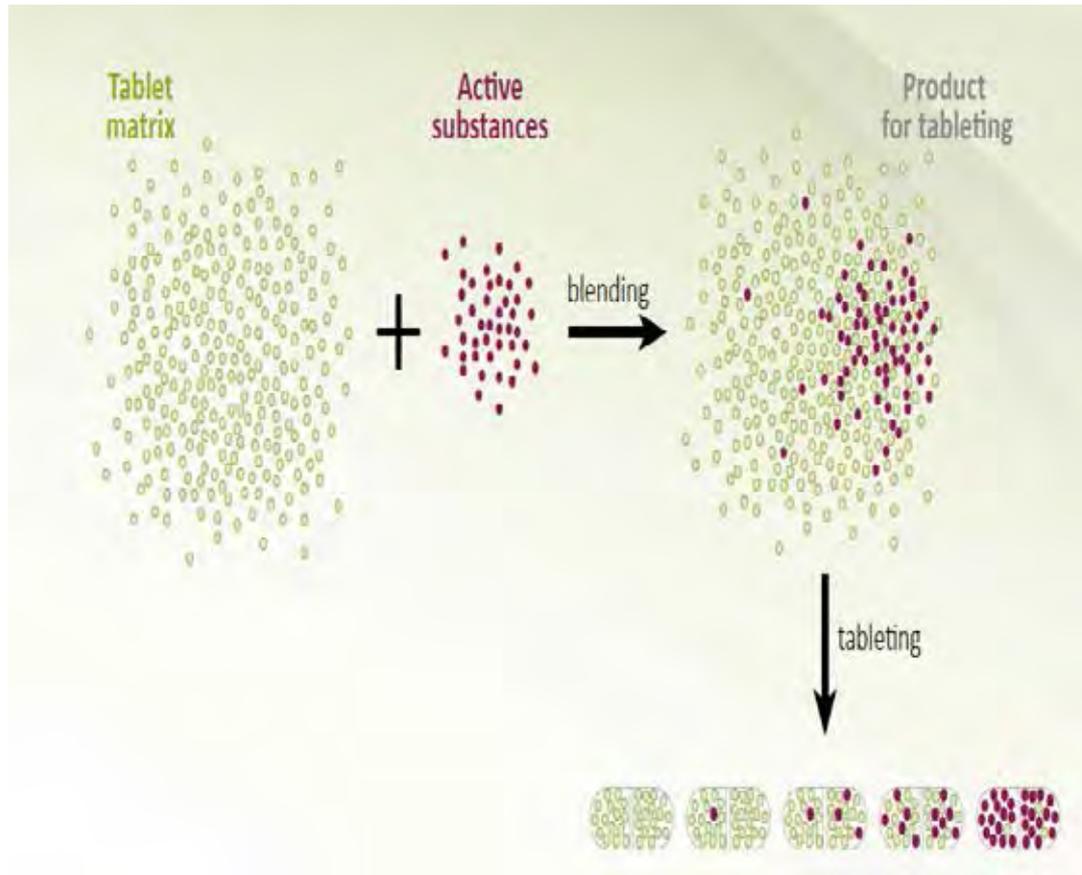


VS.

## Clandestine



# INCONSISTENT BLENDING CLANDESTINE FENTANYL - OVERDOSE



- Bulk clandestinely manufactured Fentanyl of unknown concentration is imported into the US
- Fentanyl is then “cut” blended then repackaged is powder/pills
- Inconsistent blending combined with unknown purity results in powders and pills of various concentration. Which may lead to overdoses.

# Impact on our youth



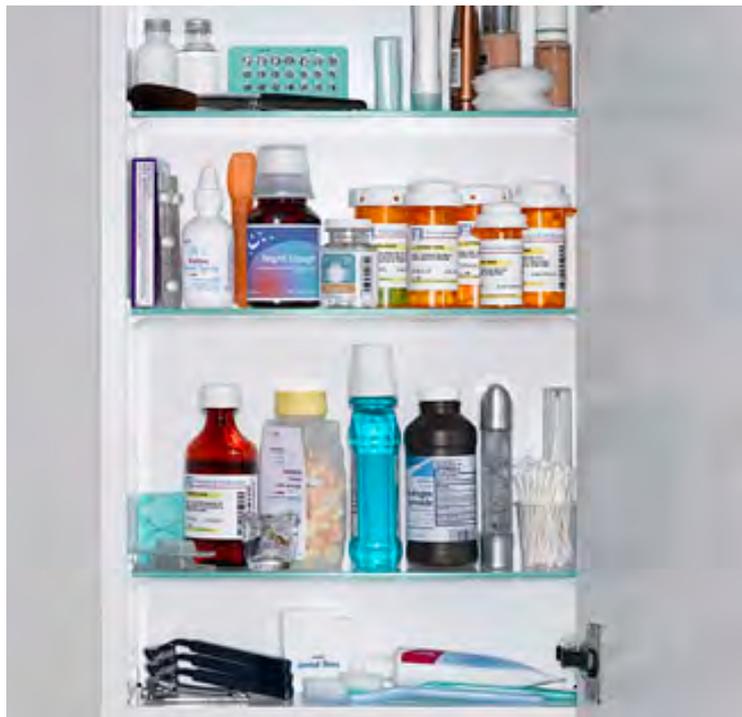
Skittles Party

Generation RX



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

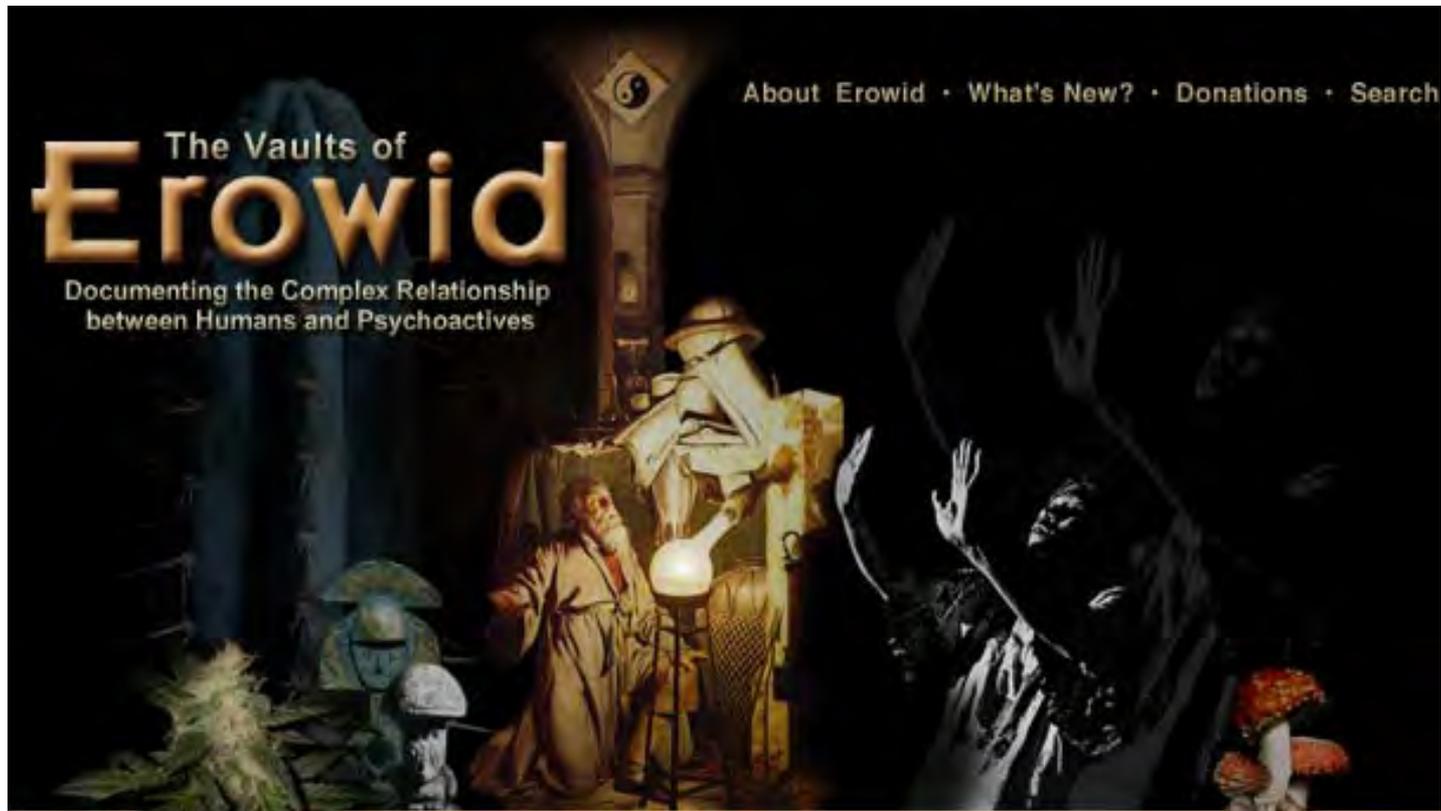
## Friends and Family...For Free!!





# Where else do our kids get their information from?

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



# Where do kids get their information from?

## www.bluelight.org

The screenshot shows the website www.bluelight.org in a browser window. The page has a blue header with the 'BLUELIGHT' logo and a navigation menu including 'Home', 'Forum', 'What's New?', and 'Wiki'. A search bar and 'Advanced Search' link are also present. A banner for 'HARM REDUCTION WORKSHOP with BLUELIGHT PSYCHEDELIC SCIENCE 2013' is displayed. The main content area features a message for first-time visitors and a 'Features' sidebar with links to the Wiki, Blogs, Mobile site, Staff List, and Twitter. A 'FORUMS' sidebar lists various discussion topics. The main article, 'THE FRONT PAGE', is titled 'A Letter to Bluelight and MAPS Forum members From Brad Burge (MAPS) and Sebastians\_Ghost (BL)' and discusses a collaboration between the two organizations.

← → ↻ ↵  5

GoogleBluelight  User Name Password Log in Help Register  
 Remember Me?

**BLUELIGHT**

HARM REDUCTION WORKSHOP with **BLUELIGHT**  
**PSYCHEDELIC SCIENCE 2013** APRIL 10TH REGISTER NOW  
OAKLAND MARRIOTT CITY CENTER • CALIFORNIA

Home Forum What's New? Wiki  🔍

The Front Page Advanced Search

The Front Page

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.

**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 FRONT PAGE**

**A Letter to Bluelight and MAPS Forum members From Brad Burge (MAPS) and Sebastians\_Ghost (BL)**

by Sebastians\_ghost Published on 05-04-2013 06:57

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.

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start Bluelight - The Front ... 11



# New OxyContin® OP



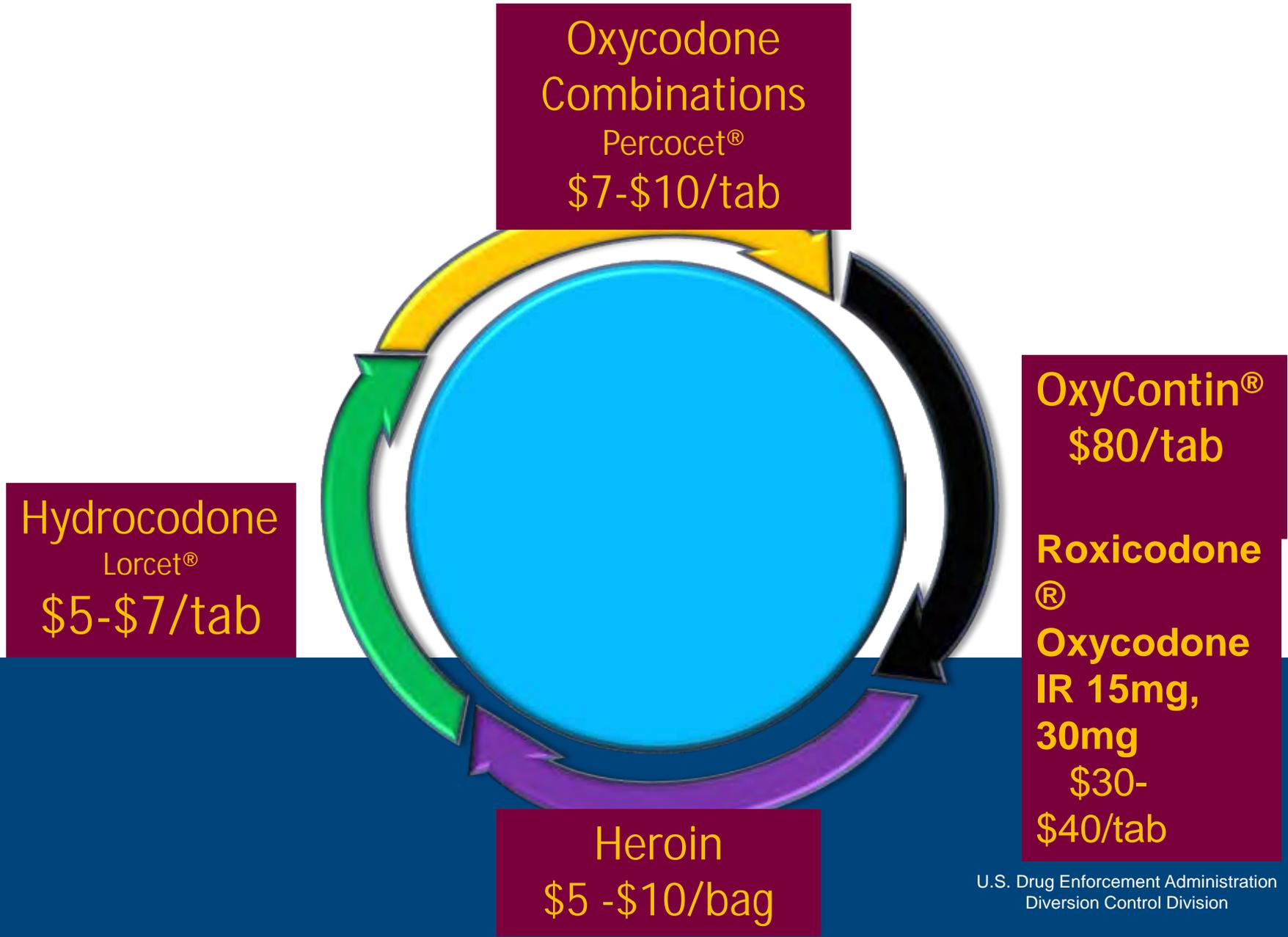
<p>08-27-2010, 01:11 AM</p> <p><a href="#">mz.mary420</a> Member</p>  <p>Join Date: May 2010 Location: down south Posts: 6</p>	<p>#17</p> <p>well just got ours and they suck! when snorted the pill balls up in your nose and gets stuck, so i tried sucking on one and it did ok, but tastes nasty. No way 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 😞</p> <p>* if anyone has tried to smoke this new formulated shit, please post! thanks</p> <p>Quote</p>
<p>08-27-2010, 06:09 AM</p> <p><a href="#">mephist00</a> Member</p>  <p>Join Date: Apr 2008 Location: NY Age: 25 Posts: 628</p>	<p>#18</p> <p>ya my friend has tried to smoke the new ones... said its very harsh on the lungs and throat..</p> <p>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</p> <p>Quote:</p> <p>Originally Posted by <b>stalk</b> <i>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.</i></p>



# Pills v. Heroin



# Circle of Addiction & the Next Generation





# **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

NEWS

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

Share

Email



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)

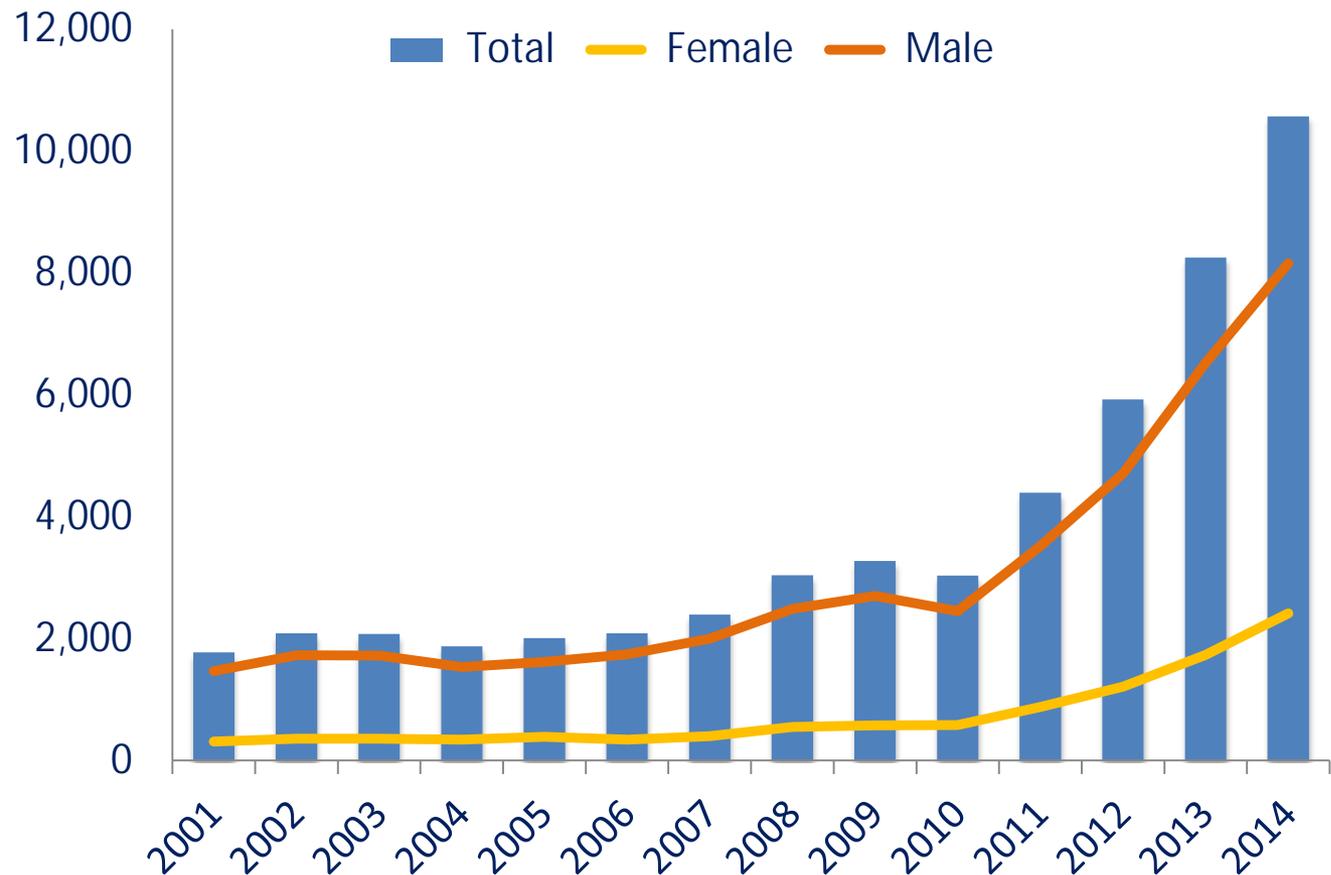


# Scope of the Problem

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



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# Violence

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# Violence Related to Controlled Substance Pharmaceuticals

# ASSASSIN



Ready for mayhem, the assassin slips through the door.

Out in his right hand, he walks coolly through an aisle.

He pulls his cap over his face as he leaves the store.

Now a mass murderer, he walks out into the sunlight.

## Chilling anatomy of drugstore massacre

He never gave them a chance. The cold-blooded killer who massacred four people in a Long Island pharmacy methodically shot each victim, shocking, step-by-step surveillance footage of the slaughter revealed yesterday.

PAGES 4-5

## DRUGSTORE MASSACRE



### Husband and wife busted in Rx-slay horror



# PAIN KILLER

David Laffer is the man caught on video wearing a fake beard (top) who slaughtered four people in a pharmacy to fund his wife Melissa's addiction, cops said yesterday.

PAGES 4-5

# Judge's Sentence

**Wife** (driver of get away car): 25 years in prison

**Husband** (shooter):

- Five (5) consecutive life terms in person
- Solitary Confinement

“ I promised you when you plead guilty that you hoped for mercy. I will not disappoint you. You merit the scorn of this community, your victims’ families and this court. Each one of your victims was unique. They had one thing in common: they were all very good people. They were the kind of people who tended to help others. Ironically, if you would have asked for their help, they would have come to your aid. They were the kind of people our community rightly treasures. I want the record to show in light of your murderous character, you are to be placed in the most restrictive conditions possible, solitary confinement and be denied all privileges for the rest of your life.”



# **Prescription Drug Abuse is driven by**

**Indiscriminate Prescribing  
Criminal Activity**



*“Primum non nocere”*  
*“First, do no harm”*

This is the basic principle to practice medicine.

Doctors take an oath to do no harm and provide the best care for their patients. Doctors are realizing the potential for addiction when they first prescribe opioids for chronic pain, even if it is in small quantities. Indiscriminate prescribing can endanger patients' lives. Patients have gotten addicted and have overdosed. Doctors are realizing that freely prescribing opioids is dangerous, causing them to use other remedies and implement opioids as the last option.

# Many Patients Share Medication prescribed

Two 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.

Source: <https://www.pennmedicine.org/news/news-releases/2016/september/100-million-prescription-opioid>

- 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**

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159336.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159336.html)



# 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 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

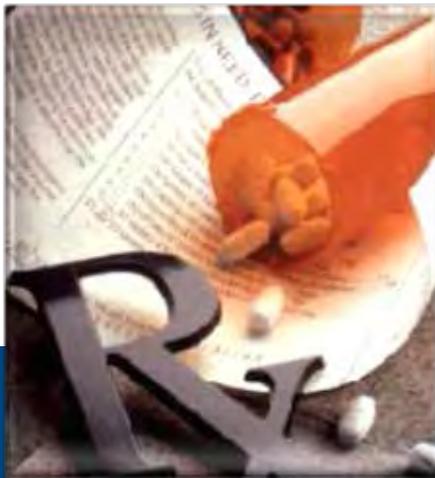
- Majority say their doctor talked about possibility of addiction or dependence – **61% say there was no discussion about plan to get them off.**
- Majority say they used the drugs to relieve pain. Other major reasons for taking them:
  - 20% - ‘for fun or get high’
  - 14% - “to deal with day-to-day 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



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# Criminal Activity

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

Dr. Alvin Yee



U.S. Drug Enforcement Administration  
Diversion Control Division





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

MEDICAL OFFICE

Various Locations, Orange County, California



U.S. Drug Enforcement Administration  
Diversion Control Division





# 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.**





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# Legal Obligations of DEA Registrants

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**U.S. Drug Enforcement Administration  
Diversion Control Division**



# 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)

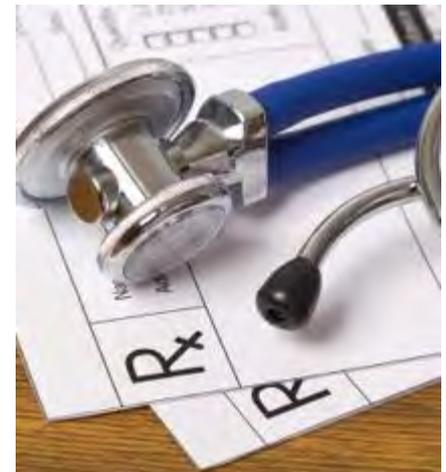


# Prescriptions

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 professional practice.

21 CFR § 1306.04(a)

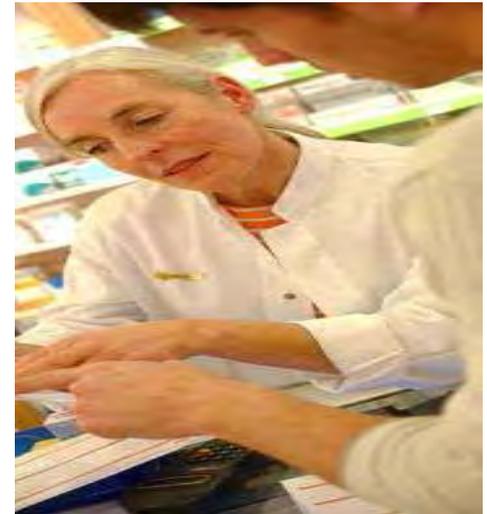
*United States v Moore* 423 US 122 (1975)





# 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!!!

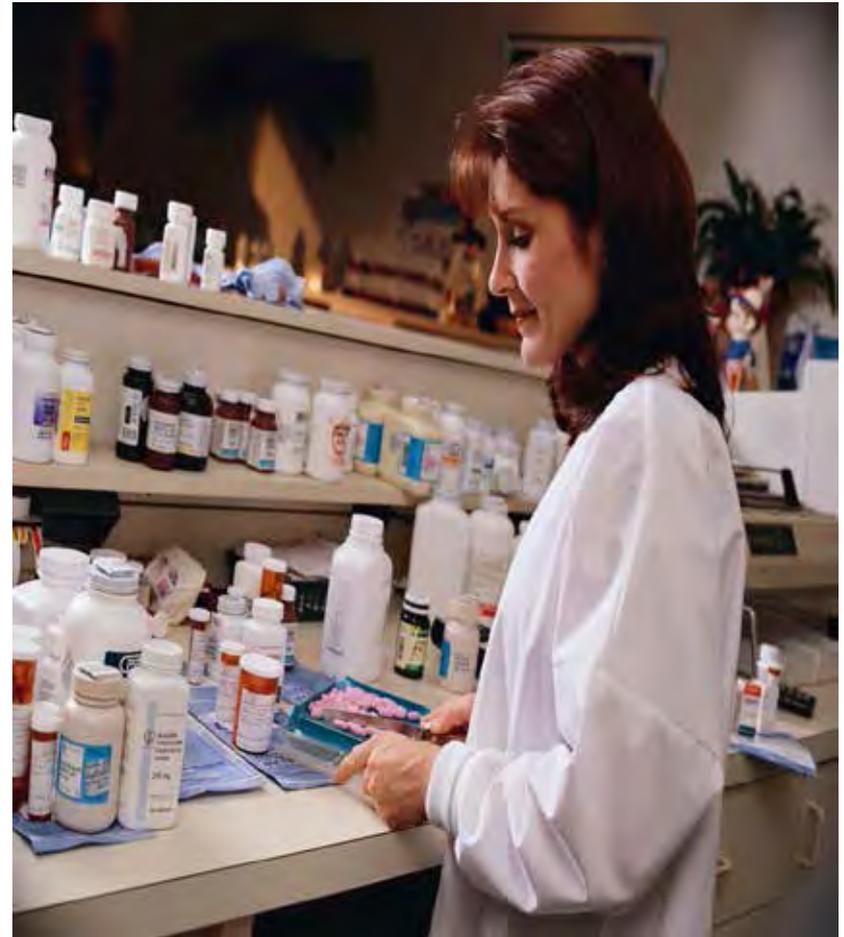




# Corresponding Responsibility by Pharmacist

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)





# The Last Line of Defense



U.S. Drug Enforcement Administration  
Diversion Control Division



# Who do I call to report a practitioner?

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



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# DEA's Response

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U.S. Drug Enforcement Administration  
Diversion Control Division



# Scheduled Investigations

- § DEA conducts inspections to ensure compliance with the Controlled Substances Act and its implementing regulations
- § DEA increased the frequency of pharmacy regulatory inspections
- § Verifications of customers and suppliers



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 **99** firms with **309** registrations



# DEA Registrant Initiatives

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## 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.



# DEA working jointly with FSMB

- § 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



# National Take Back Initiative (NTBI)

## Got Drugs?

Turn in your  
unused or expired  
medication for safe disposal  
Saturday

Click here  
for a collection  
site near you.

# #14

# OCTOBER 28, 2017

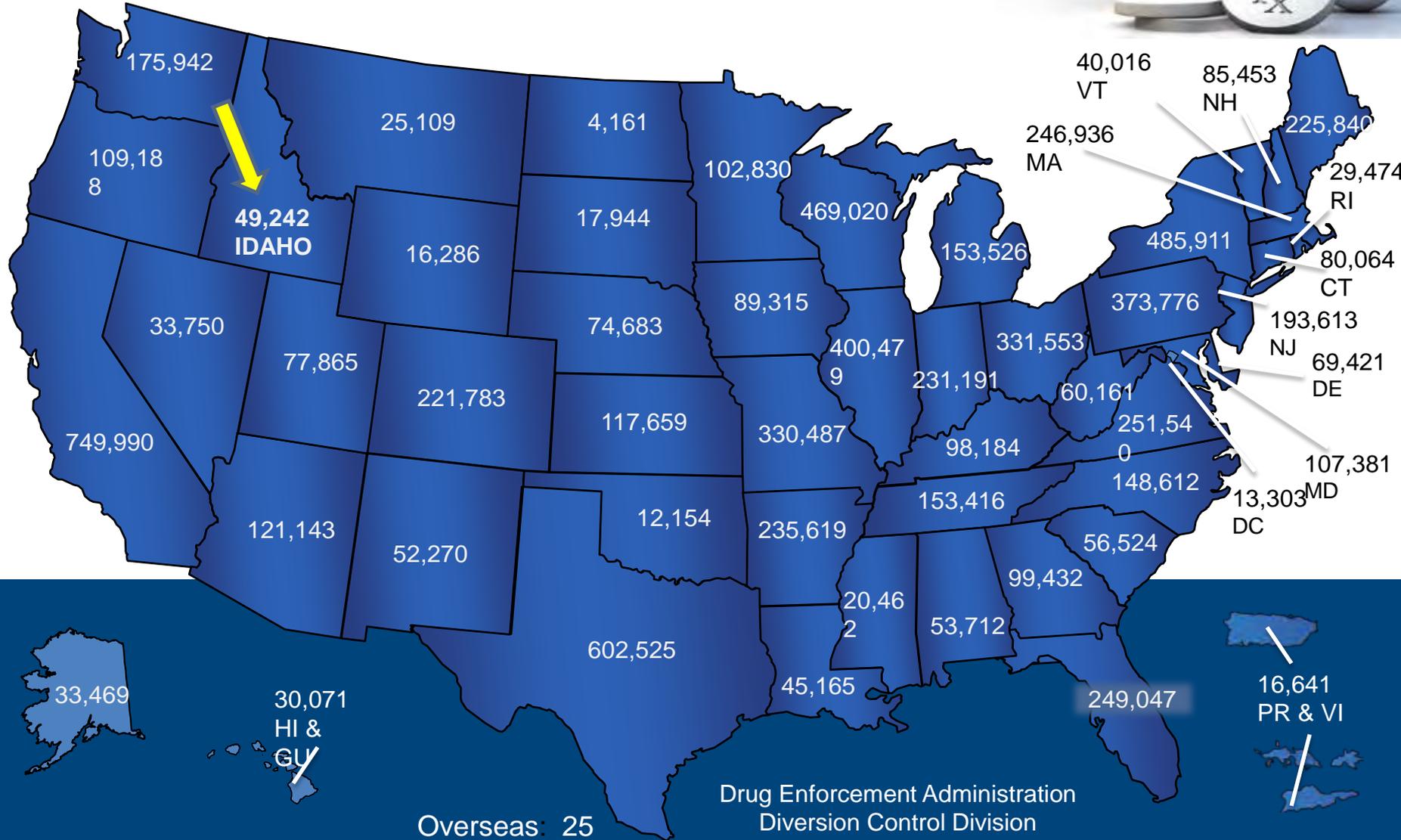


10:00 AM – 2:00 PM

U.S. Drug Enforcement Administration  
Diversion Control Division

# National Take Back I-XIII Totals:

Total Weight Collected (pounds): **8,103,363** (4,052 Tons)



Drug Enforcement Administration  
Diversion Control Division

**DEA**

U.S. DRUG ENFORCEMENT ADMINISTRATION



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# Questions?

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U.S. Drug Enforcement Administration  
Diversion Control Division