

Got Drugs?

Prescription Drug Take-Back Program Q's and A's

What is the national drug take-back day?

On Saturday, September 25 from 10:00 a.m. to 2:00 p.m., DEA and partner organizations will set up sites in communities around the country where the public can bring unused, unwanted or expired prescription drugs for safe disposal, no questions asked and at no cost to them. This is an opportunity to safely empty out your medicine cabinet of drugs you don't need anymore or have expired, including prescription drugs that contain controlled substances.

What are controlled substances?

About 1 in 8 prescription drugs contain active ingredients that the federal government (DEA and the U.S. Department of Health and Human Services, including the Food and Drug Administration) limits in distribution and handles in a special, secure way. The determination of which drugs need such handling is based on criteria in the federal Controlled Substances Act, including a drug's medical usefulness and its potential for abuse and creating dependence. Different levels of control are exerted on different drugs based on those criteria. These drugs include narcotics (opiates) like Vicodin, Percocet, OxyContin, and codeine cough syrup; stimulants like Adderall, Ritalin, and Dexedrine; and sedatives and tranquilizers like Valium, Xanax, and Ambien.

What prompted DEA to hold a take-back day?

DEA is charged with protecting the public's health and safety when it comes to controlled substances. Prescription drugs containing controlled substances are being misused and abused at alarming rates in America today, leading to cases of accidental poisoning, overdose and addiction, making them a public safety issue. A factor contributing to their increased usage is their availability in the home medicine cabinet. In many cases, medicines containing controlled substances remain in the home medicine cabinet long after therapy has been completed, thus making these drugs easily accessible to others who would misuse or abuse them. The Controlled Substances Act provides limited options for consumers to legally dispose of their old medicines. At this time, most communities do not routinely offer consumers the opportunity to properly dispose of these medicines. As a result, many people keep the drugs because they do not know how to dispose of them. So, DEA is holding this take-back day to help consumers clean out their medicine cabinets of these old, unwanted, potentially harmful drugs.

Can't a person just throw these drugs away?

The most recent National Survey on Drug Use and Health shows prescription medicines to be the most abused drugs by Americans other than marijuana. Seven of the ten drugs most commonly abused by teenagers are prescription medicines. One in ten teens has used Vicodin non-medically. Almost three-fourths of teen prescription drug abusers get the drugs from family and friends. The home medicine cabinet is a major source. These medicines should not be thrown in the trash where others can find them. Medicines have expiration dates and potentially lose their effectiveness after they have expired. It is equally important to dispose of your medications once they are no longer needed for the illness for which they were prescribed. People should not use medications containing controlled substances outside of a doctor's care. These medications should only be used by those individuals for whom they were prescribed.

No one in my family would ever abuse drugs, so having them in the cabinet isn't a problem for me.

Not all harm is caused by abuse. Accidental overdoses also occur when medications are taken by small children or others who mistook them for other medications. On June 18 of this year, the Center for Disease Control and Prevention released a morbidity and mortality report that showed an increasing number of fatalities caused by the non-medical use of prescription medications. Homes containing children or the elderly are especially vulnerable to this danger and need to take preventative steps, including getting rid of unused or old medications.

Why not just throw them down the toilet the way I've been doing?

Recent studies by the Environmental Protection Agency (EPA) and others have detected pharmaceutical drugs in varying concentrations in our nation's water supplies. While drugs in waterways also result from normal excretion routes and metabolic processes, there has been an increasing interest among the public in developing methods to dispose of unused pharmaceuticals to reduce their introduction into the water supply.

Don't ONDCP and FDA guidelines say to flush drugs down the toilet?

Only drugs that are so potentially dangerous that risk to the environment is preferable to the risk they pose to people. Such drugs will say on their labels if they are flushable. ONDCP and FDA both list on their websites the drugs that can be flushed.

Why can't I take them back to the pharmacy next time I go there?

The Controlled Substances Act (CSA), the law that governs how medicines containing controlled substances must be handled and which is enforced by the Drug Enforcement Administration (DEA), specifies which medicines and chemicals used to make medicines must be handled in a special manner because of their harmfulness, abuse potential, or limited medical necessity. The CSA does not allow pharmacists to take back controlled substances. The law requires everyone

who handles a controlled substance, including importers and exporters, manufacturers, distributors, retailers, practitioners such as doctors or dentists or veterinarians, or institutions such as hospitals or prisons, to be registered with the DEA. Such people or institutions are called registrants. The CSA allows consumers—called “ultimate users” in the CSA—to obtain and possess medications containing controlled substances that they or a member of the household or pet are prescribed without having to register with the DEA, but it does not allow them to transfer (or in the language of the law, “distribute”) those drugs to anyone else, and it does not allow anyone else, including DEA registrants like their pharmacists, to accept drugs from them, even for the purpose of disposal.

What is being done to change that? Doesn't Congress have to change laws?

Yes. Congress is considering amending the CSA to make it easier for consumers to safely and legally dispose of medicines containing controlled substances. DEA is aware of several pieces of legislation that are in various stages of the legislative process. The Department of Justice has issued supportive views reflective of language in HR 1359 and its companion measures that will provide the DEA with the authority to regulate the disposal of prescription drugs.

Why can't I just hang onto them? I may need them again later, and I know they don't expire as soon as the drug companies say—they just want to make more money off me!

Having unused or old medicines in the house increases the risk of accidental poisoning or abuse. You help to safeguard your family's health and safety when you dispose of these medications.

I give my unused medicines to my sister, who doesn't have health insurance, in case she gets sick.

Prescription medications, including those that contain controlled substances, are prescribed to specific people by their doctors. A drug can be helpful to someone with a particular sickness but harmful to others. One drug may interact with another that someone is taking in a way that can seriously harm or kill them. Drugs affect a person's body chemistry in a particular way. It is dangerous and irresponsible to give your drugs to someone for whom they weren't prescribed. Besides that, as noted above, it's illegal under the CSA to give a controlled substance to someone else. However, it is legal for you to give your unwanted medications to law enforcement.

I want to donate my old medicine to Haiti—I'm sure they can use it.

It is illegal under the CSA for consumers to give their medicines to someone else. In the case of drugs containing controlled substances, the United States has treaties with other countries that regulate the exporting and importing and distribution of such drugs. A person or organization carrying medications containing controlled substances to other countries, like Haiti, without proper authorization not only violates the CSA but also violates international treaties and could find themselves in a foreign jail. That said, one of the ways DEA helped the Haitian people

following the earthquake was by giving emergency authorization to DEA registrants (organizations and practitioners) to export or carry controlled substance pharmaceuticals to the country. DEA employees worked around the clock for several weeks to facilitate these shipments.

What's the DEA got to do with prescription drugs? I thought you dealt with street drugs like marijuana and heroin.

The CSA oversees all controlled substances, including those used in prescription medications. DEA's obligation under the law is to guarantee the supply of controlled substances for legitimate medical, research, and commercial purposes while also minimizing their diversion for abuse. We are committed to balancing the need for prevention, education, and enforcement with the need for legitimate access to these drugs.

But the public needs to know that prescription drugs are as dangerous as street drugs. You can overdose and die on a prescription narcotic as easily as heroin, as statistics are showing. Sadly, many people, including celebrities, have died accidentally from taking prescription drugs. Also, the diversion of prescription medicines creates crime as surely as street drugs do. Illegal activities related to prescription drug diversion include forgery of prescriptions, pharmacy robberies, and burglaries of businesses where controlled substance prescription drugs are used and kept.

Haven't you done this before?

We have collaborated with local law enforcement and community partners on several prior take-backs, but we have never done a nationwide event. In April 2009, for example, we participated with several sheriffs' offices and the State Bureau of Investigation in North Carolina, collecting more than 144,000 dosage units of expired and unused prescription medications from local residents. Last November, DEA's Newark Field Division Office, in conjunction with state entities and more than 440 municipalities in all of New Jersey's 21 counties, conducted a statewide take-back program that took in over 9,000 pounds of pharmaceuticals.

So where are these collection sites? Will all Americans have access to them?

DEA invited local law enforcement agencies to collaborate with us and other community partners in setting up collection sites. So there are as many sites as there are agencies that are available to work with us. Right now we have hundreds of sites lined up. Law enforcement must be involved because prescription drugs that contain controlled substances are targets for theft and must be protected. DEA has partnered with state and local law enforcement who have the authority under the CSA to possess these drugs on this occasion so that we can offer this public service to as many communities as possible.

To find out if there is a collection site near you, go to www.dea.gov.

Who are your community partners?

The Partnership for a Drug-Free America and its state affiliates are partners, as are members of the International Association of Chiefs of Police, the National Association of Attorneys General, the National District Attorneys Association, the National Association of Boards of Pharmacy, and the Federation of State Medical Boards. The White House Office of National Drug Control Policy is also a partner. Partner organizations vary from state to state and community to community.

Can't you make the disposal process a little less complicated? It's a nuisance to have to drive somewhere to throw out my old meds.

Currently, the only legal means for an ultimate user to dispose of controlled substances is in accordance with the ONDCP guidelines or surrendering the substances to law enforcement.

What kinds of medicines can I bring in for disposal?

The DEA is particularly interested in medications containing controlled substances, but we will accept any medicines brought for disposal. All sites will take pills of all kinds. Check www.dea.gov to see if collection sites in your area will accept liquids, such as codeine cough syrup. Needles will not be accepted.

I have some meds I don't have a prescription for. Are you going to be looking at the bottles?

No. We will ask no questions about what you bring for disposal. If you want to protect your privacy, you can empty your bottles into the bin and take the bottles home with you (except for liquids) or you can black out with a marker your personal information on the bottle. We will not be looking at or gathering any personal information.

What happens if someone brings in some marijuana or other street drug? Will you arrest them?

Our local law enforcement partners will handle these drugs according to their own policies and procedures, but generally that means they will seize the drugs and hold onto them until they can be disposed of.

What's going to happen to the meds I give you?

They will be incinerated according to federal and state environmental guidelines.

Incineration seems like such a waste when drugs cost so much and so many people don't have insurance. Can they be recycled?

No. The active ingredients in these medications cannot be separated out for reuse. In addition, quality and safety cannot be guaranteed in products that have already been in consumers' hands. Our purpose with this take-back program is to enhance public health and safety.

What kind of security are you going to provide for all the drugs you take in?

The drugs collected will be in the custody of a law enforcement officer until their incineration.

Are we going to be seeing more take-back programs in the future? My community isn't listed as having a collection site.

Yes. The White House Office of National Drug Control Policy's strategy for combating prescription drug abuse includes increasing the number of take-back programs like this one in 2010, making this service available to more and more communities. DEA is committed to holding controlled substance take-back programs regularly and increasing the number of community partners who participate, thus increasing the number of collection sites throughout the nation.

Even if Americans clear out their medicine cabinets, can't abusers just buy these drugs on the street?

While there are indeed other illegal sources of prescription drugs besides the home medicine cabinet, nearly three-fourths of abused pharmaceutical drugs are obtained from family and friends. By helping to rid homes of these potentially dangerous and abused substances, we are significantly reducing the potential for abuse and accidental poisoning.

What are you doing about prescription medicines being sold on the Internet? I am constantly getting spammed about cheap prescription drugs available online.

Most of the prescription drugs you see currently offered on the Internet are not controlled substances. Following implementation of the Ryan Haight Act, which addresses rogue internet pharmacies, the presence of such pharmacies on the web has plummeted. New regulations require all Internet pharmacies to have a special registration with us that is above and beyond their registration as a regular pharmacy. They also must have certain declarations on their website designed to provide clear assurance that they are operating legitimately. And they must not sell pharmaceuticals to individuals who have not had at least one face-to-face evaluation by a prescribing doctor—no more on-line consultations between doctors and patients.

A doctor wrote to my local paper that he is afraid to prescribe pain medications because the DEA will prosecute him. What's the story with that?

Doctors who are prescribing medicines, including medications containing controlled substances such as pain medicines, for legitimate medical purposes in the usual course of professional practice have nothing to fear. Those very few doctors investigated and prosecuted by the DEA

are egregious in flaunting the law with their prescribing practices. A nine-year study by the National Association of Attorneys General found that only 0.1% or about 1 in 1,000 of nearly 700,000 practicing physicians was cautioned or tried for their prescribing practices.

If you aren't looking over doctors' and pharmacists' shoulders, how do you know whom to investigate?

We investigate and prosecute doctors whose prescribing practices are called to our attention by state medical boards, state pharmacy boards, other doctors, pharmacists, patients or their families or state and local law enforcement. Many states have Prescription Drug Monitoring Programs that track controlled substance prescriptions written by doctors so as to help doctors and pharmacists identify addicts in need of treatment as well as other "doctor-shoppers" who go from doctor to doctor or pharmacy to pharmacy to try and obtain more drugs than they are legitimately prescribed. The DEA does not routinely peruse these databases, though sometimes the states ask us to look at something with which they want our help.

I live in South Florida and read a lot about pill mills. My community is apparently drawing addicts and criminals from all over the country! What are you doing about those?

The DEA has formed Tactical Diversion Squads in many of its offices and especially those offices serving jurisdictions where pill mills are a problem. These squads are made up of DEA Diversion Investigators, DEA Special Agents, and state and local law enforcement officers for the purpose of identifying, investigating and making cases against organizations and individuals engaged in the diversion of controlled substances.

Last year my neighborhood pharmacy experienced shortages of a popular pain medication. Did your Tactical Diversion Squad's operations cause that?

No. Shortages of prescription medications containing controlled substances are usually caused either by a recall of a product that fails to meet Food and Drug Administration quality-control standards or a large theft. DEA and the pharmaceutical industry and retailers and practitioner groups collaborate to determine at the beginning of each year how much of a particular drug should be manufactured for sale that year. When a shortage occurs, DEA will work with the manufacturers to increase the quota to make up for the shortage. But it can still take some time for the manufacturer to make the new product and the distributors to get it to the retailers and/or practitioners. For example, in 2009 the FDA recalled two medications made by a particular manufacturer who supplies two specific pharmacy chains. The recall created a shortage at those chains. DEA increased the quota, and more product was made, but it still took time to reach the stores. In the meantime, the medicines were still available from other retailers.

The Tactical Diversion Squads' operations against pill mills do not affect the supply of medicines to legitimate retailers or practitioners' offices because legitimate consumers do not obtain their medicines from pill mills.