Why is DEA in the Prevention Space?
Drug abuse prevention is a critical complement to DEA’s law enforcement mission.

DEA’s drug education efforts began in 1986.

Establish long-lasting partnerships:
- Federal agencies (ONDCP, SAMHSA/CSAP, ED, NIDA)
- State government agencies (NASADAD, NPN)
- Local coalitions (DFCs)
- Public and private national organizations
  - CADCA - IACLEA
  - Elks - PAAL
  - NASPA - Mentor Foundation
  - Milken Institute - Young Marines
Community Outreach

Websites

For Teens
GET THE FACTS ABOUT DRUGS
JUST THINK TWICE
A Resource for Teens
www.justthinktwice.com

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

For Higher Ed
Campus Drug Prevention
www.campusdrugprevention.gov

For Teachers
OPERATION PREVENTION

Community Outreach

Programs

Red Ribbon Week
October 23 - 31
Community Outreach

Programs

DEA Citizens Academy
Community Outreach

The DEA Museum

www.deamuseum.org
Community Outreach

DEA Domestic Offices

Legend:
- Division Office
- District Office
- Division Intelligence Center
- Country Office
- Resident Office
- Base of Duties
- DEA Presence

DEA Map 1 7-2018
Community Outreach

DEA and Higher Ed

Campus Drug Prevention

www.campusdrugprevention.gov
DEA 360 Strategy

• Comprehensive three-pronged approach:
  1. Law enforcement operations
  2. Diversion control
  3. Community outreach
### 360 Pilot Cities

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<td>Pittsburgh</td>
<td>Manchester, NH</td>
<td>Salt Lake City</td>
<td>New Orleans</td>
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<td>Milwaukee</td>
<td>Charleston, WV</td>
<td>South Jersey</td>
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<td>St. Louis</td>
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<td>Louisville</td>
<td>Albuquerque</td>
<td>Newark</td>
<td>Tampa</td>
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360.dea.gov
Community Outreach

www.operationprevention.com
DEA Registrants as of December 31, 2018:
1,794,406

Importers     269
Manufacturers    578
Exporters     271

Distributors     899

71,536
Pharmacies

1,687,381
Practitioners

18,081
Hospitals

13,395
Research/Anal. Labs

1,670
Narcotic Treatment Programs

327,109,224
Patients (U.S. pop.)
DON'T BE THE DEALER

Keep them safe. Clean them out. Take them back.

Saturday, October 26
10 a.m.–2 p.m.

Visit DEATakeBack.com for a collection site near you.

www.deatakeback.com
Nationwide Efforts to Combat the Problem:

States

Practitioners

Hospitals

Treatment Providers

Medical Schools

Pharmacies
CDC’s Recommendations for the Prescribing of Opioid Pain Medications

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.
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-
Pills laced with deadly opioid infiltrating drug market, DEA says

*The Guardian*

By Susan Zalkind

The illegal drugs look like known prescription painkillers and contain high amounts of **fentanyl** as law enforcement says problem is expected to escalate. Hundreds of thousands of counterfeit prescription pills laced with a deadly synthetic opioid have infiltrated the US drug market, according to the (DEA)…
Questions?
Community Outreach

Community & Prevention Outreach & Support

About Us

Call us: 202.307.7936
Email us: community.outreach@usdoj.gov
Online: dea.gov/community-outreach