

Drug Enforcement Administration
Diversion Control Division
Guidance Document

Title: Disposal of Controlled Substance Prescription Medications (Schedules II-V) Abandoned by Patients and/or Visitors at the Locations of DEA-Registered Practitioners

Summary: This guidance document addresses what Drug Enforcement Administration (DEA) registered practitioners should do when they encounter patients' and/or visitors' abandoned controlled substance prescription medications at DEA-registered locations.

Activity: Disposing of Patients' and/or Visitors' Abandoned Controlled Substance Prescription Medications

To Whom It Applies: DEA-Registered Practitioners

Question: What should DEA-registered practitioners do when they discover controlled substance prescription medications (schedules II-V) that have been abandoned by patients and/or visitors at the practitioner's registered locations?

Answer: This question applies in the context where controlled substance prescription medications (schedules II-V) are considered "abandoned" as patients and/or visitors no longer possess the controlled substance because they left the controlled substance at a [practitioner's](#) registered location and they cannot be returned. In order to avoid such an "abandonment", practitioners may try to contact the patient or visitor who had left such medications at the practitioner's location in order for the patient or visitor to obtain the controlled substance medication and maintain possession. If practitioners successfully contact the patient or visitor, then they may return such medications to the proper owner in person upon verification that the owner is the ultimate user of the medication. The Controlled Substances Act defines "[ultimate user](#)" 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 by a member of his household." [21 U.S.C. 802\(27\)](#). However, the remainder of this response addresses circumstances where such a return is not feasible and the controlled substance is considered abandoned.

As DEA explained in the preamble of the Final Rule titled "Disposal of Controlled Substances" ([79 FR 53519, September 9, 2014](#)), the DEA has limited authority regarding who may deliver pharmaceutical controlled substances for the purpose of disposal. Pursuant to the [Secure and Responsible Drug Disposal Act of 2010](#), Congress granted DEA authority to authorize three groups of people to deliver controlled substances for the purpose of disposal.

- First, an ultimate user who has lawfully obtained a pharmaceutical controlled substance may deliver the substance to another person who is authorized to accept it for the purpose of disposal.
- Second, if a person dies while lawfully in possession of a pharmaceutical controlled substance, any person lawfully entitled to dispose of the decedent's property may deliver the substance to another person for the purpose of disposal. [21 CFR 1317.30](#).
- Third, long term care facilities may dispose of pharmaceutical controlled substances on behalf of ultimate users who reside or have resided at such facilities. [21 U.S.C. 822\(g\)](#).

The DEA has no authority to expand the types of individuals and entities lawfully permitted to deliver pharmaceutical controlled substances for the purpose of disposal.

As such, DEA regulations do not permit practitioners to dispose of abandoned controlled substances, even if the ultimate user is a patient of the practitioner. Federal, state, and tribal laws may also prohibit such disposal. Therefore, when controlled substance prescription medications (schedules II-V) are abandoned by patients or visitors and return to them as the ultimate user is not feasible, DEA recommends that practitioners contact state, local, and tribal law enforcement or their [local DEA office](#) as soon as possible for guidance on proper disposal procedures. [79 FR 53546](#).

DEA notes that some hospitals/clinics, [Narcotic Treatment Programs](#) (NTPs), and other [institutional practitioners](#) operate in states that have passed laws or regulations authorizing the disposal of controlled substances that have been dispensed to an admitted patient and are considered abandoned (e.g., the patient left the controlled substance medications and they cannot be returned; or the patient is deceased and the state has authorized that the hospital can dispose of the decedent's personal property to include controlled substance medications). The hospitals/clinics, NTPs, and other institutional practitioners located in these states should dispose of the abandoned controlled substance medications in accordance with federal, state, local, and tribal laws and regulations pertaining to disposal of controlled substances. DEA defines institutional practitioner to mean a hospital or other person (other than an individual) licensed, registered, or otherwise permitted by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacy. [21 CFR 1300.01](#).

Before handling any abandoned controlled substances, DEA registrants are advised to take every precaution to ensure the safety of their staff, patients, and visitors. Illicit counterfeit medications containing fentanyl, methamphetamine, or other potentially lethal substances, often look like legitimate prescription drugs. Because registrants cannot be sure of the contents of any abandoned medications, extreme care should be taken when handling them. When in doubt, registrants should contact local law enforcement or their [local DEA office](#).

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or Department of Justice policies.