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Collection and destruction of controlled substances recovered from hospital patients and visitors

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The national opioid crisis has led politicians and law enforcement to increase their focus on the regulation of controlled substances. Hospitals and other facilities should ensure that they are compliant with DEA rules on not only the collection of controlled substances but also their destruction to avoid any potential liability.

Often patients, or visitors, end up leaving things behind, whether voluntarily or involuntarily. When they leave behind controlled substances, proper collection and destruction protocols must be followed. DEA rules require a strict procedure for the destruction of any controlled substance that the facility acquires from the ultimate user, any person who has obtained the drug lawfully, or excess inventory of which that facility needs to dispose. Facilities must ensure that they are disposing of the drugs in a way that meets the DEA's non-recoverability standard and that appropriate documentation of each destruction is kept for two years.

If a facility comes into possession of controlled substances that did not originate from an ultimate user, e.g., a Schedule I substance found in a waiting area or on an unconscious patient, and local law enforcement is unable to collect the substance, the facility must follow an entirely different destruction process than the process for

substances obtained from ultimate users. To avoid any regulatory issues with the DEA, facilities should have comprehensive policies and procedures, as well as staff training, for each type of collection and destruction scenario. A facility should also ensure that it is properly certified by the DEA based on the collection and destruction procedures it is using.

If a facility qualifies, the DEA offers an “authorized collector” distinction that can be added to its DEA registration. The designation allows a hospital greater freedom to collect and destroy controlled substances in certain situations.