

# Secure Medicine Return & Pharmaceutical Stewardship

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Community Environmental Health Strategies



# About 1/3 of Medicines Sold to Households Go Unused

## For many reasons:

- Overprescribing.
- Overpurchasing.
- Patient doesn't finish.
- "Use As Needed" medicines expire before used.
- Changes in medications.
- Lots of medicines during serious illness, and patient recovers.
- Lots of medicines, including strong pain relievers, for end-of-life care.



# Secure Medicine Disposal Needed to Reduce Access to Medicines

## Prevent Poisonings and Deaths



Leading cause of unintentional injury deaths

Common cause of poisonings/ER visits, especially for kids and seniors

## Prevent Misuse & Addiction



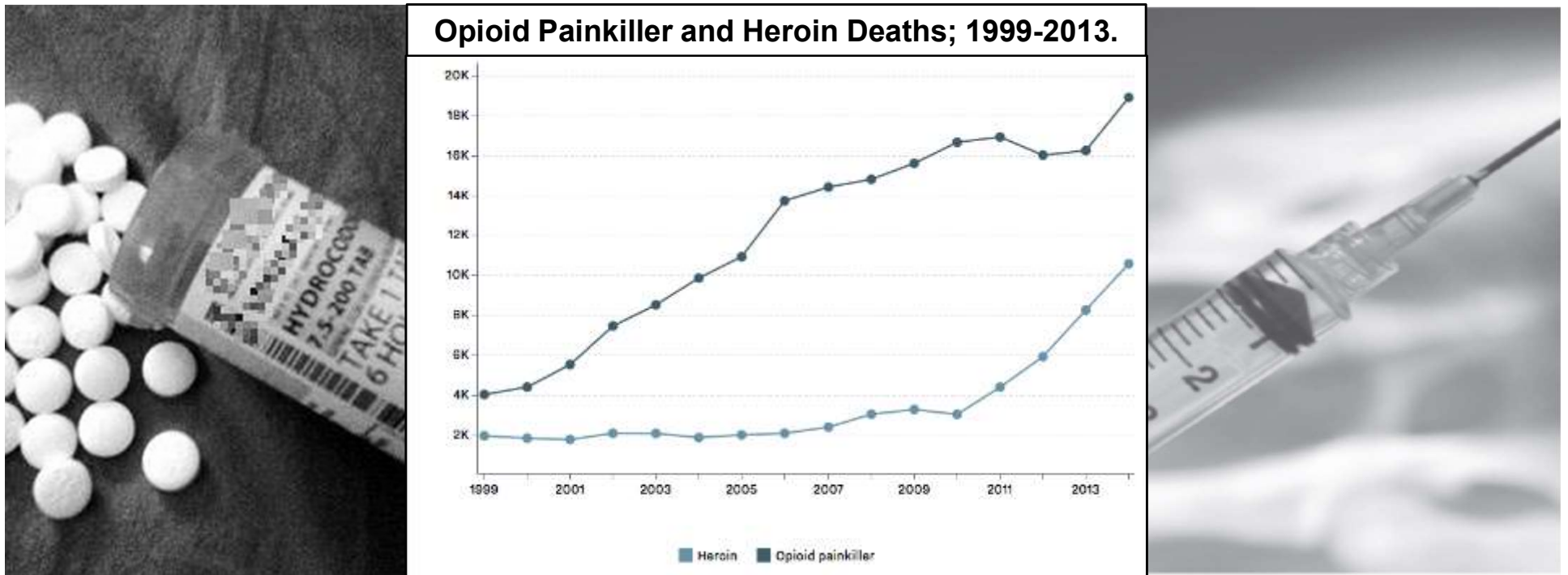
73% of teens say it's easy to get prescription drugs from parents' medicine cabinets

Many teens think prescription drugs are safer to use than street drugs

# Epidemic of Opioid & Heroin Abuse

*National data:* 45% of heroin users are also addicted to prescription opioid painkillers.

*Snohomish Health District WA data:* Over half of people injecting heroin have also abused prescription drugs - Opioids or Amphetamines. 91% of those people abused the prescription drugs first.



Source: CDC

# Comprehensive Prevention Approach to Prescription Drug Abuse from National Drug Control Strategy

- ✓ Educate health providers and the public
- ✓ Expand prescription monitoring programs
- **Provide safe drug disposal – increase return/take-back and disposal programs**
- ✓ Focus on enforcement to address “pill mills” and “doctor shopping”

# Secure Medicine Disposal Needed to Prevent Pollution

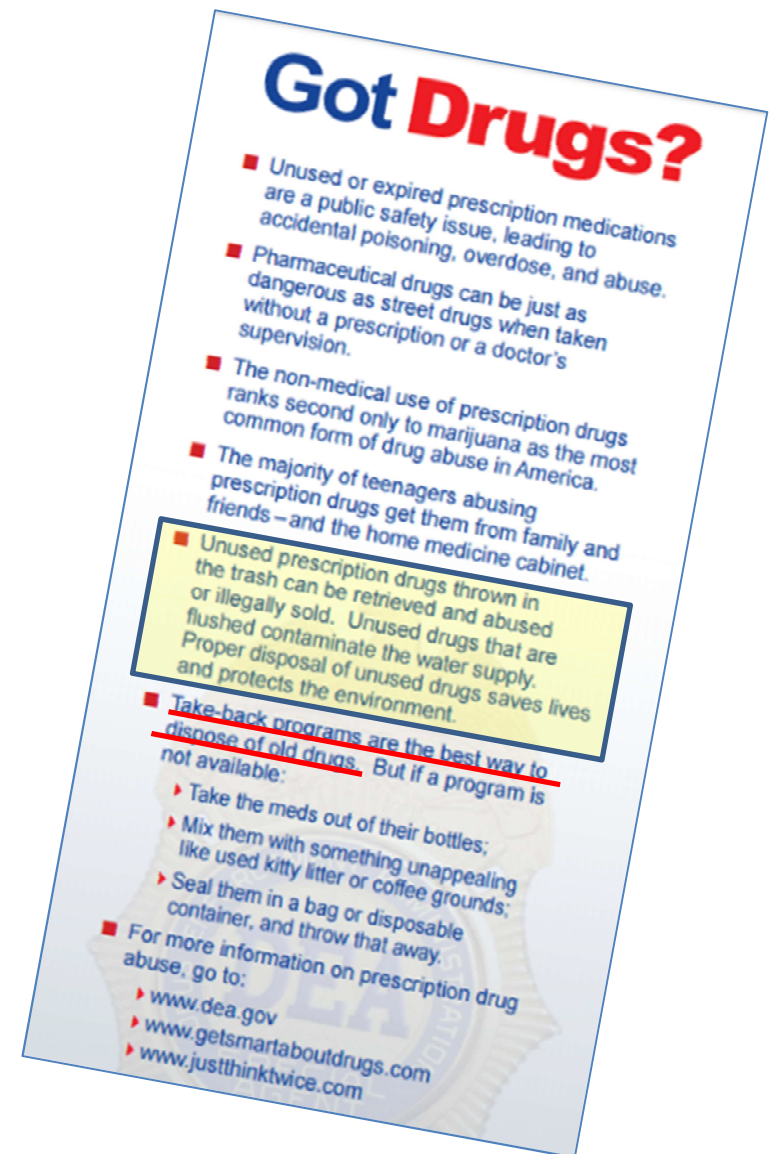
- Improper disposal contributes to pollution in waterways and water supplies.
- Medicines are dangerous or hazardous wastes.
- No treatment by septic or wastewater systems.
- Trash cans are not secure.
- FDA, DEA, EPA recommend secure medicine take-back as better than trash disposal.



# FDA, DEA, EPA all recommend secure medicine take-back over trash disposal

## FDA Drug Disposal Guidelines

- Follow any specific disposal instructions on the label. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal.
- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations.
- **If** no disposal instructions are given on the label and no take-back program is available in your area, throw the drugs in the household trash following these steps:
  1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
  2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.



# New Opportunities for More Convenient Take-Back

DEA Rule on Disposal of Controlled Substances, October 2014



## Allows Secure Collection Receptacles at:

- ✓ Retail pharmacies
- ✓ Hospitals with on-site pharmacies
- ✓ Narcotic treatment centers
- ✓ Long-term care facilities (partnered with a retail pharmacy)
- ✓ and Law Enforcement Drop Boxes as previously allowed.



## Take-Back Events Run By Law Enforcement



## Mail-back Programs

And new options for transporting/shipping medicines to disposal facilities.



# DEA Rule Defines Security Procedures & Authorized Entities



Secure collection receptacle bolted to countertop or floor.

Two staff required to access medicines and seal "inner liner".



"Inner liner" boxes must have unique tracking number.

Stored securely until transport.

Boxes shipped or transported to final disposal via:

- Reverse distributor.
- Drug distributor.
- Common carrier to a Reverse Distributor or Distributor.

DEA requires "non-retrievable" destruction, i.e. high temperature incineration.

EPA recommended facilities.

# Current Medicine Take-back Options

DEA Prescription Drug Take-back Events  
twice-a-year; spring/fall on Saturdays

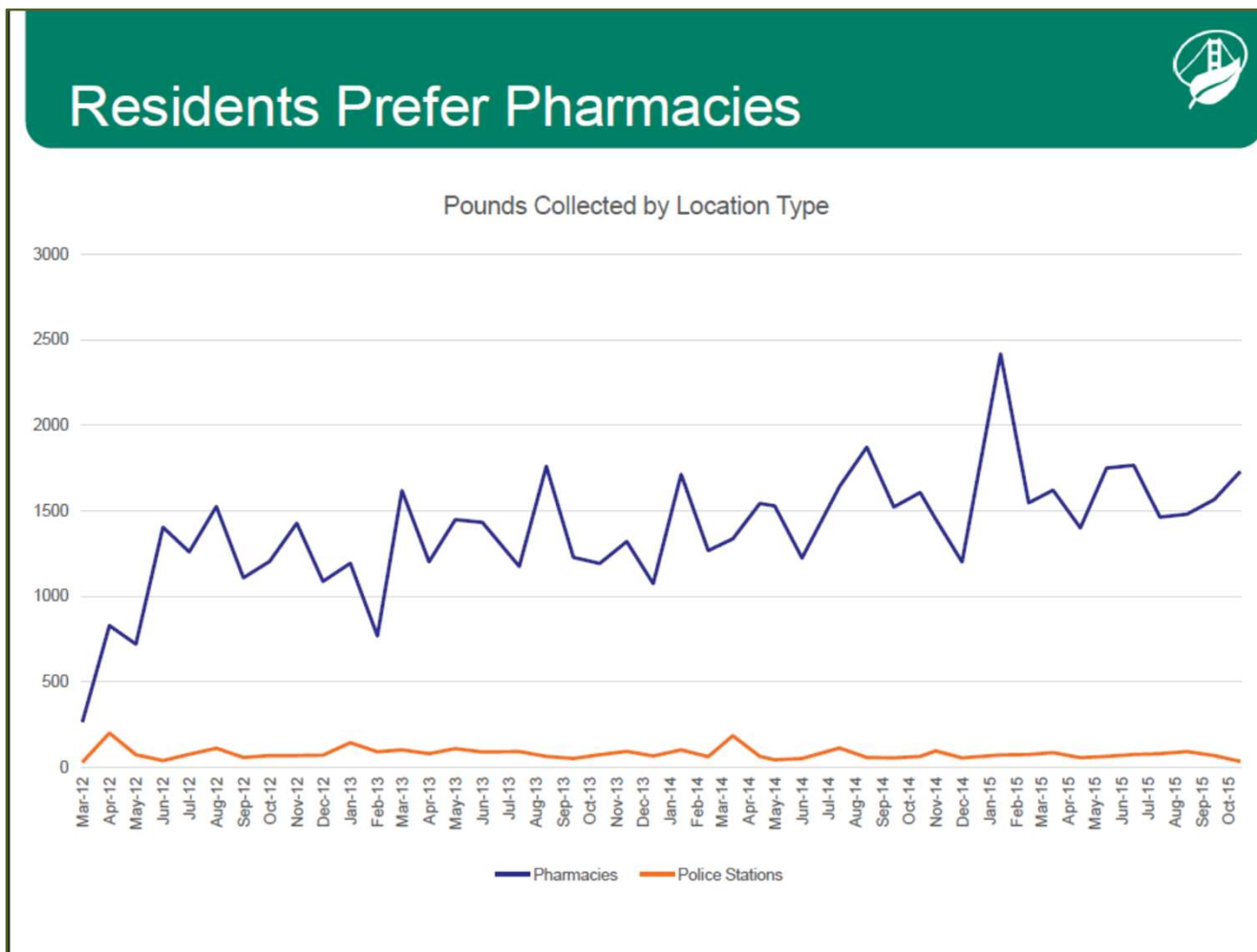
Ongoing Drop Boxes at Some Police/Sheriff Stations and  
Some Pharmacies


- Not in all communities. Not coordinated system.
- Law enforcement agencies still taking on most of burden.
- More pharmacies becoming DEA authorized for take-back.
- Walgreens drop boxes at 10 stores in WA (out of 134 stores).

Return Mailers

- Limited availability.
- Often sold for a fee.
- Not all accept controlleds.

# Convenient Pharmacies Collect More Medicines- San Francisco Pilot 2012-2015



An illustration of an iceberg floating in a blue ocean. The tip of the iceberg is above the water line, while the vast majority of the iceberg is submerged below the surface. The sky is a light blue with a few white clouds. The text is overlaid on the image in a dark blue, sans-serif font.

**Voluntary medicine take-back programs are not adequate or sustainable.**

*only capturing “tip of the iceberg”*

**No resources to expand collection sites** to pharmacies and hospitals.

**No resources for program promotion.**

**Staffing burden** on law enforcement and local agencies.

**Unstable funding** means programs have shut down.

**No capacity** to collect more uncaptured drug waste.

# Product Stewardship Approaches for Medicine Take-back

Drug manufacturers finance and operate medicine take-back programs in other countries.

**France** since 1994.

**Canada** in British Columbia since 1998; now expanded to all provinces.

**Mexico** launched in 2008.

also **Brazil, Columbia, Hungary, Spain.**



# WA Product Stewardship Laws

Electronic Products Recycling (started 2009)

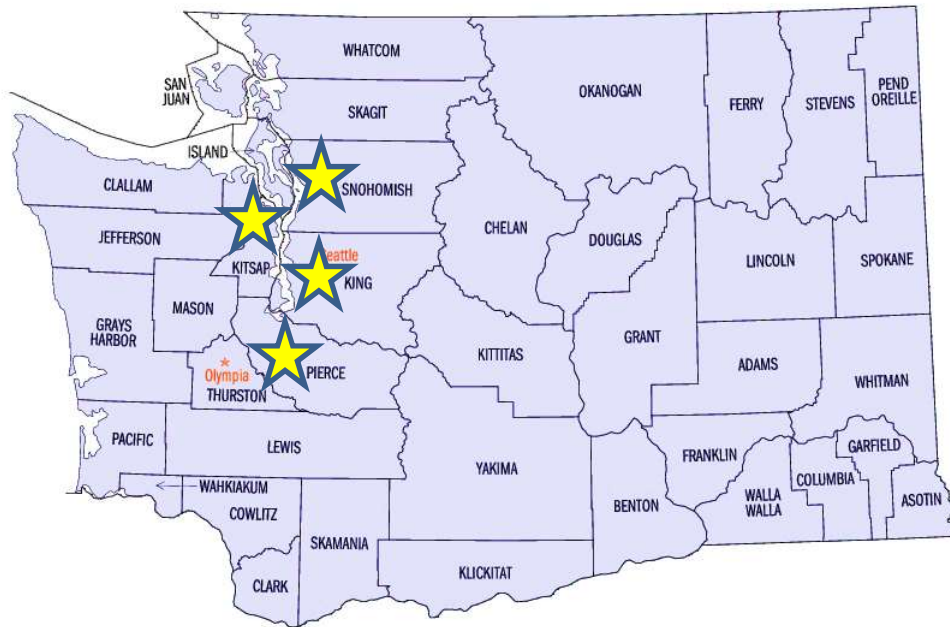
Mercury Lights Recycling (started 2015)



Voluntary Rechargeable Battery Stewardship



# Secure Medicine Return Regulations in 4 WA & 7 CA Counties



## WA Ordinances enacted by local Boards of Health:

- ✓ King County in 2013  
Pop. ~ 2 million
  - ✓ Snohomish County in 2016  
Pop. ~ 800,000
  - ✓ Kitsap County in 2016  
Pop. ~ 258,000
  - ✓ Pierce County in 2016  
Pop. ~ 830,000
- & several more counties beginning policy processes.

WA Total Pop. ~ 7.2 million

# Overview of County Secure Medicine Return Regulations in WA

**Every drug producer whose medicines are sold in or into the county must finance and provide a county-wide secure medicine return system.**

- **Provide secure drop boxes** in every pharmacy, hospital, and law enforcement agency that volunteers to participate. Minimum number of drop boxes required in each city/town. Any gaps filled with collection events and prepaid return mailers. Also mailers available for homebound residents.
- **Accept prescription and over-the counter medicines** from residential sources. Not clinical or business wastes.
- **Promote program**; annual reporting; public awareness surveys.
- Utilize **secure protocols** for collection, handling, transportation of drugs according to federal & state regulations and guidelines.
- **Dispose of drugs at hazardous waste facility**. Or approval may be granted for use of a WTE incinerator. Per EPA recommendation.

**Health District/Department provides oversight** to ensure compliance and safety.



[www.snohd.org/Waste/Medicine-Disposal/Pharmaceutical-Stewardship](http://www.snohd.org/Waste/Medicine-Disposal/Pharmaceutical-Stewardship)



# Counties

ALAMEDA

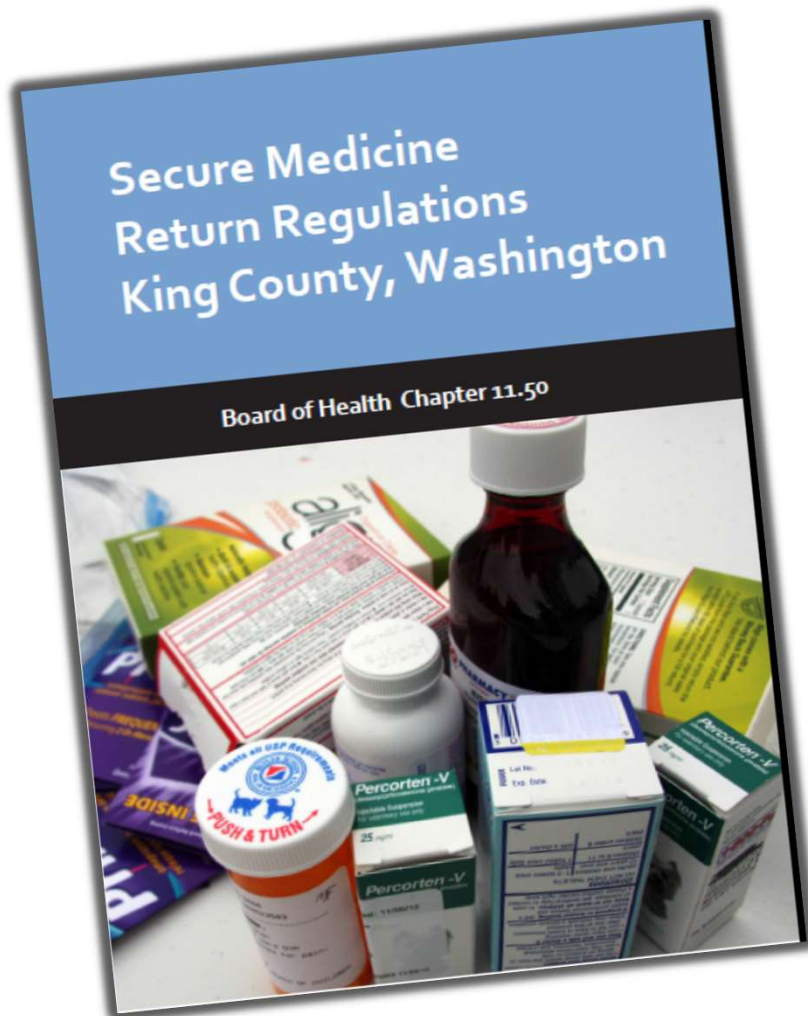
KING COUNTY

SAN FRANCISCO

SAN MATEO

Brought to you by the Pharmaceutical Product Stewardship Work Group (PPSWG)

[med-project.org](http://med-project.org)



- Lawsuit slowed but did not halt implementation.
- Producers' MED-Project stewardship plan from ~ 370 manufacturers was accepted in March 2016.
- Full program implementation, January 2017.
- Anticipate 90-100 drop-off sites total.

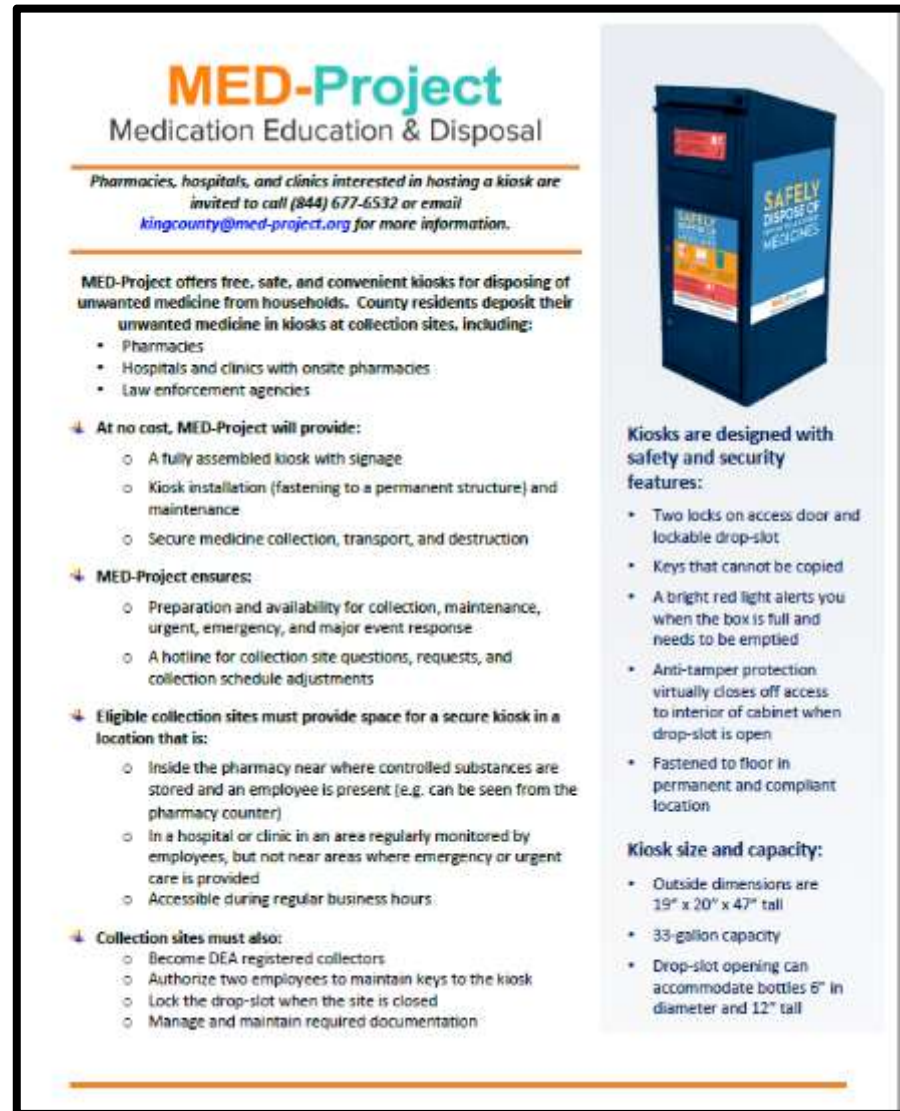
[kingcountysecuremedicinereturn.org](http://kingcountysecuremedicinereturn.org)  
[MED-Project.org](http://MED-Project.org)

# MED-Project Outreach to Potential Authorized Collectors in King County

As of early Sept. 2016, contracts with 77 secure drop box sites:

**38 retail pharmacies**  
**22 hospitals/clinics**  
**17 law enforcement**

90-100 sites anticipated at Jan. 2017 launch.



**MED-Project**  
Medication Education & Disposal

*Pharmacies, hospitals, and clinics interested in hosting a kiosk are invited to call (844) 677-6532 or email [kingcounty@med-project.org](mailto:kingcounty@med-project.org) for more information.*

MED-Project offers free, safe, and convenient kiosks for disposing of unwanted medicine from households. County residents deposit their unwanted medicine in kiosks at collection sites, including:

- Pharmacies
- Hospitals and clinics with onsite pharmacies
- Law enforcement agencies

At no cost, MED-Project will provide:

- A fully assembled kiosk with signage
- Kiosk installation (fastening to a permanent structure) and maintenance
- Secure medicine collection, transport, and destruction

MED-Project ensures:


- Preparation and availability for collection, maintenance, urgent, emergency, and major event response
- A hotline for collection site questions, requests, and collection schedule adjustments

Eligible collection sites must provide space for a secure kiosk in a location that is:

- Inside the pharmacy near where controlled substances are stored and an employee is present (e.g. can be seen from the pharmacy counter)
- In a hospital or clinic in an area regularly monitored by employees, but not near areas where emergency or urgent care is provided
- Accessible during regular business hours.

Collection sites must also:

- Become DEA registered collectors
- Authorize two employees to maintain keys to the kiosk
- Lock the drop-slot when the site is closed
- Manage and maintain required documentation



**Kiosks are designed with safety and security features:**

- Two locks on access door and lockable drop-slot
- Keys that cannot be copied
- A bright red light alerts you when the box is full and needs to be emptied
- Anti-tamper protection virtually closes off access to interior of cabinet when drop-slot is open
- Fastened to floor in permanent and compliant location

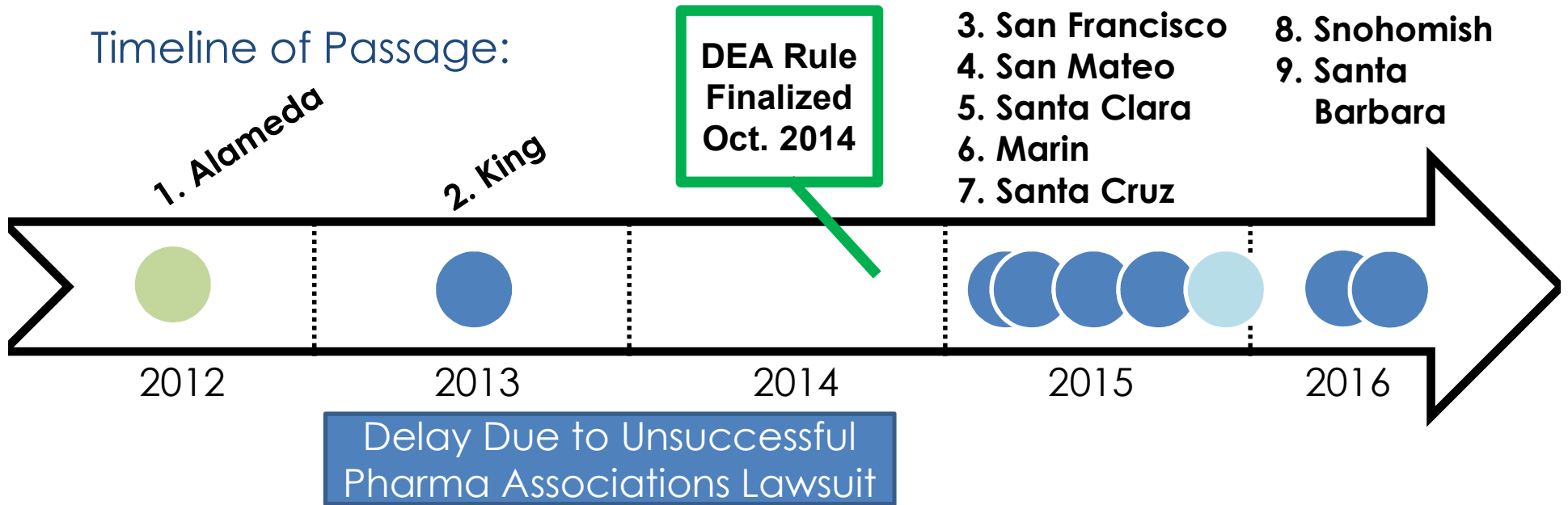
**Kiosk size and capacity:**

- Outside dimensions are 19" x 20" x 47" tall
- 33-gallon capacity
- Drop-slot opening can accommodate bottles 6" in diameter and 12" tall

See flyers for pharmacies, hospitals, clinics & law enforcement at [kingcountysecuremedicinereturn.org](http://kingcountysecuremedicinereturn.org)

# County Pharmaceutical Stewardship Laws: *Implementation Update*

Timeline of Passage:



Producers' Stewardship Plans accepted by Alameda, King, San Francisco, Santa Cruz, San Mateo counties.

Alameda: > 20 collection events held; drop boxes being arranged.

King: program to be fully launched January 17, 2017.

Stewardship plans under review by Santa Clara.

Stewardship plan due to Snohomish County in December 2016.

# Estimated Cost to Medicine Producers for Pharmaceutical Stewardship

~ 0.1% of annual medicine sales.

0.1% = 1 penny for every \$10 of medicine sales.

Or a few pennies per container of prescription or over-the-counter medicines sold.



*Program costs estimates:*

~ **\$1.2 million per year for Alameda County** (pop. ~ 1.6 million) estimated by PhRMA and other trade associations in 2013.

~ **\$1 million per year for King County** (pop. ~ 2 million) estimated by King County staff in 2013.

# Pharmaceutical Industry Response

- Manufacturers are complying with county laws.
- ~ 370 manufacturers have formed **MED-Project** stewardship organization.
- Pharma Industry Associations are opposed to stewardship legislation, saying:
  - Patients should finish all their medicines.
  - Trash disposal (In-home disposal) is faster and easier.
  - Medicine take-back is not effective or is unworkable.
  - Financing take-back is not their responsibility.
- Pharma Associations counterproposal = education about trash disposal. [MyOldMeds.com](http://MyOldMeds.com)

# WA State Pharmaceutical Stewardship Legislation: *Not Passed, Yet*

A WA State bill was first introduced in 2008.

Coalition worked hard to pass from 2009 to 2012.

**HeraldNet**  
Everett, Washington

Published: Thursday, February 9, 2012  
In our view / Drug take-back program

**Industry should pay the tab**

 **The Columbian**

Legislators should approve statewide  
pharmaceuticals take-back program  
January 26, 2012

 **THE NEWS TRIBUNE**

Drug companies should step up to disposal problems

Feb. 7, 2012

Rep. Strom Peterson (21<sup>st</sup>) plans to introduce new drug take-back bill in 2017. Modeled on county laws.

# Secure Medicine Return & Pharmaceutical Stewardship

## Questions?

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