

Secure Medicine Return & Pharmaceutical Stewardship

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Community Environmental Health Strategies



Secure Medicine Disposal Needed to Reduce Access to Medicines

Prevent Poisonings and Deaths



Medicines are leading cause of unintentional injury deaths

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

Prevent Misuse & Addiction



70% of those who abuse medicines obtain the drugs from family members or friends, usually for free.

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

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.



New Opportunities for 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 linter”.



“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

DEA Prescription Drug Take-back Events
twice-a-year; spring/fall on Saturdays. *Oct. 22nd, 2016*

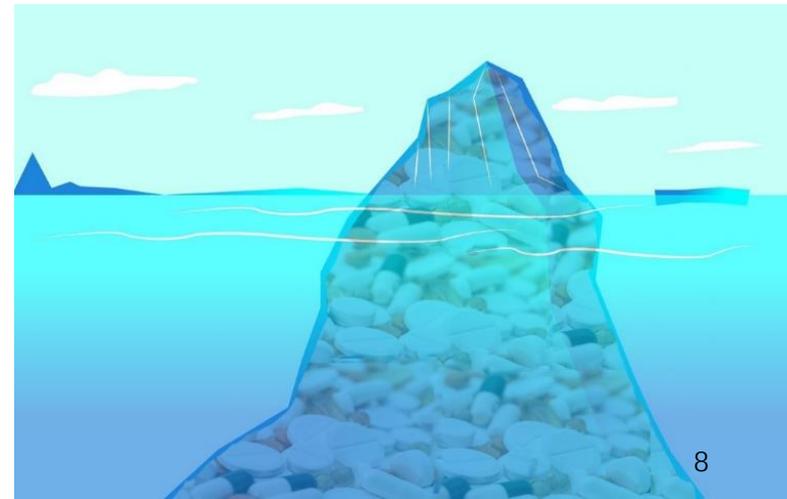
- Local law enforcement staffing.

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

- Not in all communities. Not a coordinated system.
- Law enforcement agencies still have most of burden.
- More pharmacies becoming DEA authorized for take-back.

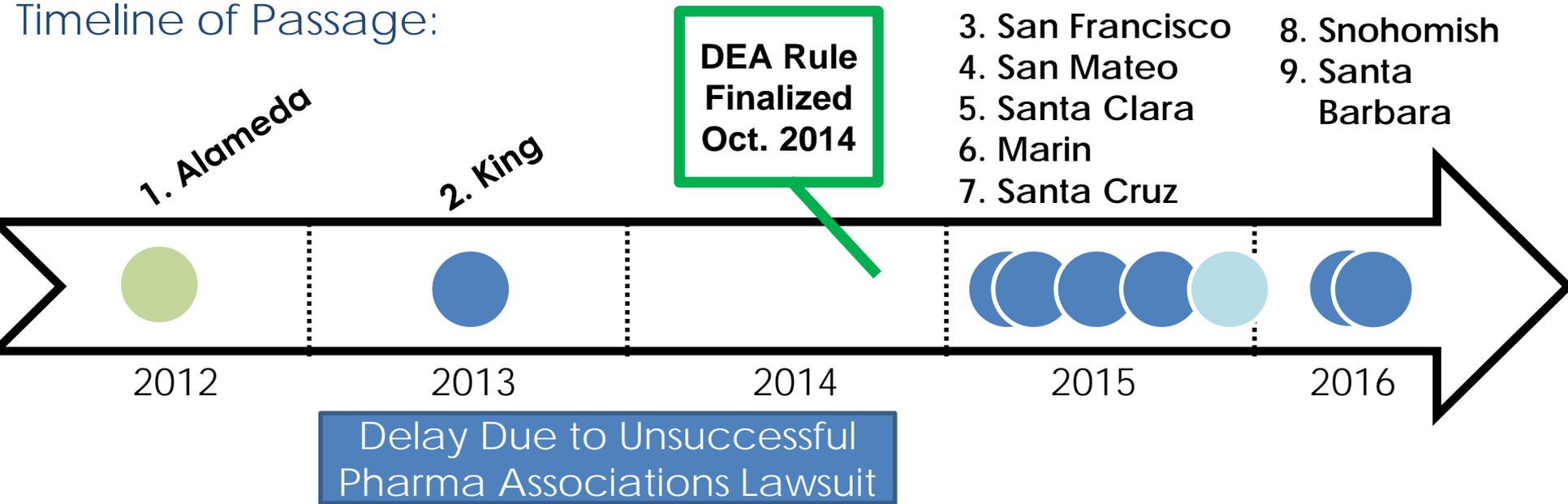
Return Mailers

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



County Pharmaceutical Stewardship Ordinances

Timeline of Passage:



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

Alameda – collection events held; drop boxes being arranged.

King – program to be fully implemented in January 2017.

Stewardship plans under review by San Mateo, Santa Clara, Santa Cruz.

Stewardship plan due to Snohomish County in December 2016.

Estimated Cost to Medicine Producers for Pharmaceutical Stewardship Programs

~ **\$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.

This is ~ 0.1% of annual medicine sales in each county.

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



Pharmaceutical Industry Response

- Manufacturers are complying with county laws.
- ~ 380 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 campaign

What's in Pharmaceutical Stewardship Legislation



Responsibilities Defined for Producers & Other Stakeholders for Level Playing Field

Stewardship Plan Performance Requirements

- ✓ convenient collection of all household medicines
- ✓ protocols in compliance with DEA Rule and other applicable regulations
- ✓ environmentally sound disposal
- ✓ promotion and evaluation

Deadlines for Stewardship Plan Submission & Program Implementation

Enforcement Mechanisms

Overview of Snohomish County Board of Health's Secure Medicine Return Regulation

Every drug producer must:

- Finance and provide a county-wide secure medicine return system for **prescription and over-the counter medicines** from residents.
- Provide minimum number of secure drop boxes throughout county. Or collection events and mailers to cover any gaps.
- **Include any qualified pharmacy, hospital or law enforcement agency that volunteers to host a secure drop box.**
- Use **secure protocols** for collection, handling, transportation of drugs.
- Drugs disposed at EPA recommended facilities. Hazardous waste facility, or approval may be granted for use of a WTE incinerator.
- **Promote program and evaluate outreach**; conduct annual public awareness surveys; provide annual reports with evaluation.

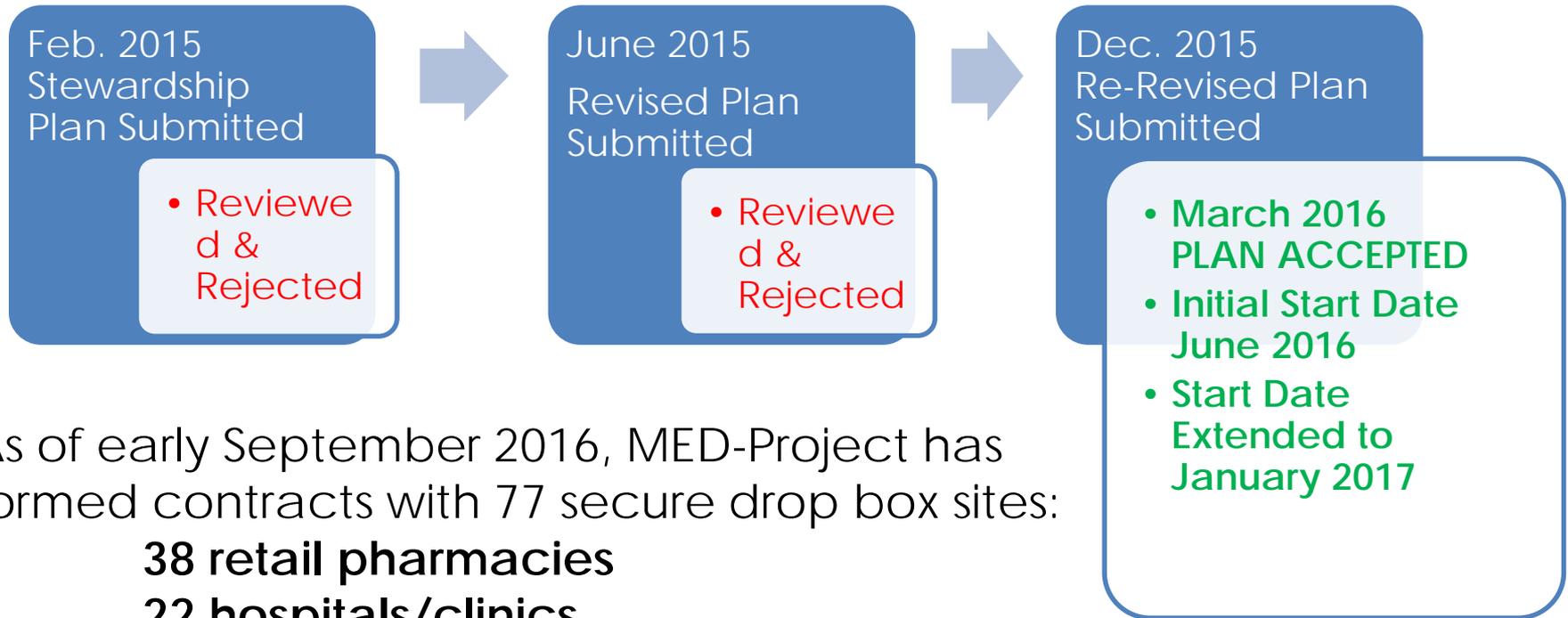
Snohomish Health District provides oversight for compliance and safety.

www.snohd.org/Waste/Medicine-Disposal/Pharmaceutical-Stewardship

Producers' Stewardship Plan Accepted by King County

MED-Project
Medication Education & Disposal

Formed by PPSWG (Pharmaceutical
Product Stewardship Work Group)
Representing ~ 380 Producers



As of early September 2016, MED-Project has formed contracts with 77 secure drop box sites:

38 retail pharmacies

22 hospitals/clinics

17 law enforcement agencies

90-100 drop box sites are anticipated when program launches.

kingcountysecuremedicinereturn.org
MED-Project.org

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

WA State bill 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



COMMUNITY
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HEALTH STRATEGIES

What's different since last time state legislation was worked on?

- DEA Rule finalized in Oct. 2014, allowing pharmacy & hospital take-back.
- Concern has increased about prescription opioid abuse & heroin use.
- Need for drug take-back better understood.
- Voluntary drug take-back programs still not enough.
- King & Snohomish have ordinances; more working towards.
- In 2016, MA and VT have enacted laws requiring manufacturers to pay for **some** medicine take-back – not comprehensive programs & not clear funding is adequate, but step in right direction.

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Questions?

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