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

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.

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.
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 controlleds.
County Pharmaceutical Stewardship Ordinances

Timeline of Passage:

1. Alameda
2. King
3. San Francisco
4. San Mateo
5. Santa Clara
6. Marin
7. Santa Cruz
8. Snohomish
9. Santa Barbara

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

Feb. 2015
Stewardship Plan Submitted
• Reviewed & Rejected

June 2015
Revised Plan Submitted
• Reviewed & Rejected

Dec. 2015
Re-Revised Plan Submitted
• March 2016
PLAN ACCEPTED
• Initial Start Date
June 2016
• Start Date
Extended to
January 2017

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*


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

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

*The News Tribune*
Drug companies should step up to disposal problems
Feb. 7, 2012
What’s different since last time state legislation was worked on?

- 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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