

# 👉 09hr\_SC-PHSILTCJC\_Misc\_pt02b



Details: Informational hearing, 4/15/2009, on disposal of unused medicine

(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2009-10

(session year)

### Senate

(Assembly, Senate or Joint)

### Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

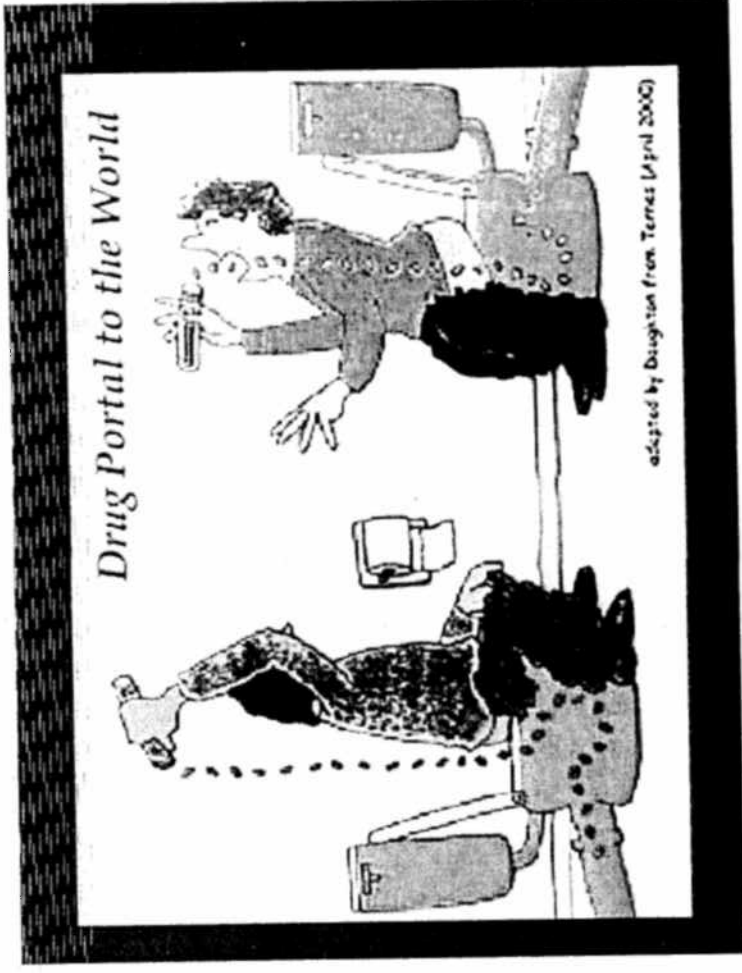
### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

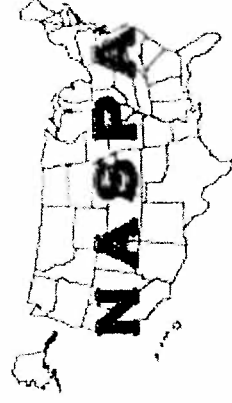
### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

# Medication Disposal



Molly Skinner, PharmD  
Executive Resident, National  
Alliance of State Pharmacy  
Associations (NASPA)





# Objectives

- This document is to be used as a resource. I won't discuss each slide (because that would be boring), but you have the slides for reference if needed in the future.
  - Environmental issue
  - Drug abuse issue
  - Federal guidelines
  - Take Back program examples
  - Consumer Education
  - Legislation
  - Resources



# The Issues

- The Environment
  - A study by the United States Geological Survey (USGS) published in 2002
    - Sampling of 139 streams across 30 states found that 80 percent had measurable concentrations of prescription and nonprescription drugs, steroids, reproductive hormones, and their by-products.
  - This and other studies are raising concerns about public safety and the potentially adverse environmental consequences of these contaminants.

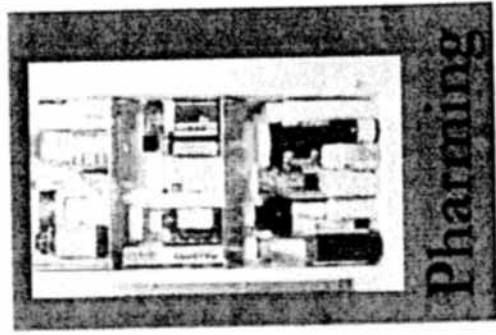
Kolpin, D.W., Furlong, E.T., Meyer, M.T., et al. Pharmaceuticals, Hormones, and Other Organic Wastewater Contaminants in U.S. Streams, 1999-2000: A National Reconnaissance. *Environmental Science and Technology*. 2002. 36, 1202-1211.

<http://www.epa.gov/ppcp/>



## The Issues

- Drug Abuse
  - Abuse of prescription and non-prescription medications, particularly painkillers, has increased among teenagers and young adults due to the ease of obtaining medications.
  - Sixty percent of the persons who abuse painkillers indicated that they received the medications free from friends or relatives.
  - “PHARMING”
    - Theft and social use/abuse of pharmaceuticals by teenagers who steal controlled substances from medicine cabinets and then bring them to a party to share.





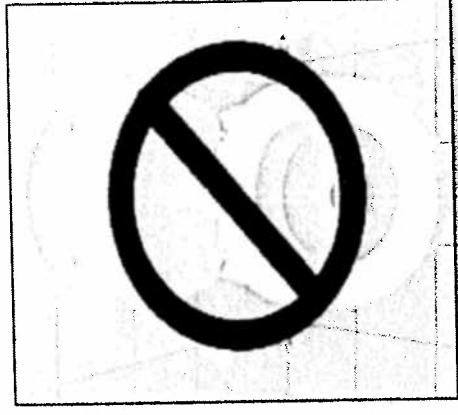
# Excretion vs Disposal

- Excretion rates of active pharmaceuticals in humans can vary anywhere from 0 to 100% of the active compounds. Some compounds are almost completely metabolized before they are excreted, while others are only moderately or poorly metabolized and others yet again, such as contrast media, are excreted completely intact.
- It is nearly impossible to determine the general ratio of pharmaceutical inputs from human excretion vs. the direct flushing of expired medication. This calculation is complicated by the vast number of active pharmaceutical compounds present, possible by-products produced through metabolism and waste water treatments, potential synergistic interactions, and incomplete drug disposal method data.



# Office of National Drug Control Policy

- In February 2007, the White House Office of National Drug Control Policy issued the first consumer guidance for the Proper Disposal of Prescription Drugs. Proper disposal of drugs is a straightforward way for individuals to prevent pollution.





# Federal Guidelines

- The new Federal prescription drug disposal guidelines urge Americans to:
  - Return unused, unneeded, or expired prescription drugs to pharmaceutical take-back locations.
- If no take-back programs are available:
  - Take unused, unneeded, or expired prescription drugs out of their original containers
  - Mix the prescription drugs with an undesirable substance, like used coffee grounds or kitty litter, and put them in impermeable, non-descript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets
  - Throw these containers in the trash
  - Flush prescription drugs down the toilet only if the accompanying patient information specifically instructs it is safe to do so







# Federal Guidelines

- The FDA currently advises that the following drugs be flushed down the toilet instead of thrown in the trash:
  - Actiq (fentanyl citrate)
  - Daytrana Transdermal Patch (methylphenidate)
  - Duragesic Transdermal System (fentanyl)
  - OxyContin Tablets (oxycodone)
  - Avinza Capsules (morphine sulfate)
  - Baraclude Tablets (entecavir)
  - Reyataz Capsules (atazanavir sulfate)
  - Tequin Tablets (gatifloxacin)
  - Zerit for Oral Solution (stavudine)
  - Meperidine HCl Tablets
  - Percocet (Oxycodone and Acetaminophen)
  - Xyrem (Sodium Oxybate)
  - Fentora (fentanyl buccal tablet)
- The FDA plans on revising this list in the near future





## RCRA and EPA

- The Resource Conservation and Recovery Act (RCRA) does not regulate any household waste, which includes medications/pharmaceutical waste generated in a household.
- While discarded pharmaceuticals under the control of consumers are not regulated by RCRA, the **EPA encourages the public:**
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal.
- If there are no take-back programs near you, contact your state and local waste management authorities (the disposal of household waste is primarily regulated on the state and local levels) with questions about discarding unused pharmaceuticals, whether or not these materials meet the definition of hazardous waste.



## DEA

- No provisions exist in the Controlled Substances Act or Code of Federal Regulations for a DEA registrant, such as a community pharmacy to take back controlled substances from an individual patient.
- Patients may return controlled medications in the event of a recall or dispensing error.
- Individual patients do not need approval before disposing of their controlled substance medications.



## DEA

- The DEA is aware of pharmacy take-back programs.
- The DEA acknowledges that regulations authorize law enforcement officials to handle controlled substances.
- However, many law enforcement organizations do not want this responsibility or expense.
- To correct this, the DEA is drafting regulations to permit ultimate users to surrender their controlled substances for destruction via other methods.



## Existing Drug Return Programs

- Segregated collection at hazardous waste facilities
- Short-term drop off events
- Law enforcement-staffed collection events
- Regularly available, ongoing programs



# Take Back Programs

- Examples:
  - British Columbia
  - Washington State
  - California
  - Missouri
  - Wisconsin
  - Maine
  - Utah
  - Massachusetts
  - Iowa
  - Illinois



# Take Back - British Columbia

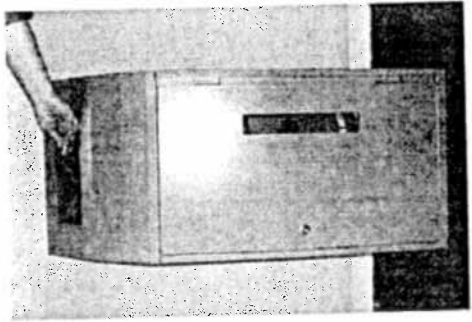
- Administrated by the Residuals Management Group Ltd., with funding by the Post Consumer Pharmaceutical Stewardship Association (industry association)
- User friendliness for pharmacy is key to their participation
  - Pick-up schedule easy and on-demand
  - Tracking through shipping labels
  - Transportation of unwanted medications was essential issue, largest cost
- Container is very inexpensive and practical
- Total cost is US \$170,500 per year
- Serves 4 million people





## Take Back - Washington State - PH:ARM

- Self Serve or Pharmacist Receives Medications
- Medications are placed in a 'vault'
- Periodically the bucket inside the vault is removed
  - Pharmaceutical bucket or bag sealed with security tape and double witness
  - Each bucket or bag is tracked
  - Reverse delivery back to warehouse for secure consolidation and storage
- If self-serve, then spot inventory is taken with BOP representative.
  - Pharmacist-received meds are filtered on the spot.
  - Controlled meds are not taken back.
- Consolidated Pharmaceuticals picked up and delivered to incinerator for witnessed destruction







## Take Back - Washington State - PH:ARM

### Group Health Results

- To date, 10,060 lbs of consumer packaged medications have been collected and disposed of during this pilot project.
- On average, during the month of May, each clinic collected approximately 1.5 lbs of pharmaceuticals per business day.
- <http://www.medicinereturn.com/>



# Take Back - Washington State

The Clark County Public Works – Recycling and Solid

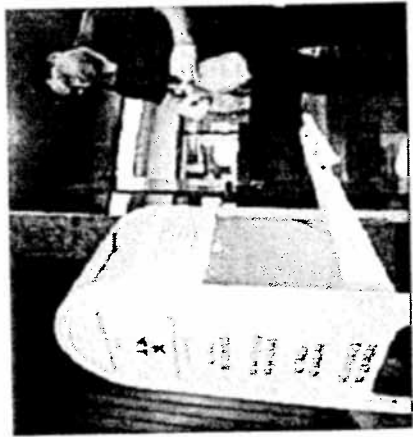
## Waste Program

- Residents can take their controlled substances to four different law enforcement locations throughout the area.
- Each location has a drop off container similar to a postal box.
- The controlled substances are sealed in a plastic bag and placed into a locker until the sheriff's property officers pick them up and transport them to an incinerator for witnessed disposal.



## Take Back - California

- A dozen white, metal pharmaceutical drop boxes (starting with three refurbished postal collection boxes) were placed outside police and sheriff departments around the county.
- A police assistant with the City police department removes the contents of a pharmaceutical drop box outside the police department at city hall.
- In the first year, more than two tons of medications were dropped off. The costs have been less than \$7,000.
- Drugs are hauled to a nearby medical waste disposal company that ships them to out-of-state incinerators specially designed for pharmaceutical waste.





# Take Back - Missouri

- Scheduled take-back times
  - Schnucks: The 2nd Thursday of the Month - 10:00 a.m. till 1:00 p.m. (10 locations)
  - Schnucks: The 4th Thursday of the Month - 10:00 a.m. till 1:00 p.m. (10 locations)
- Tables are staffed by one student (from the St. Louis College of Pharmacy) and one technician.
  - Medications are sorted
  - Controlled medications are not taken back. People are educated on proper disposal of these medications.
- Medications collected by Schnucks will be incinerated and plastic bottles will be recycled through the Cintas Corporation.
- Data collected will provide the EPA with research on the types of medicine turned in and the common ways people dispose of medicine.



## Take Back - Iowa

Iowa City Landfill has a collection program

- Under its program, residents must empty their unused medications into a plastic baggy and make an appointment with the household hazardous waste program.
- The city uses a collection company, which takes the drugs to an incinerator

In November, the state Environmental Protection Commission approved an Iowa pilot project to collect and send unwanted pharmaceuticals to an out-of-state incinerator.



# Take Back - Wisconsin

Get the Meds Out Pilot - Milwaukee

- Consumers call a toll-free number to a reverse distributor, Capital Returns Inc (CRI).
- CRI staff provide a prepaid shipping label and instructions on how to return their merchandise.
- Once residents receive their prepaid labels, they place their old medicine in a container for mailing back to CRI.
- Products received by CRI are then separated into their appropriate waste categories and incinerated.
- The entire process is free to consumers.
- Separately, Wisconsin also has Operation Take Back Medication
  - A program where residents are invited to drop off medications at any one of five sites at specific times.



# Take Back - Wisconsin

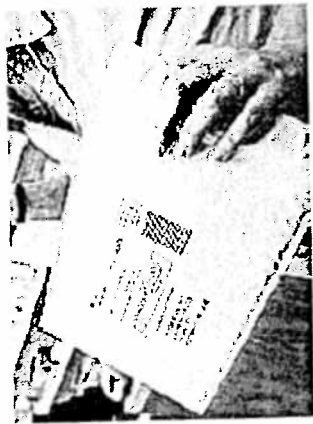
## La Crosse Program

- La Crosse County Household Hazardous Waste Facility will accept unwanted or expired medications for disposal
- The program will accept controlled and non-controlled medications during regular business hours year round
- The medications will be dumped into a 55-gallon drum containing a solvent and ipecac, which dissolves the pills and provides a measure of security.
- The filled drums will then be taken to a DEA approved hazardous waste incinerator
- The program is free to all La Crosse County residents, but a charge of \$3/pound will be enforced for all non-residents, pharmacies, and nursing homes



## Take Back – Maine

- The program involves the use of prepaid mailers
- The drugs received may be handled only by agency officers
- Self-addressed drug mail-back envelopes are available for consumers at 11 pharmacies in four counties.
- As phase two of the program gets under way in the near future, 7,200 more envelopes will be distributed to additional participating pharmacies throughout the state
- Pilot program is focusing on people ages 65 and over since they most commonly need to dispose of drugs

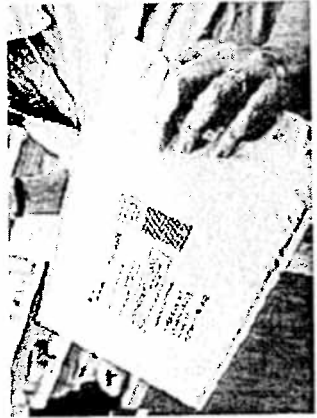






## Take Back - Maine

- The self-addressed, prepaid envelopes contain information on:
  - how to package the medication
  - fill out a confidential survey that will be used to provide information about what type of drugs are being mailed
  - how much was left over from the prescribed amount
  - and why they weren't used
  - the phone number to call once the package has been mailed to ensure that law enforcement officials know it's on its way and that the medication arrives safely.
- The drugs eventually will be incinerated, which is the only reliable way to dispose of them, according to Sykes.
- Paid for with a \$150,000 pilot grant.
- Unlike the Wisconsin pilot, the Maine program involves pharmacies but does not make use of a reverse distributor.





## Take Back - Utah

The Salt Lake City Public Utilities and Police Departments installed locked, mounted steel collection bins in the lobbies of their stations.

Each agency then collects and burns the drugs.

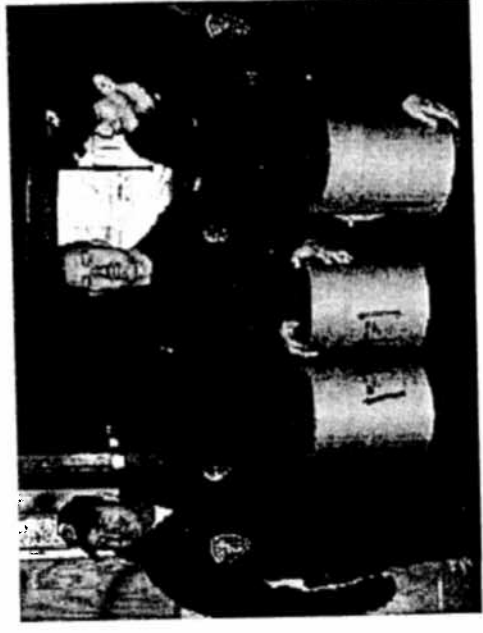


# Take Back - Illinois

Chicago Collection for Household Unwanted Medicine

- 25 Chicago sites
- Spearheaded by Chicago police, US EPA Region 5, and IL-IN Sea Grant
- Targets older citizens
- One-day event

- <http://www.iisgcp.org/unwantedmeds/IndianaWorkshop.ppt#20>





## Take Back - Pennsylvania

- Giant Food Stores, in collaboration with the Cumberland County Recycling & Waste Authority, held a one-day medication collection and disposal drive
- The organization paid the costs related to the proper disposal of the medications.
- A Cumberland County Recycling & Waste Authority representative, a licensed disposal contractor, and local law enforcement officials were present on-site for the duration of the drive.
- Customers were to keep the medication in its original container with original labels still attached.



# Take Back Programs

## Long Term Goals

- Government: oversight and education
- Pharmacies: provide take-back infrastructure
- Consumers: change disposal practices and bring back medications
- Distributors: transport material for consolidation
- Pharmaceutical industry: future financing
- Nursing homes and others: provide take-back infrastructure and handling on behalf of residents
- Requirements of Implementation
  - Optional
  - Funded
  - Pharmacies involved
  - DEA support

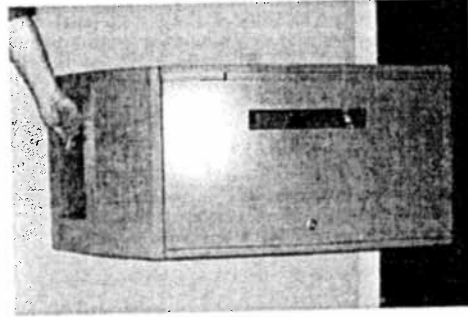


# Container Options

Heavy plastic security toter  
- \$180 each plus bag cost



Self serve metal security drop-box  
- \$650 each plus bucket cost



British Columbia bucket system behind  
counter  
- \$5 each





# Consumer Education - SMARxT

- Fish and Wildlife Service
- APHA
- PhRMA
  
- DO NOT FLUSH unused medications and DO NOT POUR them down a sink or drain.
- Be Proactive and Dispose of Unused Medication In Household Trash. When discarding unused medications, ensure you protect children and pets from potentially negative effects:
  
- <http://www.smarxtdisposal.net/>

**SMARxT DISPOSAL**  
A Prescription for a Healthy Planet



# Consumer Education - SMART

- Pour medication into a sealable plastic bag. If medication is a solid (pill, liquid capsule, etc.), crush it or add water to dissolve it.
- Add kitty litter, sawdust, coffee grounds (or any material that mixes with the medication and makes it less appealing for pets and children to eat) to the plastic bag.
- Seal the plastic bag and put it in the trash.
- Remove and destroy ALL identifying personal information (prescription label) before recycling them or throwing containers away.
- Check for Approved State and Local Collection Programs.
- Consult your pharmacist with any questions.

**SMART** DISPOSAL

A Prescription for a Healthy Planet





# 2008 Legislation

2008 Unused Medicines Legislation				
State	Bill	Type	Detail	Status
WA	HB 3064	Take-Back/ Disposal	<p>Administered by the Washington State Board of Pharmacy:</p> <ul style="list-style-type: none"> <li>• Creating a producer managed and funded product stewardship program to collect and dispose of unwanted residential drugs</li> <li>• Every producer of covered products (all legend and non legend drugs) sold in or into the state must participate in a product stewardship program for unwanted products from residential sources by January 1, 2010</li> </ul>	Referred to Appropriations 2/5/08
MASS	HB 2182	Take Back	<p>Similar to that in Maine, establishing a task force and charging it with developing a pilot take-back program for consumers' medicines. <a href="http://www.mass.gov/legis/bills/house/185/ht02pdf/ht02182.pdf">www.mass.gov/legis/bills/house/185/ht02pdf/ht02182.pdf</a></p>	
WA	HB 2600	Take Back/ Disposal	<p>Proposed on January 10, 2008, would create a producer managed and funded product stewardship program to collect and dispose of unwanted residential drugs. Every producer would be required to participate in the program by January 1, 2010.</p>	



# 2008 Legislation

2008 Unused Medicines Legislation				
State	Bill	Type	Detail	Status
PA	HB 2073	Take Back	<p>The Department of Environmental Protection of the Commonwealth with the Department of Health- "Pharmaceutical Drug Disposal Act"</p> <ul style="list-style-type: none"> <li>On or after July 1, 2009, each retailer shall have in place a system for the <b>acceptance and collection</b> of pharmaceutical drugs for proper disposal</li> </ul>	Referred to Environmental Resources and Energy – 11/29/2007
VA	HB 86	Disposal	<p>Administered by the Virginia Department of State Police in cooperation with the Board of Pharmacy:</p> <ul style="list-style-type: none"> <li>A system that requires the return of unused pharmaceuticals to a single collection location, which shall be under the control of the Department</li> </ul>	1/17/2008 – House: Continued in Committee to 2009 by voice vote
CT	HB 5144	Disposal	<p>Introduced by the Environment Committee:</p> <ul style="list-style-type: none"> <li>An Act prohibiting the disposal of prescription medications to public or private waste water treatment facilities so that they do not pass through the aquatic environment and enter the food chain</li> </ul>	This Act shall take effect on July 1, 2008



# 2008 Legislation

2008 Unused Medicines Legislation				
State	Bill	Type	Detail	Status
CO	SB 08-190	Redistribute	A Bill for an Act – Concerning the requirement that pharmacists redistribute certain unused medications and making an appropriation in connection therewith	House Committee on Health and Human Services – Postponed Indefinitely – 4/28/2008
IL	HB 5980	Repository	<p><b>Administered by the Department of Public Health:</b></p> <ul style="list-style-type: none"> <li>• <b>Creates the Prescription Drug Repository Act</b></li> <li>• Requires the Department of Public Health to establish a prescription drug repository program, under which any person may donate a prescription drug or supplies needed to administer a prescription drug for use by an individual who meets eligibility criteria specified by the Department</li> </ul>	Re-referred to Rules Committee – 5/31/08



# 2008 Legislation

2008 Unused Medicines Legislation				
State	Bill	Type	Detail	Status
NJ	A2514	Research	<p><b>An Act Establishing the New Jersey Water Supply and Pharmaceutical Product Study Commission</b></p> <ul style="list-style-type: none"> <li>The purpose of the Commission would be to <b>investigate, quantify and evaluate</b> the potential risks associated with pharmaceutical products in the State's water supply and to develop recommendations for proper disposal methods and potential filtering techniques</li> </ul>	Introduced, Referred to Assembly Environment and Solid Waste Committee -- 3/13/2008
CA	AB 2425	Research	<p><b>Administered by the State Department of Public Health - An Act to add and repeal Chapter 6.62 of Division 20 of the Health and Safety Code, relating to water quality</b></p> <ul style="list-style-type: none"> <li>This bill would, by July 1, 2009, require the State Department of Public Health to convene a working group of interested parties to advance public knowledge about pharmaceuticals in public drinking water supplies, as prescribed.</li> </ul>	Do pass, and re-refer to Committee on Appropriations -- 6/26/2008



# 2007 Legislation

2007 UNUSED MEDICINES LEGISLATION				
State	Bill	Type	Detail	Status
CA	SB 966	Take back	A bill requiring the California Integrated Waste Management Board in consultation with appropriate agencies, including the California State Board of Pharmacy <b>must develop model programs for the collection and proper disposal of drug waste.</b> Between July 1, 2008 and December 1, 2008 the Board shall make the model programs available to eligible participants.	Passed into Law on October 12, 2007
IA	SF 579 (f/k/a/ SF 579)	Pilot Take Back	<b>Pharmaceutical Collection and Disposal Pilot Project</b> – The Department shall use \$225,000 for a one-year pharmaceutical collection and disposal pilot project beginning May 1, 2007	05/11/07 - Signed by Governor (SJ 1578)
ME	LD 411	Pilot Take Back	<b>“An Act to Establish a Pilot Program for Return of Unused Prescription Drugs by Mail”</b> – This bill makes a one-time General Fund appropriation of \$300,000 in fiscal year 2007-2008 to provide funding for the Maine Drug Enforcement Agency to establish a pilot program for return of unused prescription drugs by mail	06/21/2007 – Passed To Be Enacted



# 2007 Legislation

2007 UNUSED MEDICINES LEGISLATION				
State	Bill	Type	Detail	Status
NY	A840	Take Back	<b>Prohibit the disposal of drugs as solid waste in a landfill;</b> Requires drug manufacturers to establish drug collection programs to accept unused or expired drugs from consumers; Requires consumers to return drugs to such a drug collection program; Require pharmacies and other retailers to post information on proper drug use/storage/disposal	6/24/2008 – passed Assembly; 6/24/2008 – returned to Senate
NY	A656	Repository	Establishes under the direction of the State Board of Pharmacy a <b>Drug Repository Program to accept and dispense donated drug prescriptions</b> to individuals are residents of the state and meet eligibility standards	1/9/2008 – referred to Higher Education
PA	SB 638	Repository	A bill administered by the State Board of Pharmacy and the Department of Health that would establish a <b>cancer drug repository</b> in Pennsylvania to help uninsured patients and those in need gain access to safe, unused cancer medications.	05/13/2008 – Approved by the Governor
TX	HB 3087 (?)	Repository	A bill to be enacted that would relate to the <b>distribution and redistribution of certain drugs</b> that would allow a pharmacist who practices in or serves as a consultant for a health care facility or penal institution may return certain unused drugs, other than a controlled substance purchased from a pharmacy	n/a

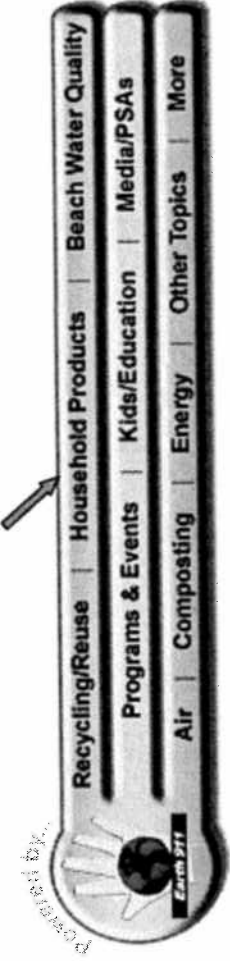


## Resources

- View the Office of National Drug Control Policy's Web page on Proper Disposal of Prescription Drugs:  
[http://www.whitehousedrugpolicy.gov/drugfact/factsht/proper\\_disposal.html](http://www.whitehousedrugpolicy.gov/drugfact/factsht/proper_disposal.html)
- Product Stewardship info  
<http://www.productstewardship.us>
- Pharmwaste email listserv – national group of healthcare professionals, waste management officials, and government
  - <http://lists.dep.state.fl.us/cgi-bin/mailman/listinfo/pharmwaste>
- To hold a collection event
  - <http://www.iisgcp.org/unwantedmeds/3HTHAC.html>



# Resources

- To locate a take back facility near you:
    - Go to <http://www.azrecycles.gov/>
    - Click on Household Products
- 
- Scroll to Household Hazardous Waste
  - Click Unwanted or Outdated Medications
  - Enter your zip code
    - If available, a list will show
- Earth 911 web site
    - <http://earth911.org/household-items/>
    - <http://earth911.org/blog/category/household-items/meds-pharms/>



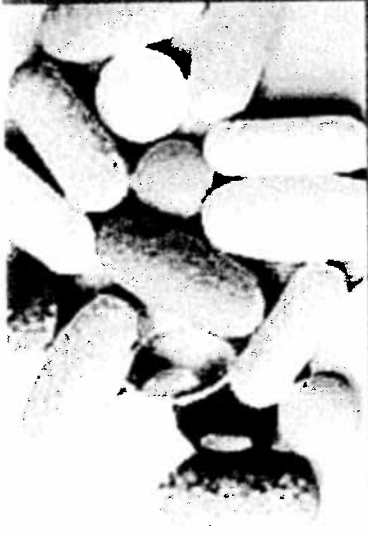


# Resources for Community Collection Programs

Case studies from Wisconsin  
and beyond

<b>Program Sponsor</b>	<b>sated goals of collection programs</b>
Alachua County DEP FL (pop. 220,000)	Prevent secondhand use of medicines, reduce identity theft, and prevent water supply contamination
Clark County WA (pop. 380,000)	Motivated by environmental concerns
Kendall County Health Department and TRIAD IL	Assist senior citizens with disposal of unwanted medicines and protect the environment
<b>La Cross County Solid Waste Dept WI</b>	<b>The goals are security, low-cost, effective, ongoing and user friendly</b>
<b>The State of Washington</b>	<b>Public health and environmental concerns; accidental poisoning prevention, reduce water pollution and foster producer responsibility</b>
San Francisco Bay area Pollution Prevention Group	Raising awareness about potential public health and environmental risks posed by improper disposal of unwanted medicines
City of Chicago Police Department city & suburbs	The police department has spearheaded this effort targeting older citizens due to concerns about identity and drug theft
Earth Keeper Initiative, Upper Peninsula MI	Care for the environment and concern about abuse with their community
Milwaukee Metropolitan Sewerage District WI	Environmental concerns about trace amounts of pharmaceuticals in waterways, concern for aquatic health, and water quality
Monroe County SW Mgmt District IN (pop. 121,407)	TRIAD, a partnership between senior citizens and law enforcement pushed for collections to reduce crime and increase consumer education and safety. Harm to children and animals is also noted

From International Environment, publication in prep

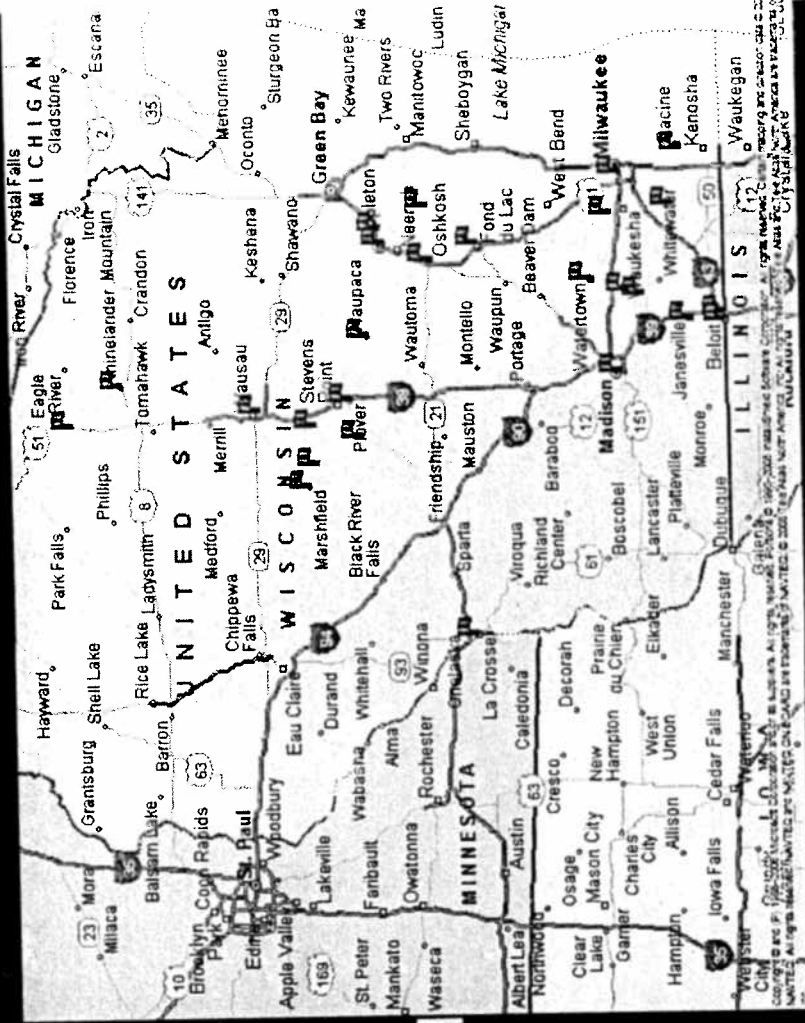


# Presentation Outline

- Overview of Wisconsin Program Development
  - Pharmaceutical Waste Working Group
  - Collection program models
- Case Study of the Fox Cities, Wisconsin Unused Medication Collection Program
  - Program overview
  - Lessons learned and recommendations

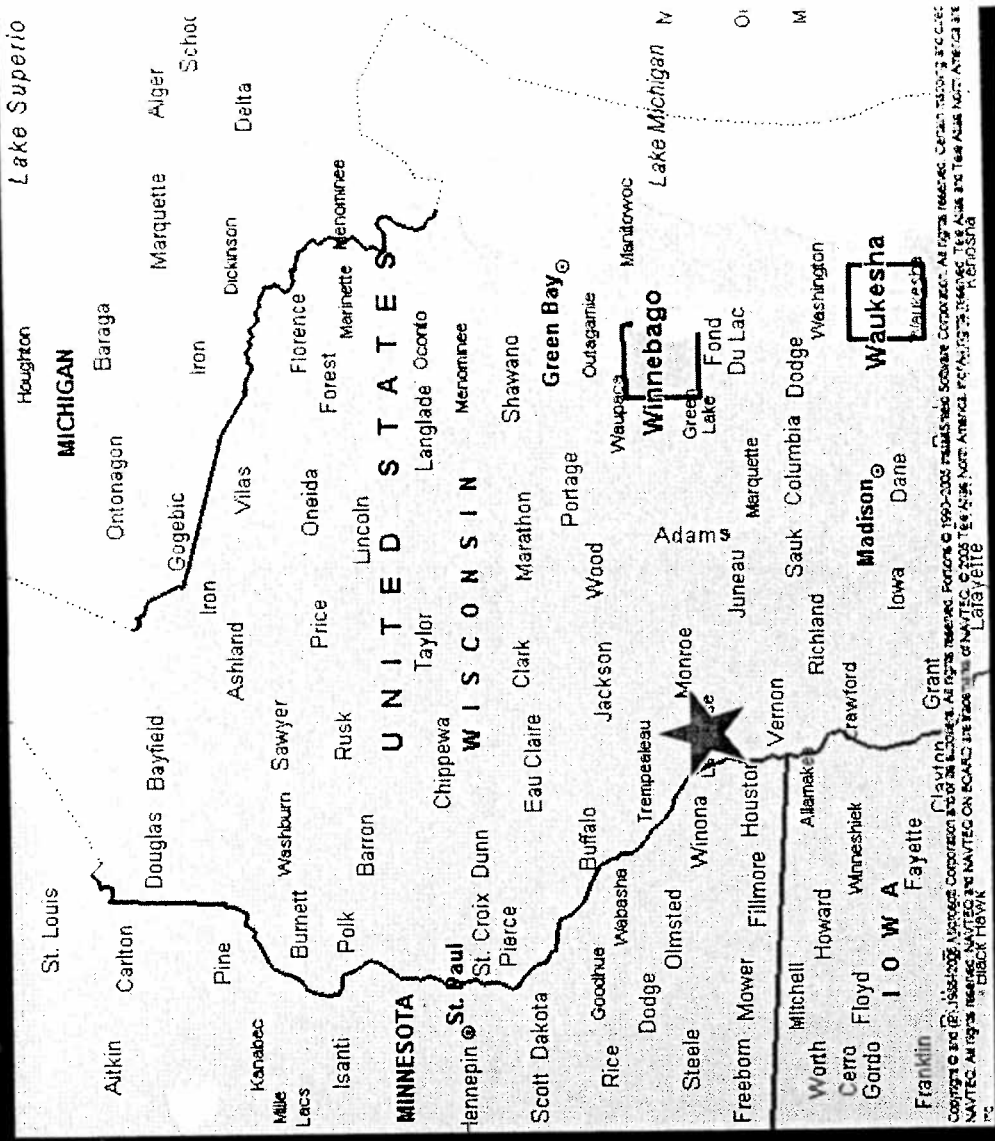
# Unused Medication Collection Programs in Wisconsin

- One-day collection program activity is growing significantly in Wisconsin
- One county in western Wisconsin has developed a permanent collection site with deputized staff
- Ongoing efforts to develop a mail-back pilot program in several eastern Wisconsin counties



# Pilot Program Development

- Reviewed existing local and state programs
- Work group support for moving away from one day events
- Mail back pilot in 2008
  - Utilize existing reverse distributor's expertise (Capital Returns)
  - 2 counties
  - Pharmacies serve as primary info source
- LaCrosse County HHW

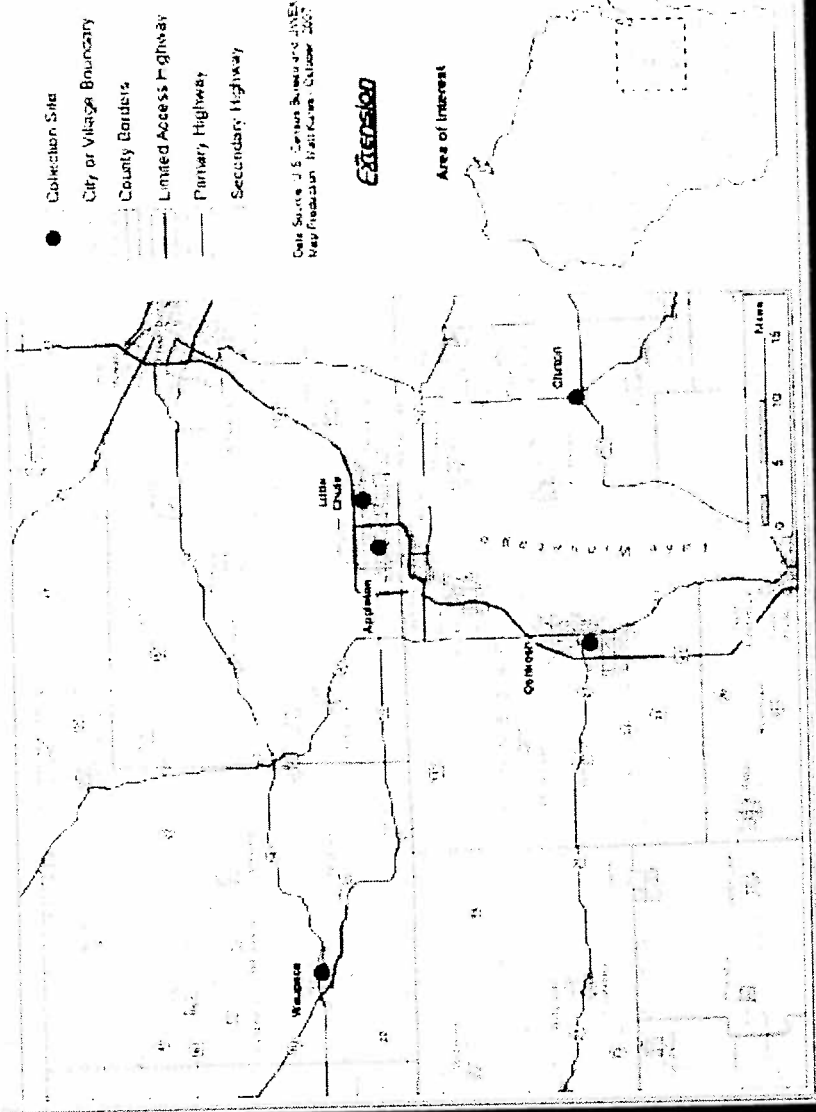


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# Fox Cities Unused Medication Collection Program Case Study

- 4-county collection program held at 5 sites, May 1-3, 2007 in Calumet, Outagamie, Waupaca, Winnebago; repeated in October
- Estimated population (2007) in the service area is 440,000 and growing
- Primary leadership provided by solid waste departments, Aging & Disability Resource Center, and UW Extension

Location of Fox Cities, Wisconsin - Pharmaceutical Collection Program Sites, May 2007



## Fox Cities Case Study

- 5 collection events held in four counties on May 1-3, 2007
  - May 1, Thompson Community Cntr, Appleton
  - May 2, Oshkosh Senior Center Annex
  - May 2, Chilton Senior Center
  - May 3, Little Chute Civic Center
  - May 3, Waupaca County Courthouse
- Open to any resident in each of the participating counties



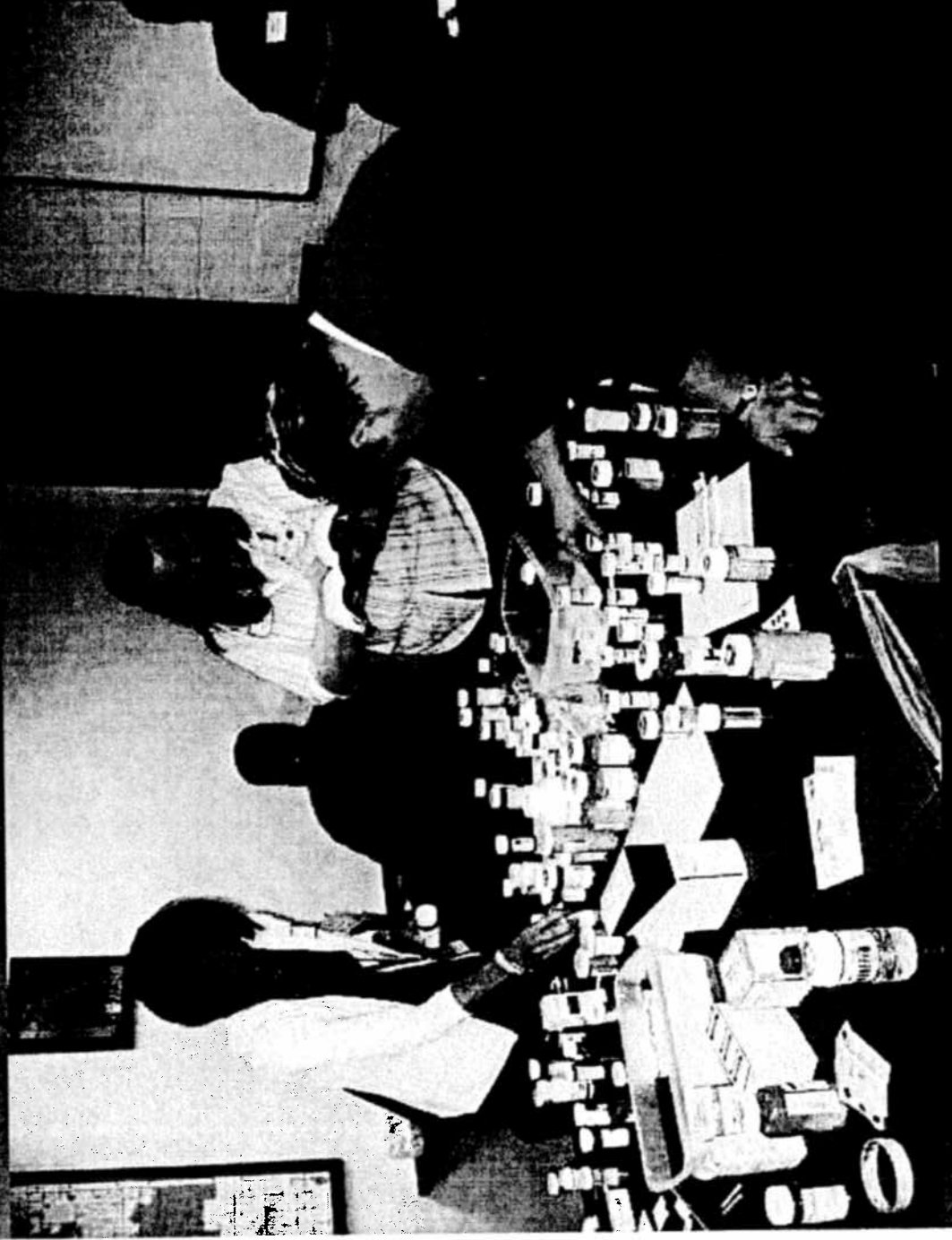
# Fox Cities Case Study

- Participant Survey Summary
  - Participants came from 44 distinct zip code areas
  - 42% of participants dropped off 13 or more containers of meds
  - 43% of medications had been stored for 2-4 years
  - 46% of meds were brought in because they had expired
  - 50% of participants were estimated to be over 65 years of age; 80% were estimated at over 46 years old

# Fox Cities Case Study

All meds received were sorted, categorized, and identified, and recorded.

This took a significant labor force (incl. retired pharmacists)



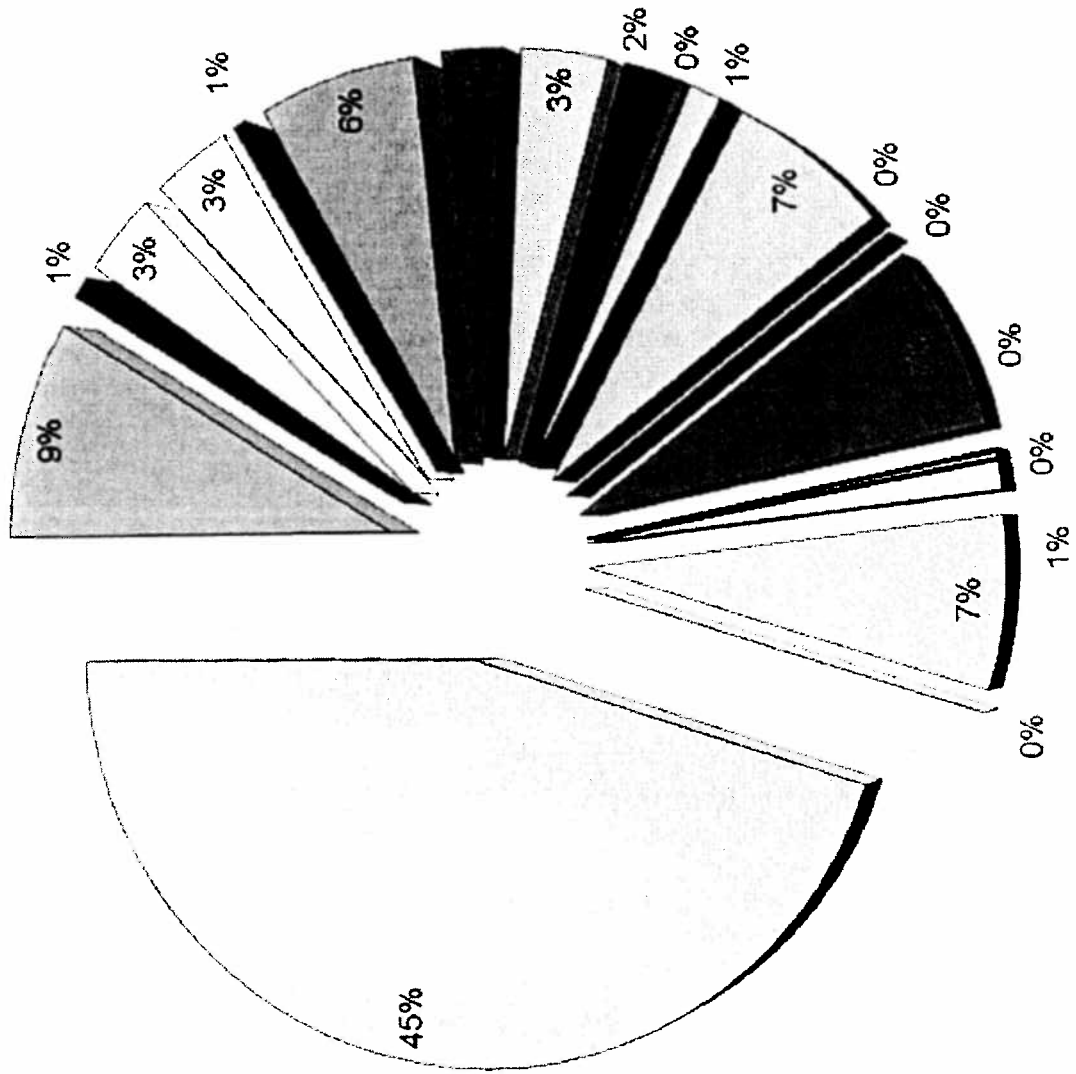
# Fox Cities Case Study

- Using masking tape, table tops were subdivided into OTC and prescription drug categories



# Therapeutic Classes

## Quad Counties May 2007



- analgesic
- antihistamine
- antihyperlipidemic
- anti-infective
- cough & cold
- diabetes
- diuretic
- gastrointestinal
- hemostatic
- hormone
- musculoskeletal
- neurological
- ophthalmic preparations
- overactive bladder
- psychotherapeutic
- respiratory
- sedative
- thyroid
- vascular
- veterinary use anti-emetic
- misc

# Fox Cities Case Study

- Program promotion
  - Aging & Disability Resource Center grant:
    - professional print brochures and posters
    - FREE print and audio media to promote the program
  - Utilized existing networks of high priority audiences – seniors, civic, environmental – for free promotion in newsletters or presentations (AARP, TRIAD)
  - Survey results:
    - 46% newspaper articles
    - 11% newsletters
    - 8% word of mouth
    - 6% from pharmacists or doctors
    - minimal from TV and radio

# Fox Cities Case Study

- Program Costs
  - Hazardous waste vendor for disposal, supplies, transportation and staffing = \$4,954 paid by counties
  - Publicity and promotion = \$2,570 from ADRC grant and \$2,570 in-kind contribution from marketing firm
  - On-site staffing = estimated value at \$9,750 donated by pharmacists, private health care, law enforcement, students, and county employees

# Lessons Learned

- Free media is perhaps the most effective way to publicize programs
- Target your audiences and focus your promotion efforts so you don't overextend your capability
- Be willing to compromise
- Keep working together and be willing to adapt your thinking

# Permanent Collection Locations

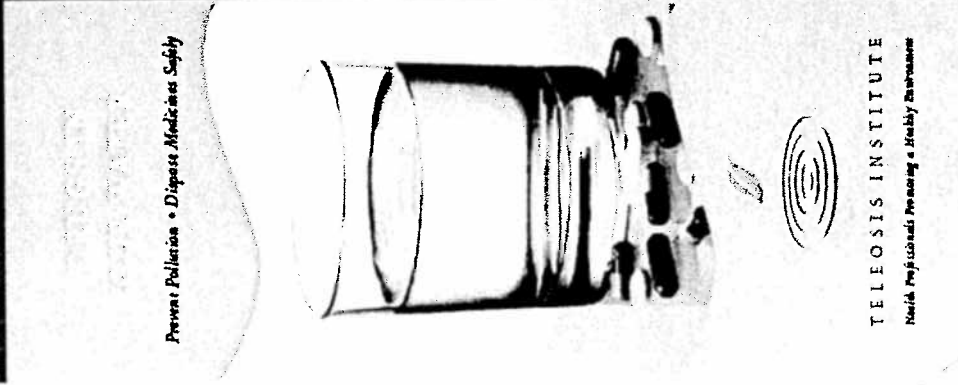


- Illinois
  - Will County (700,000 people) - Basinger's pharmacies (non-controlled only)
  - Solid Waste District of Northern Cook County (1,000,000 people) - fire stations, village halls, senior center (funding available)
  - Kendall County (100,000 people) - Yorkville police station
  - City of Chicago HHW facility



# Permanent Collection Locations

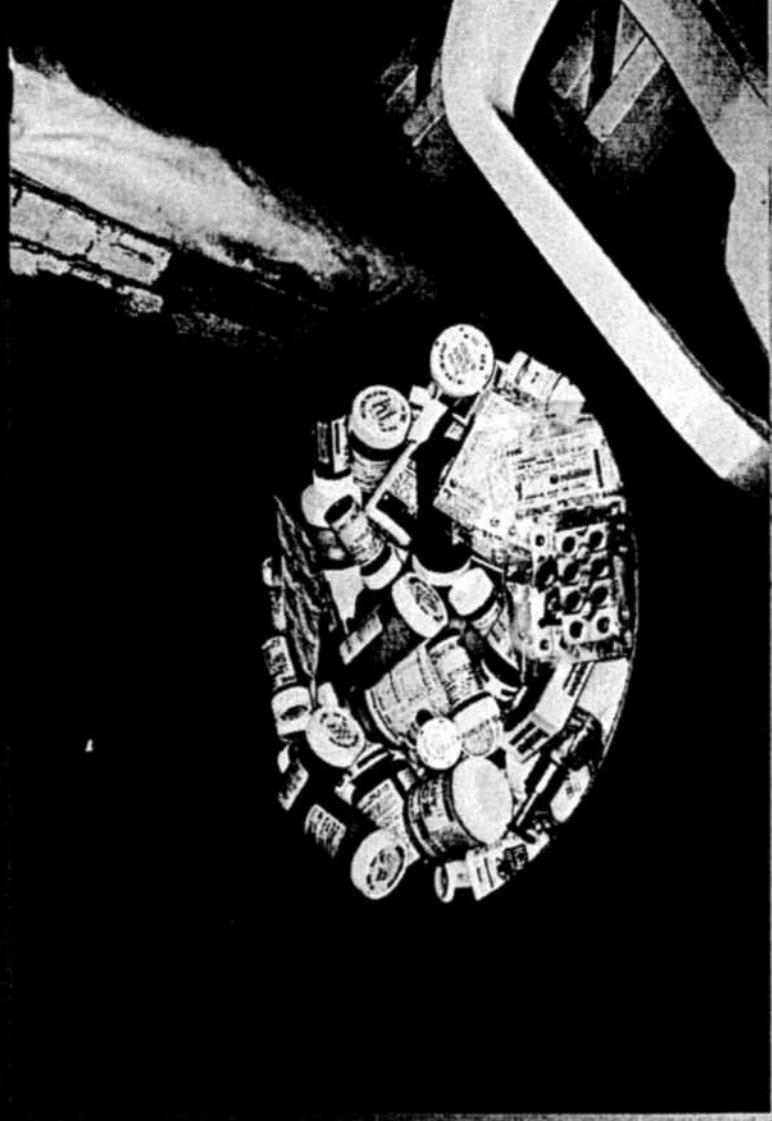
- Teleosis Institute Green Pharmacy Program (Berkeley, CA)
  - Partnership program with Kaiser Permanente, pharmacies, Whole Foods, City of Berkeley, others
  - 12 pilot take-back sites operating in pharmacies, doctor & dental offices, veterinarian hospitals, health care facilities, & local recycling events
  - 700 lbs. collected in 8 months of 2007
  - Uses Unused & Expired Medicine Registry (TX)
  - <http://www.teleosis.org/gpp-program.php>
  - NPR Marketplace report Feb. 20, 2008





# Statewide Pharmaceutical Collection:

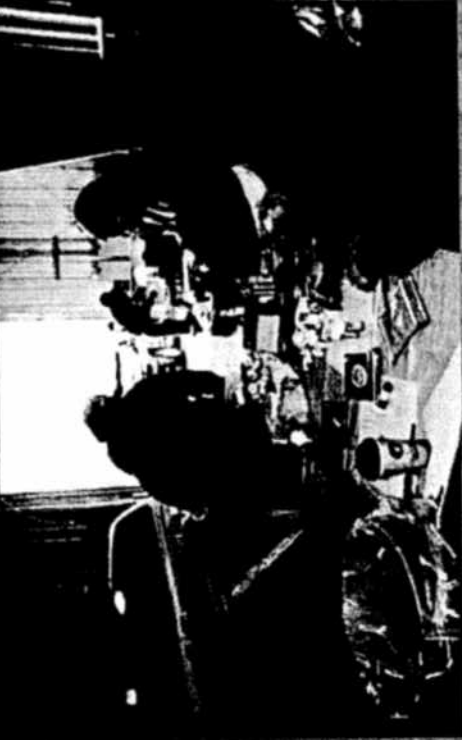
Current Directions and Future  
Needs



# Statewide Beginnings

- 2007 – 2009 Biennial Budget creates authority and language for DATCP
- Called “Prescription Drug” and linked to WI Clean Sweep, HHW Program
- No rules or \$
- DATCP decides to use Clean Sweep funds for budget cycle
- Grant program created for fall 2008

# Collections Now Underway



# Observations

- Pent up demand—solid turnouts
- Public seems to understand value
- Huge variety of approaches
- Low-cost, high impact collections
- Ratio of non-controlled to controlled ~ 20:1
- Shared witness burns major cost saver.
- Encourages multi-govern. cooperation

# Public Policy Needs

- Must keep grant approach flexible
- Should keep demonstration component to fund new ideas as they become available
- Reducing controlled substance barriers would be very beneficial
- Making it easier for institutions with patients to participate is very desirable





# **Establishing an Unwanted Medication Collection Program**

**Manual**  
**January 2007**



**Brought to you by the  
*Pharmacy Society of Wisconsin***

## **PURPOSE**

Currently, unused and expired medications are being legally destroyed by placing them in the trash or flushing them into the sanitary system. Destroying medications by these methods is highly discouraged because wastewater treatment plants do not remove medications. As a result, these pharmaceuticals are surfacing in our streams and ground water. Drug components can harm plants and animals that depend on these water resources. Current research has proven that there should be more concern expressed about the impact that these medications may have on the environment and the risks associated with exposure, including antibiotic resistance. In addition, disposing of medications in the trash increases access to medications by children and pets.

“Take back” programs have demonstrated success in prevention or reduction of unintentional ingestion and overdose of medicine among children, medication errors among the elderly, inappropriate use of medications, drug abuse, drug diversion from the home to the streets, and pollution of the environment.

PSW has compiled this reference material in order to provide you with the necessary tools to organize a “take back” program in your community or organization.

## **RESTRICTIONS**

### ***Controlled Substance Act***

- 1) Law enforcement officials must be present at each point where narcotic drugs change possession (i.e. citizen to pharmacist, site to incinerator)
- 2) Controlled substances must be separated from non-controlled substances.
- 3) Controlled substances collected must be recorded in writing, and the container that houses them must be sealed.
- 4) Law enforcement must keep a log of medications collected.

### ***U.S. Resource Conservation and Recovery Act***

- 1) “Hazardous Materials are substances that are capable of posing an unreasonable risk to health, safety, and property when transported in commerce. This Act regulates the transportation, treatment, and disposal of hazardous waste, but exempts waste

d. Operators of household pharmaceutical collection facilities and events must ensure that the final disposition/destruction of all collected household pharmaceuticals can be ascertained.

## **TASKS TO BE COMPLETED**

- Establish a planning committee.
  - Contact county health department to determine if they are interested in participating
  - Determine date and time of event.
  - Identify several potential collection sites.
  - Obtain authorization from Board of Pharmacy
  - Contact personnel/staff involved
    - *Law Enforcement*
      - Request for assistance should be in writing and a follow up memo sent to confirm the collection specificities and duties of the officer. See Appendix 1/2
    - *Pharmacists, pharmacy students, etc*
      - To assist with collection
    - *Waste haulers*
      - For disposal arrangements
- Web site:** [dnr.wi.gov/org/aw/wm/hazard](http://dnr.wi.gov/org/aw/wm/hazard)

**Contact information for permanent household hazardous waste collection programs & contractors:**  
[www.uwex.edu/erc/pdf/HHW/PermAddress.pdf](http://www.uwex.edu/erc/pdf/HHW/PermAddress.pdf)

**Contact information for one-day household hazardous waste collection programs & contractors:**  
[www.uwex.edu/erc/pdf/HHW/1DayAddress.pdf](http://www.uwex.edu/erc/pdf/HHW/1DayAddress.pdf)

Licensed hazardous waste transporters lists:  
[dnr.wi.gov/org/aw/wm/facilists](http://dnr.wi.gov/org/aw/wm/facilists)

- *Greeters*
- *Persons to enter data into computer*
- *Local Water treatment representatives*
- *Local poison prevention group*

**UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS**  
Poison Prevention and Education Center  
600 Highland Avenue, F6/133-1530  
Madison, WI 53792

**Administrative Phone:** (608) 265-8160

**CHILDREN'S HOSPITAL OF WISCONSIN POISON CENTER**  
PO Box 1997, Mail Stop 677A  
Milwaukee, WI 53201-1997

- Labels may not be removed.
  - No sharps.
  - No thermometers.
  - No medical waste.
  - All medications will be destroyed.
  - No refunds will be issued in retail settings; medications will not be resold or reused.
  - Details of the event: where, when, hours of operation, and who to contact for more information.
  - No cost to participate.
- Investigate potential funding sources for advertising, disposal and employee wages
    - Corporate sponsors
    - Local pharmacies
    - DNR grants
    - Office supply stores (copying, signage)
    - Local individuals
  - Map out traffic control and site set-up; a site visit is beneficial
  - Prepare survey for traffic control greeters; see sample survey in Appendix 6
  - Collect supplies for the event
    - 5-gallon pail for "items under pressure" -such as inhalers, which must be disposed of separately
    - Recycling bin
    - Trash bin
    - Chairs
    - Tables
    - Hazardous waste containers (supplied by certified waste hauler)
    - Gloves
    - Ziploc bags
    - Laptop
    - Printer
    - Pens
    - Paper
    - Survey forms
    - Clipboards
    - Safety vests
    - Packing tape
  - Other supplies; although these items should not be collected, some citizens will turn them in without the greeters knowing so being prepared to dispose of them is necessary

## **DAY OF EVENT**

### Brief Overview

1. Individuals come in with their medications – ideally in the original containers, but they may bring them in cardboard boxes and plastic grocery bags.
2. They drop off their medications and leave. An individual's on-site time is very brief. You may have a few survey questions for them to complete before they leave.
3. The pharmacist(s) sort(s) and categorize(s) the medications as controlled and non-controlled substances. The non-controlled medications are put into hazardous waste containers. The controlled substances are inventoried and turned over to law enforcement.
4. At the end of the event, the controlled substance inventory is printed out and signed by the law enforcement official as well as the pharmacist.
5. At the end of the event, the hazardous waste hauler removes all of the non-controlled and controlled substances (if allowed by DEA), creates manifests to document the materials per US Environmental Protection Agency guidelines and US Department of Transportation Regulations, and transports waste to a hazardous waste incinerator.
6. After the hazardous waste hauler leaves, the law enforcement official takes the controlled substances (if the hazardous waste hauler is not allowed to remove these substances) to the local police station and puts them in the evidence storage locker, prior to destruction.

### Roles

- **Traffic control personnel ("greeters")** will be needed at the entrance of the collection point. Use a "drive-thru" process; participants do not get out of the car
  - Screen patients to determine that they did not bring hazardous materials/waste or sharps
    - *Epi-Pens* are acceptable
  - Collect medications and turn them over to pharmacists
  - Complete a short survey (see Appendix 6)
    - These sheets can be mailed to UEMR (Unused & Expired Medication Registry) the survey was

- Individual enters controlled substance inventory into computer
- Print out inventory of controlled substances for law enforcement
- Tools: laptop, printer

□ **Law Enforcement-local police**

- Law enforcement should be positioned so that they can see the collection and movement of the medications from the public to the workstation (may require more than one law enforcement agent)
- Provide security throughout event
- Controlled substances must stay in the sole physical possession of law enforcement throughout the collection and until placed in the evidence storage locker or taken for destruction. At no time may the container of controlled substances leave the physical possession of law enforcement.
- For security sake, law enforcement should stay on site until the container(s) of non-controlled substances are closed, labeled, and placed in the hazardous waste hauler's truck; effectively removing them from the site and public access.
- # of law enforcement agents depends on potential size and traffic load at event
- Attire: uniform

□ **Hazardous waste hauler**

- Drop off containers at least one day prior to event
- Schedule company to pick-up non-controlled medications one hour after the event
- Incineration must occur within 24 hours after event
- All non-controlled drugs are weighed and marked for disposal via incineration
- All controlled drugs are weighed and placed into a special container(s)
- Some waste haulers are licensed as reverse distributors by DEA, yet the DEA often requires law enforcement to dispose of controlled substances

Veolia Environmental Services  
 W124 N9451 Boundary Road  
 Menomonee Falls, WI 53051  
 (262)-255-6655

## ***TIPS***

Begin planning early—the time needed to plan the event is dependent upon the responsiveness of the key contacts. Some events may require up to 1 year to plan. This time frame could potentially be reduced for repeat programs.

Discuss event with people who have completed a unwanted medication disposal day.

Conduct program on a Saturday for greatest traffic flow. Length of event dependent on expected turnout; 4 hours has been sufficient for most events.

All volunteers and workers should have nametags so that identification is easy.

Holding events in town will most likely prove successful because senior citizens do not like to travel.

## ***REFERENCES***

Operating Unwanted Medication Collections - A Legal & Safe Approach  
Northeast Recycling Council, Inc. © September 2006

**[www.nerc.org](http://www.nerc.org)**

**[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)**



**APPENDIX 2: Follow-up Memo to Police Confirming Collection Details**  
**MEMO**

Date: xxx

To:

From:

RE: Collection of Unwanted/Expired Medication

This is to confirm the information that we discussed over the phone about the unwanted medications collection on (day, date) at the (location). The officer staffing the event should be onsite by (time). I am not sure yet what time we will be done, but definitely by (time). The officer should be in full uniform. We will have registered pharmacist(s) onsite, along with volunteers to help with traffic flow.

The pharmacist(s) will do the sorting of the controlled from the non-controlled substances. The pharmacist(s) will also do a count of all controlled substances and a data entry person will keep a record on a laptop; an inventory will be printed for your officer at the end of the collection. During the collection event, the controlled substances will be handed directly from the pharmacist to the police officer for placement in an appropriate container. The container is to remain with the officer at all times.

At the end of the collection we will put the controlled substances into a sealed container, and secure it. A copy of the inventory will be placed inside the container and another copy taped to the outside. A large label identifying the collected medications as "non-evidence and non-confiscated" will also be placed on the envelope. This collection method meets the criteria for both the Drug Enforcement Agency (DEA) and the (state regulation agency).

Under the guidelines established by (state regulation agency), the collected controlled substances are to be stored "in a readily separable and distinguishable manner from the evidence/confiscated medications." They must be kept in identified separate containers and isolated in some manner from the evidence/confiscated medications. They can be kept in the storage locker, but law enforcement needs to have a non-criminal incident report associated with the collected medications. As per (state regulation agency) requirements, we will arrange for destruction of the collected controlled substances at a DEA approved incinerator.

Our collection site will have a covered area in case of rain. We will have coffee and other beverages. Restroom facilities will be available on site.

We will reimburse the department for the officer's time. Please call me at (phone #) if you have any concerns or comments about the collection.

Thank you for your assistance.

**APPENDIX 6: Sample Survey**

**Unwanted Medications Collection**

**DATE**

**Zip code/Town you live in:** \_\_\_\_\_

**Why is the medicine being disposed of?**

- Didn't like the medicine (made me ill, etc.)
- Expired/out-of-date medicine
- Taken off medicine/no longer needed
- Death (family member/friend)
- Cleaning house
- Never used the prescription
- Drug was pulled off the market
- Other \_\_\_\_\_

**Whose medication was it?**

- Mine
- Family or household member
- Friend
- Pet

**How did you find out about this event?**

**Comments/Recommendations:**