The Rx on Pharmaceuticals: Effective Collection of Left-Overs

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Pharmaceuticals

- Wide range of biologically-active chemicals
- Three classes by sale/regulation:
  - Over The Counter
  - Prescription (or “Legend”)  
  - Controlled Substances
- Some designate as hazardous waste
Pharmaceuticals (cont’d)

• **Controlled Substances** – regulated by the Federal Drug Enforcement Administration due to potential for abuse
  
  – **Schedule I** – illegal drugs (ex., heroin, cocaine)
  
  – **Schedule II** – morphine, OxyContin, codeine, Demerol, Ritalin, amphetamines, fentanyl
  
  – **Schedule III** – Tylenol with codeine, Vicodin
  
  – **Schedule IV** – benzodiazepines, Valium, Darvon
  
  – **Schedule V** – codeine cough syrups
Controlled Substance barrier

Currently...

• Only the ultimate-user or law enforcement can legally possess a CS drug once dispensed

• Take-back programs thus must involve police or sheriffs

• “Secure and Responsible Drug Disposal Act of 2010” enacted to allow more flexibility
DEA Take-Back Events

• Twice-a-year, 4 hrs on a Saturday
• Most recent: April 27, 2013
• Stop-gap measure until ongoing programs are in place
DEA Proposed Rule

• Allows for 3 collection options:
  – Take-back events
  – Mail-back programs
  – Collection receptacles (secure drop-boxes at retail pharmacies and law enforcement offices)

• Co-mingling is allowed: controlled-substance drugs can be mixed with non-CS/OTC, ...
DEA Proposed Rule (cont’d)

• All collected drugs must be destroyed: rendered non-retrievable

• “Flushing and mixing controlled substances with coffee grounds or kitty litter... do not meet the non-retrievable standard.”

• Destruction methods must meet all applicable federal, state, tribal and local laws and regulations.
DEA Proposed Rule (cont’d)

- Inventorying of collected drugs is not allowed
- Pharmacies can set up collection receptacles at long-term care facilities
- All collection is voluntary
- No funding is available
DEA Proposed Rule (cont’d)

• Draft rule was published in the *Federal Register* on 12/21/2012
• Comments were due on 2/19/2013
• 194 comments were received
• No telling how long it will be before we see a final rule, or how much it might change.
Best approach: Product Stewardship
Product Stewardship

• Those with the greatest ability to influence the life-cycle impacts of a product have the greatest responsibility.
• It’s about long-term sustainability, zero waste, materials management, “ownership.”
• Full life-cycle responsibility, even for left-overs
Product Stewardship Works

Many Products
- Pharmaceuticals
- Paint
- Electronics
- Cell phones
- Batteries
- Thermostats
- Tires
- Mercury Switches in Cars
- Pesticides
- Vehicles
- Beverage Containers
- Packaging
- . . . . and more

Many Places
- BC
- And all across Canada
- European Union
- Japan
- Taiwan
- South Korea
- Australia
- . . . . and more
Washington State program

- Pharmacy take-back demonstration + law enforcement and other options
- Operating for more than 6 years, now with 48 pharmacies state-wide
- All voluntary, locally-funded (not sustainable)
- More than 251,000 pounds of medicines collected, with little advertising

- Pharmacy (9 counties)
- Law Enforcement (11 counties)
- Other Locations (occasional one-day events, etc.)
Washington State (cont’d)
King County initiative

- King County Board of Health is considering adoption of a local rule-and-regulation on secure medicine return
- Product stewardship model: program proposed to be funded and operated by drug producers
- Retail pharmacy and law enforcement collection sites, with mail-back and event options
- Public hearing: 5/16/2013
For more information

- Nationally: [www.takebacknetwork.com/](http://www.takebacknetwork.com/)
- Washington State: [www.takebackyourmeds.com](http://www.takebackyourmeds.com)
- King County (WA):
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