
Oregon Pharmaceutical Take Back Stakeholder Group

Executive Summary

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In Clackamas County, a 40-year old mother of two died from an accidental overdose of Methadone. She was having difficulty sleeping and decided to try a family member's unused prescription drug left in her medicine cabinet.

Teenagers age 12 to 17 are the fastest-growing group of prescription drug abusers. They arrange "pharming parties" where they swap drugs found in their homes.

Drugs are being found in waterways nationwide; some of them reach the environment by being flushed down the toilet. One study showed male chinook salmon to be very susceptible to sex reversal.

Unused drugs kept in medicine cabinets, tossed in the garbage, or flushed down the toilet or drain can be serious threats to human and environmental health. Drugs of concern include controlled and non-controlled prescription drugs, as well as over-the-counter medications. Drug take back programs -- government or industry programs where unused drugs are returned to designated sources -- reduce avoidable poisoning of both children and adults; prevent intentional misuse of unwanted prescription drugs, especially by teenagers; and protect water quality, fish and other aquatic species.

Why Oregon Needs a Drug Take Back Program

Based on industry estimates, 3% of the prescriptions written in the US are unused. In Oregon, that translates to a possible 1,004,200 prescriptions unused annually in Oregon - 663,000 from residents and another 341,000 from long-term care facilities. Some of these unwanted and unused prescription drugs reach Oregon's environment. How do they get there? The majority is from people taking medicine and excreting it. However, studies show that because of inadequate disposal options, most people throw unused or unwanted drugs away -- either flushing them down the toilet, or disposing of them in the household trash. Adult care facilities in Oregon serve about 35,000 people, and they typically flush unwanted or leftover medications down the drain.

Reduce Avoidable Poisonings

Leftover drugs can result in the unintentional use of wrong or expired prescriptions by people of all ages, poisoning of children

who get access to drugs, and poisoning of children and pets who find discarded medication in the trash. In 2004, the Oregon Poison Center received 28,734 calls for accidental poisonings of children under six years old, which represented 77% of the pediatric hospital visits in Oregon that year. Overall, drugs represent the most common poisoning hazard, resulting in 50% of all avoidable poisoning calls.

Prevent Intentional Misuse of Drugs, Especially by Teenagers

Misuse of unwanted prescription drugs is the nation's second prevalent drug problem, after marijuana use. From 2002 to 2004, Oregon had the third highest rate in the nation (10%) among youths for non-medical use of pain relievers. Oregon also ranks in the top five states with the highest prevalence of stimulant misuse for ages 12 years and older. Estimates show that the state of Oregon may have nearly 15,000 Emergency Room visits per year from the nonmedical use of drugs. These are often severe. In a national study, 33% of such

emergencies resulted in the patient being sent to a critical care unit. Misuse can also result in dependence or abuse of a drug, and those at greatest risk are between the ages of 12 and 25. The Pacific Northwest ranks third in the nation for drug dependence and abuse.

Protect Water Quality

In one national study of 139 streams in 30 states, drugs were found in 80% of the samples. The two biggest concerns of aquatic impacts are hormone disruption in fish and effects of antibiotics. In the Potomac River, male fish were discovered producing eggs. In Colorado, native fish populations in Boulder Creek showed significant endocrine disruption.

Drugs from households and care facilities reach waterways from excretion, flushing drugs down the toilet into sewers and septic systems, and trash disposal resulting in landfill leachate that reaches surface water or infiltrates groundwater. Some drugs can be treated at traditional wastewater treatment plants, but others cannot. While the

majority of drugs enter the water through human excretion, a drug take back program is still an important step in reducing chemicals in the environment.

The Work of the Drug Take Back Stakeholder Group

A select group of Stakeholders, along with interested parties, formed the working group in October, 2006 to study the disposal of unwanted and unused drugs in Oregon. Stakeholders included a breadth of expertise ranging from law and drug enforcement; public water agencies; pharmaceutical groups; environmental organizations; medical, health care, recycling and poison center representatives; and city and county governments. The group focused on unwanted drug disposal from households and care facilities.

The Stakeholders researched and analyzed existing and proposed drug take back programs in other places including British Columbia, the states of Maine and Iowa, and efforts in other U.S. counties and areas. Methods of drug return range from prepaid mail-in envelopes to drop boxes at pharmacies or law enforcement agencies; the benefits and drawbacks of each were explored.

The Stakeholders' task was to create a proposed program for Oregon that is effective, fair, and economical, and includes both controlled and routine drugs. The program should also include education and outreach elements, needs to work in both urban and rural areas of the state, and must have a long-term funding base.

Oregon Program and Funding Recommendations

The Stakeholders' recommendation, endorsed by the majority of the group, is based on the successful, British Columbia Medications Return Program that has been in operation since 1996. There, an organization of pharmaceutical manufacturers known as the Post Consumer Stewardship Association organizes and finances the program. This is known as a Product Stewardship program.

Based on the success of the British Columbia program, estimates for Oregon indicate that approximately 60,000 pounds of unwanted drugs would be returned annually, including about 5,300 pounds of controlled drugs such as narcotics, Vicodin, Demerol, Ritalin, or Xanax.

The majority of the group believes that this approach, which has been used by other industries in the U.S. and Canada, has the best potential for success. The Pharmaceutical Research and Manufacturers of America (PhRMA), opposes the recommendations.

Program Proposal: Product Stewardship Program

In a Product Stewardship Program, pharmaceutical manufacturers and over-the-counter drug companies would be requested to devise and implement a convenient and effective program for consumers to dispose of unwanted medicine. The industry can select the format -- mail-back, drop box, a combination of the two, or another concept that the industry may choose to pursue. In addition, the program for Oregon should seek federal Drug Enforcement Administration waivers (as Washington, California and Maine have already requested) to allow controlled drugs to be included.

Action by the 2007 Oregon Legislature included pharmaceutical take back programs as one program to examine to reduce toxics in Oregon's water. If the industry is unable to move forward with such a program, the Stakeholders propose that legislation requiring it be introduced in the 2009 Oregon Legislature.

Funding Proposal: Industry Funding

The Stakeholders do not believe that the burden of this program should fall directly on consumers, nor be added as an additional cost to the routine responsibilities of Oregon's law enforcement agencies. In 2005, the BC program collected 39,710 pounds of unwanted drugs at a total cost of \$190,935 (U.S. dollars). The group recommends that the industry fund the program, although the Pharmaceutical Research and Manufacturers of America, does not support this option.

The funding method proposed is similar to that in British Columbia and in the recycling of used batteries, mercury-containing thermostats, and electronic equipment in some states including Oregon. This option keeps the program financing directly related to the producers, users, and disposers of medications, instead of spreading the costs across the general public. A private sector system can be designed to be efficient and flexible.

Drug Take Back -- A Simple, Safe Routine

Take-back programs have become common, simple routines throughout Europe and Canada for a wide range of hazardous products including pharmaceuticals, automotive fluids, batteries, electronics, paint, solvents, tires and other products. They are becoming more commonplace in the U.S. Oregon already has a program in place for battery recycling and the Legislature recently passed an electronics recycling program. Take back programs for drugs are of even greater consequence. A proactive approach will help avoid poisonings and drug addiction, and is more cost-effective than treatment in both public health and pollution control.

A safe and secure program can make the collection and disposal of unused and unwanted drugs as easy and convenient as buying a bottle of aspirin or filling a doctor's prescription, while bringing benefits for the health of Oregonians and the environment.

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