

# Progress Report for Pharmaceuticals from Households: A Return Mechanism (PH:ARM)

## Background

The purpose of this document is to summarize the results to date of a pilot project (PH:ARM) that is currently in operation in Washington State to securely collect and dispose of unwanted medicines from households.

This pilot began in October 2006 at one Group Health Cooperative (GHC) pharmacy and gradually expanded over thirteen months to 25 GHC locations in Washington State. Bartell Drugs will begin operation of the pilot at a few of its stores in April. Two nursing/boarding homes will host the pilot as well starting in April. See our website at [www.medicinereturn.com](http://www.medicinereturn.com) for more details on pilot locations.

The pilot's goal is to demonstrate that unwanted pharmaceuticals from households can be safely and securely collected at a pharmacy and disposed of on an ongoing basis. It is scheduled to end in October 2008 and is funded by public and private grant monies, which are not sustainable funding solutions. The PH:ARM team envisions an eventual statewide medicine return program available at all pharmacies that is managed and funded by pharmaceutical manufacturers.

## Why is a take-back program for unwanted medicines necessary?



- Unwanted medications can pose a risk to your family, your community and the environment. When left in the home, they may increase opportunities for drug abuse, diversion, teen “pharming” and accidental poisonings.
- **Medicines disposed down the drain** may contribute to the presence of pharmaceutical pollution in our streams that negatively impact aquatic organisms. (Most treatment plants are not designed to remove all pharmaceuticals, and medicines are discharged untreated.)
- **Pharmaceuticals have been found in biosolids**, the sludge that remains from the wastewater treatment process. In some areas, biosolids are applied as fertilizer, potentially impacting the plants that are grown in it.
- **Pharmaceuticals disposed in the garbage** can eventually end up in landfill leachate, the liquid by-product of decomposition. Leachate from certain landfills is pumped to the sanitary sewer treatment plant and then discharged to the surface waters of the state

## Why should manufacturers pay for a statewide program?

Pharmaceutical manufacturers are already paying for medicine return programs in many places all over the world, including Canada, France, Italy, Spain, and Australia. They have the experience and the expertise to establish these programs.

Local governments are not equipped to take on the job of safely disposing of unwanted pharmaceuticals. Pharmaceutical manufacturers are at the beginning of the manufacturing and distribution chain, and they are better positioned to establish a cost-effective industry association responsible for financing and arranging for the collection and safe destruction of unwanted drugs.

Increasingly, unwanted products with potential negative impacts on society and the environment are being collected, instead of disposed, through programs managed and/or funded by the manufacturers of those products. There are many successful and cost-effective examples of manufacturer stewardship for other products, including electronics, rechargeable batteries, mercury thermostats, and paint, in this country and around the world.

Example of buckets collected



**The volume of medicines collected is evidence of the need for this program.**

The PH:ARM pilot has collected almost 6,000 pounds of unwanted medicines in the course of a year (as of March 2008) with little or no advertising! We expect these numbers to increase consistently over the next few months as new locations open and word continues to spread about the pilot.

### **PH:ARM is a secure medicine return program**

PH:ARM created detailed operational protocols to comply with the Washington State Board of Pharmacy and the DEA's requirements. The pharmacy-based collection and disposal protocols contain the following elements:

Secure container



- A specially designed, double-locked, secure container located within sight of the pharmacist counter to prevent public theft.
- Pharmacy staff do not handle material deposited into the container.
- The medication is collected in a bucket or box inside the locked container. To exchange a box full of medicines, two authorized staff must use separate keys to open the container and secure the box.
- Custody of the box and its contents is carefully documented from the pharmacy to final incineration using a unique tracking system.
- The WA Board of Pharmacy licenses pharmacists and provides oversight of established procedures.

### **Controlled Substances and the Drug Enforcement Administration (DEA)**

Controlled Substances are those medicines which are more likely to be abused or result in addiction. Examples include Oxycontin®, morphine, codeine and Valium®. They

make up about five percent of all medicines sold. The DEA regulates controlled substances. Under current federal law it is necessary to obtain a waiver from the DEA in order to collect controlled substances through an ongoing take back program (without the presence of law enforcement).

In March of 2006, PH:ARM sent a formal request to the DEA to collect controlled substances at our pilot locations. U.S. Senators Maria Cantwell and Patty Murray, Governor Christine Gregoire and Washington State Attorney General Rob McKenna all wrote letters to the DEA asking that they grant PH:ARM a waiver for our pilot. In a response to our two senators, the DEA acknowledged that the lack of a safe and secure disposal method for unwanted medicines was a serious problem, but they were unable to grant a waiver because they felt their regulations did not allow for it. However, the DEA stated they were in the beginning steps of revising their regulations to deal with this problem, and they anticipated a one-year-plus timeline.

The PH:ARM pilot is not currently accepting controlled substances; however *these are the most important drugs to get out of our homes.*

***It is our opinion that pharmaceutical manufacturers are in a much better position to advocate for a federal DEA waiver than local or state governments.***

### **How much would a statewide program cost?**

Based on the amount of medicines collected in British Columbia, Canada, a Washington statewide program could collect 99,000 pounds of medicines annually (including packaging). Washington State citizens spend \$3.1 billion annually on over-the-counter (OTC) and prescription medicines. If you spread the estimated cost of a take back system over all the prescriptions and OTC medicines sold in Washington State, it would cost from \$0.01 to \$0.02 per container of medicine sold.

### **Legislation**

In January 2008, Representative Dawn Morrell introduced legislation that would require pharmaceutical manufacturers to develop, manage and fund a statewide medicine return program. Under Rep. Morrell's leadership, the bill passed out of the House Select Committee on Environmental Health with unanimous, bipartisan support. However, it did not move out of the fiscal committee. You can view the bill at

<http://apps.leg.wa.gov/billinfo/summary.aspx?bill=3064&year=2008>

Plans are currently underway to introduce product stewardship legislation again in the 2009 legislative session.

#### **The PH:ARM Team**

- Interagency Resource for Achieving Cooperation (IRAC)
- Local Hazardous Waste Management Program in King County
- Snohomish County Solid Waste Management Division
- Public Health- Seattle & King County
- Northwest Product Stewardship Council
- Washington Citizens for Resource Conservation
- Pacific NW Pollution Prevention Resource Center
- Washington Department of Social and Health Services- Aging and Disability Administration Services
- Washington State Department of Ecology and advised by the
- Washington Board of Pharmacy

FOR MORE INFORMATION, CONTACT CHERI GRASSO  
206-263-3089 CHERI.GRASSO@KINGCOUNTY.GOV