

Medicine Take-Back: The Facts about the B.C. Program

A recent newspaper article in Vancouver, B.C. **rightfully criticizes the drug companies** providing the B.C. Medication Return Program **for failing to provide adequate public education** about the use of the program.

The 13-year old B.C. regulation that requires all drug companies to provide a medicine take-back program is flawed – **the B.C. regulation did NOT require specific public awareness actions.**

In 2007, a public awareness survey exposed that the drug companies were failing to educate the public about using the program. **When the drug companies improved their outreach, the amount of collected medicines increased 250% in 3 years as public awareness increased from 31% in 2007 to 48% in 2010.**

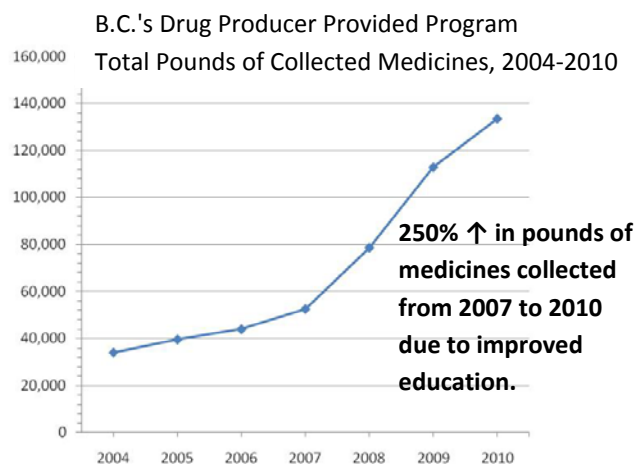
Public awareness is key to the success of medicine take-back programs, just as it has been with WA's successful E-Cycle Program for computers and TVs.

In fact, the B.C. public awareness surveys found:

In 2007: 2/3 of "aware" residents used the take-back program.

In 2010: 3/4 of residents aware of the medicine take-back program have used it. 75% is a high use rate!

248 tons of medicines have been collected in the last 7 years!



WA's Medicine Take-back Bills Have Strong Education and Promotion Requirements

In contrast to the flawed B.C. law, **SSB 5234** has simple but effective education requirements, and an evaluation requirement, to ensure that consumers are aware of the medicine take-back program (see Section 10 of the bill).

WA's Medicine Take-Back Bill has a two-pronged approach to education:

- 1. SSB 5234 Requires Education and Public Awareness Evaluation by Drug Producers:** The Medicine Return Corporation, financed and managed by drug producers, must:
 - Promote the safe storage of medicines and how to use the take-back program to consumers, pharmacists, retailers, and health care professionals.
 - Provide a website and a toll-free phone number to publicize collection locations.
 - Provide materials on the program to pharmacies, health care facilities, and others.
 - Evaluate the effectiveness of its education annually. A survey of residents to measure awareness and program convenience must be conducted at least every four years.
- 2. SSB 5234 Requires Education by State Agencies and Local Governments.** State Agencies and Local Govt's must promote the medicine take-back program through existing educational methods, i.e. newsletters, websites, hotlines, and social media.

Washington residents are already using medicine take-back programs where available.

More than 80,000 pounds of medicines has been collected at temporary return locations in about 12 counties during the past few years. See www.TakeBackYourMeds.org/what-you-can-do/washingtonians-use-medicine-take-back-programs-1.

Sources: *Post Consumer Pharmaceutical Stewardship Association, British Columbia. Annual Reports, 2004-2009. Online at: http://www.medicationsreturn.ca/british_columbia_en.php, see links at bottom of page; and Personal Communication with Ginette Vanasse, Executive Director for 2010 medicine collection data and public awareness survey summary.

*Vancouver Sun. 2011. Law Banning Household Disposal of Medications Largely Ignored, Survey Finds. Online at: http://www.vancouversun.com/story_print.html?id=4100487&sponsor

www.TakeBackYourMeds.org

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