



Clallam County Board of Health

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Supporting a secure, convenient medicine return program to reduce the public safety and environmental impacts of unwanted medicines.

WHEREAS drug overdose deaths have increased to surpass car accidents as the leading cause of accidental deaths in Washington State, and 40% of poisoning deaths involve prescription opioid pain relievers and

WHEREAS abuse of prescription pain killers ranks second, only behind marijuana, as the Nation's most prevalent illegal drug problem and

WHEREAS abuse of medicines by teenagers is an growing problem, including abuse of prescription drugs such as painkillers, sleeping pills, anti-anxiety drugs, and attention-deficit hyperactivity disorder (ADHD) medications, as well as over-the-counter drugs, such as cough and cold remedies and

WHEREAS over half of the people using prescription drugs for nonmedical reasons obtained them from a friend or relative for free and 15% of 10th graders in Washington who abused prescription pain relievers got them from their own home or someone else's home without permission and

WHEREAS unwanted medicines left in the home could increase opportunities for drug abuse, drug diversion, and accidental poisonings and

WHEREAS unwanted medicines disposed to sanitary sewer systems are not completely treated by the wastewater treatment facilities, allowing pharmaceuticals to be released into the environment and

WHEREAS most medicines designate as either hazardous waste under the federal Resource Conservation and Recovery Act (RCRA) (42 USC 6901) and/or as dangerous waste under the Washington State Dangerous Waste regulations (Chapter 173-303 WAC) when discarded and

WHEREAS disposal of unwanted medicines to residential garbage is not secure and medicines in solid waste systems may end up in landfill leachate, which may be pumped to wastewater treatment facilities, eventually allowing pharmaceuticals to be released into the environment and

WHEREAS pharmaceuticals have been detected in the surface waters of Washington State and around the United States and in the drinking water of 24 major metropolitan areas affecting 41 million Americans and

WHEREAS the number and volume of pharmaceuticals prescribed to U.S. residents has increased dramatically in the past decade with Washington State residents now purchasing an average of 9 prescriptions per year resulting in greater accumulations in Washington State homes, and

WHEREAS unused or unwanted quantities of prescription and over-the-counter medicines are projected to be substantial, with some studies estimating that between 30% and 80% of patients do not finish commonly prescribed medicines such as pain medicines, antibiotics, and beta blockers and

WHEREAS a pilot medicine return project operating in Washington State since October of 2006 by Group Health Cooperative and Bartell Drugs has collected more than 45,000 pounds of unwanted household pharmaceuticals as of August 2010, demonstrating the demand and feasibility of such a system and

WHEREAS sustainable funding sources are needed to provide or continue operation of take back programs for legally prescribed controlled substances at sheriff and police offices in Washington counties and cities and

WHEREAS communities are struggling to implement and finance programs to address the public safety impacts of leftover medicines in resident's homes and the environmental impacts of improper disposal of unwanted medicines, and

WHEREAS pharmaceutical manufacturers currently operate and fund successful drug take-back systems in Canada and several countries in Europe,

NOW THEREFORE BE IT RESOLVED that the Clallam County Board of Health supports establishment of a convenient, safe, secure, and environmentally sound medicine return program for unwanted medicines from households through an internalized pharmaceutical manufacturer financing mechanism that covers the cost of collection, transportation, and hazardous waste disposal, and does not rely on state and local government funding.

**Adopted November 16, 2010 by Unanimous Vote
Clallam County Board of Health**