

Medicine Take-Back in Washington State: A Public Health Overview

Washington State Association of Local Public Health Officials

December 2011

Washington State needs a sustainable **TAKE-BACK SYSTEM** to collect and safely dispose of leftover and expired medicines. Here is why:

1. There is an **EPIDEMIC OF ABUSE AND POISONINGS** from medicines in our homes.

- Washington has one of the highest death rates from drug overdose in the country. Deaths due to drug overdoses in Washington are greater than deaths from car crashes.¹
- Misused prescription drugs are the illicit drug of choice among 12 and 13-year olds.² More than 3 out of 5 teens say painkillers are easy to get from family medicine cabinets. Over half of teens abusing medicines get them from family or friends, often without their knowledge.³
- 32% of child poisoning deaths in Washington were caused by someone else's prescription medication and 26% were caused by over-the-counter medications.⁴
- In a recent study in King County, 39% of heroin users said they got addicted to prescription painkillers before starting heroin.⁵
- Use of prescription drugs in the U.S. has dramatically increased in recent years, and 10%-30% of medicines sold go unused.⁶ Unused, leftover drugs kept in homes increase risks of accidental poisonings and drug abuse.

2. Secure take back programs are a critical part of a **COMPREHENSIVE SOLUTION** to abuse of medicines.

- In the 2011 action agenda "Epidemic: Responding to America's Prescription Drug Abuse Crisis", federal agencies issued a call for action in four major areas: (1) education of providers and the community, (2) prescription drug monitoring programs, (3) enforcement to shut down "pill mills" and "doctor shopping", and (4) consumer-friendly and environmentally-responsible drug disposal.⁷
- Prescription drug monitoring is already the law in Washington and education programs for providers and the community are underway. Still needed are health care provider accountability for responsible prescribing, expanded access to community-based substance abuse treatment programs, **AND: well-promoted, easily accessible, and adequately funded drug take-back programs to safely dispose of remaining expired or left-over medications.**

3. Disposal of waste medicines in sewers and in the garbage contributes to **WATER POLLUTION.**

- Flushing medicines releases drugs into waterways because wastewater treatment facilities do not effectively remove or degrade pharmaceutical compounds. Contamination of municipal drinking water supplies by low levels of pharmaceuticals is a growing concern.⁸
- Throwing medicines in the garbage is not safe because the drugs can be recovered and used illegally, and drugs may yet end up in the environment.
- The Office of National Drug Control Policy, the Drug Enforcement Administration, the Food & Drug Administration, and the Environmental Protection Agency all recommend medicine take-back programs, and suggest disposal of medicines in household trash only if a take-back program is not available.
- The World Health Organization's July 2011 report "Pharmaceuticals in Drinking-water" recommends the use of medicine take-back programs and finds that "Inappropriate disposal practices, such as flushing unwanted or excess drugs down toilets and sinks and discarding them into household waste, are common and may be the main contributors to pharmaceuticals in wastewater and other environmental media, such as surface waters and landfill leachate."⁹

4. Voluntary take-back programs are collecting large amounts of medicines, but are **INADEQUATE**.

- Sheriffs, police, local governments, or pharmacies in 16 Washington counties are operating take-back programs that have safely collected and destroyed more than 100,000 pounds of leftover drugs in the past 3 years, with little advertising.
- Pharmacies can collect all medicines except controlled substances. Currently, only programs operated by law enforcement can collect controlled substances. However, local funding for these programs does not allow for adequate promotion and is drying up. Most communities cannot afford ongoing medicine take-back programs.
- DEA has been coordinating some one-day take-back events since fall 2010. However, these rely on local resources and will end in 2012 when the DEA finalizes new regulations for take-back of controlled drugs without involvement of law enforcement.
- Convenient and permanent drop-off locations across the state are needed to help solve the problem, and will be far more effective than existing, piece-meal programs.

DEDICATED FUNDING IS NEEDED to create and sustain a comprehensive statewide program and this funding should come FROM THE PHARMACEUTICAL INDUSTRY.

- Over-stretched local law enforcement and local government budgets cannot absorb the costs.
- Anticipated costs to drug producers of a statewide take-back program would amount to less than \$2.5 million per year (or 2¢ for each container of medicine sold) compared to annual pharmaceutical sales of over \$4 billion in Washington State.
- Drug producers already fund and provide medicine return programs elsewhere (British Columbia, Italy, France, Spain).

Information Sources:

1. Washington State Department of Health, Center for Health Statistics. 2007 Death Data. (2009). Available online at: http://www.doh.wa.gov/EHSPHL/CHS/chs-data/death/dea_VD.htm. Accessed 9/19/10. See also, CADCA's summary: More People Killed by Drugs Than by Car Accidents in Some States. October 8, 2009. Available online at: <http://www.cadca.org/resources/detail/more-people-killed-drugs-car-accidents-some-states>, accessed 10/20/10.
2. Office of National Drug Control Policy, Executive Office of the President, January, 2008. Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens. Available online at: http://www.theantidrug.com/pdfs/prescription_report.pdf, accessed 11/20/08.
3. Washington State Department of Health. (2008). "Poisoning and drug overdose." Washington State Injury and Violence Prevention Guide. DOH Publication No: 530-090. Available online at: <http://www.doh.wa.gov/hsga/emstrauma/injury/pubs/icpg/DOH530090Poison.pdf>
4. Sabel, J. (2004). Washington State Childhood Injury Report – Poisoning Chapter. WA DOH. Available online at: http://www.doh.wa.gov/hsga/emstrauma/injury/pubs/wscir/WSCIR_Poisoning.pdf
5. Banta-Green, C., et al. (2010). Drug Abuse Trends in the Seattle/King County Area: 2009. Epidemiologic Trends in Drug Abuse. Prepared for the Community Epidemiology Work Group, June 2010. Available online at: http://depts.washington.edu/adai/pubs/tr/cewg/CEWG_Seattle_June2010.pdf
6. Centers for Disease Control and Prevention. National Center for Health Statistics. NCHS Data Brief #42. September 2010 "Prescription Drug Use Continues to Increase: U.S. Prescription Drug Data for 2007–2008". Available online at: <http://www.cdc.gov/nchs/data/databriefs/db42.pdf>; and Bush, P.J., Sanz, E.J. & Garcia, M. (1996). Section II: Cross cultural reports. Medicines at Home: the Contents of Medicines Cabinets in Eight Countries. In Children, Medicines, and Culture. New York, Pharmaceutical Products Press. Available online at: http://books.google.com/books?hl=en&lr=&id=G8yTowfelLsC&oi=fnd&pg=PR11&ots=2F-TK_Mc0z&sig=R8h-2JrCHcK63AbKmJRK0zoMes#v=onepage&q&f=false
7. Executive Office of the President of the United States (2011) "Epidemic: Responding to American's Prescription Drug Abuse Crisis." Available online at: http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf.
8. AP Investigation: Pharmaceuticals Found in Drinking Water. http://hosted.ap.org/specials/interactives/pharmawater_site/
9. World Health Organization. (2011) "Pharmaceuticals in Drinking-Water". Technical Report WHO/HSE/WSH/11.05. Available online at: http://www.who.int/water_sanitation_health/publications/2011/pharmaceuticals/en/

For more information and references, see: <http://www.takebackyourmeds.org/>