The Texas Pharmacy Congress recognizes that there should be a mechanism in place for Texans to properly dispose of their unused medications, and that there are various approaches the state or the marketplace could employ to meet this goal. It is our recommendation that any program developed to aid consumers with disposal of unused medications should include the following:

- Pharmacy participation should be voluntary.
- Feasible funding sources such as grants, drug manufacturers or state hazardous waste resources must be identified; pharmacy should not be required to bear the cost of a program.
- Consumers must be educated regarding appropriate methods of disposal.
- The potential for substance abuse and drug misuse of un-used medications and the problem of diversion of legitimately prescribed medications needs to be explained when seeking public support for disposal programs.

**OVERVIEW**

Trace amount of pharmaceuticals found in drinking water has become a topic piquing the interest of news reports, environmental groups and policymakers. While it is recognized that the majority of products enter the water supply through human and animal excretion, a small percentage may be attributable to consumers’ disposal of unused medications into the sewer system. Whether a prescription drug or an over-the-counter medication like ibuprofen, federal, state and local policymakers are beginning to consider the issue. Among the approaches being explored to address pharmaceuticals in drinking water are those designed to aid consumers with proper disposal of their unused medications. As the state of Texas explores how to address the issue, the Texas Pharmacy Congress urges implementation of an approach that is sustainable and workable for all stakeholders.

**AROUND THE COUNTRY**

Disposal of consumers’ unused medications is being considered throughout the country by communities as well as by local, state and federal governmental bodies. At the federal level, the United States Congress recently enacted legislation on this matter. Notably, the new federal law does not require any entity to implement or operate a drug take-back program and permits the Drug Enforcement Administration (DEA) to issue regulations to allow consumers to return their lawfully dispensed controlled substances to DEA-authorized entities. In September 2010, the DEA working with local law enforcement held a national drug take-back day and collected about 240,000 pounds of medications from consumers.

In addition to a national voluntary take back program sponsored by the National Community Pharmacy Association (NCPA), many cities, counties, and states throughout the nation have held collection events in conjunction with law enforcement and the state or municipal hazardous waste management department to take-back consumers’ unused drugs. Although not an exhaustive list, below is a sampling of programs currently in operation.

- **Arkansas** – One county has a program that allows residents to drop off consumer drug products at law enforcement agencies. The drug products are collected in a bin and incinerated.
- **Colorado** – A local community pharmacy has provided a voluntary drug-take program for the community. The program does not accept controlled substances.
Florida – One county in Florida offers drop-off sites at a recycling center as well as the county’s medical examiner’s office.

Idaho – Collection bins are placed at law enforcement agency headquarters where consumers can drop off their unused or expired drugs. Collection events are also utilized and are supervised by law enforcement.

Illinois – A “tool kit” was developed for communities interested in holding community events.

Indiana – One county holds an annual collection event. The Sheriff’s department is present at the event and inventories all controlled substances. Residents can also take non-controlled substances to a permanent collection site during operating hours.

Iowa – A statewide take back program was recently implemented by the Iowa Pharmacy Association that allows consumers to drop off prescription and over-the-counter drugs at a participating pharmacy. The pharmacy places the drugs in a container which is shipped to a disposal facility. The program does not accept controlled substances.

Kentucky – One county in Kentucky allows residents to drop off prescription drugs at their local sheriff’s office.

Massachusetts – One city allows residents to drop off drugs at a local police station for incineration.

Michigan – One county allows residents to return non-controlled substances to a pharmacy.

Maine – Participating pharmacies pass out state-provided envelopes to consumers allowing them to mail in their unused drugs for destruction. There is no cost to the consumer or the pharmacy under this program, which is funded through an EPA grant.

Missouri – The St. Louis College of Pharmacy, along with a local grocery chain, received a grant from the EPA which funds a drug take back program at the participating grocery store. Pharmacists are documenting the types of drugs collected and are not accepting controlled substances. All drugs collected are incinerated. Law enforcement does not participate.

New Mexico – A local community pharmacy has provided a voluntary drug-take program for the community. The program does not accept controlled substances.

New York – One city offers a drug-take back program where pharmacies voluntarily receive the drugs. Participating pharmacies take responsibility for the destruction of collected drugs. The program does not accept controlled substances.

Ohio – One city offers an on-going collection site at the local hospital.

Texas – San Antonio, Amarillo, Dallas and Lubbock have held community events with law enforcement involved that allow consumers to “drive-thru” to drop off unwanted drugs. The drugs must be in their original container. Additionally, a statewide takeaway program was recently implemented by the Texas Pharmacy Association that allows consumers to drop off prescription and over-the-counter drugs at a participating pharmacy. The pharmacy places the drugs in a container which is shipped to a disposal facility. The program does not accept controlled substances.

Utah – There are currently two types of disposal programs: law enforcement collection points and community events with law enforcement present.

Washington State – A voluntary pilot program was implemented utilizing secure drop boxes located in participating pharmacies and medical facilities. The program does not accept controlled substances. The collected drugs are taken to the pharmacy’s warehouse and are ultimately incinerated.

Wisconsin – One county is a permanent collection site in the state. Employees at the hazardous waste facility are temporarily deputized by the county sheriff, which enables them to take back controlled substances. Residents drop their unwanted medications into a gallon drum of solvent, dissolving the medication.

**PHARMACY CONCERNS**

As this issue is discussed by policymakers and others, it is important to provide consumers with means to return their unused drugs in a manner that protects patient health and safety and also preserves the integrity of the drug distribution supply chain. Some policymakers may consider having consumers return their unused medications to pharmacies. However, for many significant reasons, pharmacies are not well-suited to take-back consumers’ unused medications. Having pharmacies take-back previously dispensed drugs from the public is potentially hazardous as these drugs have left the secure drug distribution system.

For public health and safety and to preserve the integrity of the drug distribution supply chain, consumers’ unused drugs are best returned to locations separate and apart from pharmacies where drugs are dispensed, patient healthcare services are provided, consumers purchase other healthcare products and other consumer items such as food products. Maintaining this separation is essential to preserving the safety and integrity of the nation’s drug supply and other consumer products. We have similar concerns with use of drop-off containers in pharmacies for these same reasons.

Additionally, something that many policymakers do not realize is that currently, the DEA prohibits pharmacies from accepting returned controlled substances from consumers. And even with the recent enacted federal law discussed
above, DEA will still need to promulgate regulations to implement the law in which DEA will to limit take-back to only “authorized entities.” (It remains to be seen which specific types of entities the rule will authorize to take-back any controlled substances from consumers.) Until such time as DEA designates authorized entities, anyone non-law enforcement personnel taking back controlled substances would violate the federal Controlled Substances Act and regulations which state that only authorized law enforcement acting in their official capacity may take back controlled substances from consumers. In light the federal developments on the drug take-back issue, it would be premature to implement a program that may or may not have to be changed to accommodate controlled substances take-back. Otherwise, consumers would have to be educated to recognize and sort out any controlled substances from other products prior to dropping off unused drugs at a location where law enforcement was not present. Unless a drug disposal program were designed so that law enforcement were involved in the take-back of controlled substances, consumers would then have to return home and either flush or place the controlled substances in an undesirable substance and place them in their trash, as there would be no alternative method of disposal.

Another concern with using pharmacies as a take-back site is the potential cost to pharmacies. Pharmacies are not reimbursed for dispensed drugs at a sufficient level to be able to fund drug return and disposal programs. Pharmacies operate on a slim margin and cannot absorb the cost of sending collected unused consumer drug products to a contracted company for appropriate disposal. It is imperative that feasible funding sources such as grants, drug manufacturers or municipal waste disposal resources be identified to adequately fund programs.

SOLUTIONS

The Texas Pharmacy Congress believes that consumers should be offered a method of disposal that protects public health and safety, preserves the integrity of the drug distribution supply system, and that is either of no charge or little cost to consumers to encourage maximum participation. As indicated previously, community events where consumers can drop off their unused or expired drug products at a scheduled event or to municipal waste collection systems for drug disposal are being offered in many states. With appropriate law enforcement supervision and DEA authority, these events also allow for the collection of consumers’ unused controlled substances. The results of these programs have been positive and could be expanded to offer these events more frequently.

Another innovative method of disposal of consumer’s unused drugs was the program implemented in the state of Maine. Under this program funded by grants from the Environmental Protection Agency, prepaid mail back envelopes were made available to consumers at participating pharmacies and other locations at no charge. Consumers then mailed their unused drugs to a DEA approved facility for destruction and disposal, which consequently, allowed for disposal of both non-controlled drugs and controlled substances. This program provided consumers with an easy, convenient method of disposal that also protected the integrity of the drug distribution supply chain, protected public health and safety, and provided an appropriate role for pharmacists to provide consumers with information on the mail-back program along with the pre-paid mailing envelopes.

Some communities hold collection events with law enforcement agencies at their police stations and take-back program. This method also provides consumers a way to dispose of their unused medications along with controlled substances if permitted.

Several viable methods of disposal exist to help consumers dispose of their unused medications that protect public health and safety and preserve the integrity of the Nation’s drug distribution system. Pharmacy participation in these programs should be voluntary. Policymakers should be aware of the burden a mandated program could place on a pharmacy, whether financially or operationally. Pharmacies may also participate in the education of consumers on available disposal programs in their community and FDA recommendations, as well as provide information to consumers on community events and existing programs.

CONCLUSION

The Texas Pharmacy Congress supports the development of drug disposal programs that maintain public health and safety and preserves the integrity of the drug distribution supply chain. To foster optimum consumer participation, any program implemented should employ a disposal method that is easily understandable to consumers, such as mail-back envelopes would be. Pharmacy participation in any consumer drug disposal program should be voluntary. Pharmacy should not be forced to bear the cost of any programs implemented. Consumers must be educated regarding appropriate methods of disposal. Further, the potential for substance abuse and drug misuse of un-used medications and the problem of diversion of legitimately prescribed medications needs to be explained when seeking public support for disposal programs.