



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Third District
Supervisor
Department No.: 001
For Agenda Of: 05/19/2015
Placement: Select_Placement
Estimated Time: 45 mins
Continued Item: No
If Yes, date from: N/A
Vote Required: N/A

TO: Board of Supervisors
FROM: Third District Supervisor Doreen Farr
Contact Info: Erin Weber, District Representative, 568-2192
SUBJECT: Safe Drug Disposal

County Counsel Concurrence

As to form: Yes

Other Concurrence: Public Works, Public Health, Sheriff

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- 1) Receive and file this report regarding the harmful impacts of accumulation of unused pharmaceuticals on residents and the environment, status of Santa Barbara County's current drug collection program, and options for proposed program expansion.
- 2) Direct Director of Public Health Department to conduct stakeholder outreach, in collaboration with the Third District office and Public Works Department, and return in October with a recommendation for establishment of a permanent and sustainably funded model to collect and safely dispose of unwanted medications from residents in Santa Barbara County. Recommendation may include an Extended Producer Responsibility ordinance (an industry funded model), community funded model, and/or public education and awareness campaign.
- 3) Determine that these activities are exempt from California Environmental Quality Act (CEQA) review per CEQA Guidelines Section 15378(b)(5) since the recommended actions are government administrative activities which do not involve commitment to any specific project which may result in potentially significant effect on the environment.

Auditor-Controller Concurrence

As to form: No

Summary Text:

The Third District office is concerned about the lack of convenient, sustainable disposal options for unused household medications in Santa Barbara County (SBC). This item is before your board to receive a report on 1) public health and safety risks of accumulation of leftover pills in household medicine cabinets, including accidental ingestion by children, misuse by seniors and prescription drug abuse; 2) environmental consequences of improper disposal of prescription drugs; 3) analysis of the efficacy and sustainability of our current drug take back program, Operation Medicine Cabinet (OMC); 4) overview of what the new Drug Enforcement Agency (DEA) regulations will mean for collection of controlled substances in SBC; and 5) give direction regarding development of a more reliable program, given the aforementioned considerations.

Background: Prescription medication, when used properly, enables us to live healthier and longer lives. In 2014, American's filled 4 billion retail prescriptions at pharmacies.¹ The average American uses 12.2 prescriptions per year, of which a large percentage goes unused and consequently accumulates in household medicine cabinets.² A recent survey in Southern California found that 2 of 3 prescription medications were reported unused.³ Despite unprecedented increases in prescribed medication, there are limited options for the public to dispose of their unused household medications, including controlled substances, over-the-counter (OTC) drugs and pet medications.

Accumulation of unused household medication increases the opportunity for misuse, abuse and diversion. Children are at risk of accidental ingestion of medication easily accessible in homes. Pets are also at risk of poisoning. Easy access to leftover pills in medicine cabinets is also a significant factor in fueling the epidemic of prescription drug abuse (PDA) and misuse. Prescription drugs are emerging as the primary drug of choice in Santa Barbara County due to their widespread availability and myth that they are less dangerous than illicit street drugs. 70 percent of people who abused prescription pain relievers obtained them from friends or relatives.⁴ Prescription drugs as the primary drug of choice have increased over 100% locally from 2008-2010.⁵

Subsequently we have seen a rising level of addiction and overdose due to PDA, as well as more emergency room visits for drug related illness and more overdose deaths. Accidental drug overdose was the fifth leading cause of premature death in 2012 in Santa Barbara County.⁶ SBC Coroner's office reported 59 overdose deaths from drug use in 2014, up from 49 overdose deaths in 2013.

¹ Kaiser Family Foundation

² IMB Institute for Healthcare Informatics

³ National Center for Biotechnology Information

⁴ National Survey on Drug Use and Health

⁵ Santa Barbara County Alcohol and Drug Programs

⁶ SBC Public Health Department Community Health Status Report

Seniors are especially at-risk for medicine misadministration and PDA absent robust drug collection programs. A recent analysis found that people aged 65-79 are prescribed more than 27 new drugs per year.⁷ Cognitive decline often contributes to confusion about frequency and dosage of prescribed medication and proper management of multiple drug regimens. Misuse of and dependency on prescription pain relievers among the elderly continues to increase, as do emergency room visits and death rates among people 65 and older for misuse of pharmaceuticals.⁸

The epidemic of PDA has significant impacts to county departments including Sheriff, Fire, ADMHS, Public Health and Probation. Alcohol and Drug Programs (ADP) has increased their funding for Narcotic Treatment Programming (NTP or methadone) from \$1.6 million to \$3 million over the past two years. Local paramedics and EMTs received 319 overdose calls since June 2014 alone, according to the SBC Public Health Emergency Medical Services data.

Improper disposal of prescription drugs (flushing medications) has profound, and often irreversible consequences for our water supply and environment. Flushing leftover medications down the toilet results in contaminants polluting our water stream. Our wastewater treatment systems are ill-equipped to treat these pollutants and consequently, these contaminants pass untreated into our water system. A new Environmental Protection Agency study of water coming out of wastewater treatment plants found that more than half of the samples tested positive for at least 25 drugs.⁹ Further, the presence of pharmaceutical pollutants in our oceans and rivers has been linked to reproductive defects in aquatic life. Providing a permanent and reliable drug collection program is imperative to protect our families, water supply and the environment from harmful contaminants.

Controlled versus Non-Controlled Substances

Non-controlled substances include over-the-counter medications and prescribed medications for conditions such as bacterial infections, diabetes, and blood pressure. Collection of non-controlled substances is not regulated by the Drug Enforcement Agency (DEA).

Controlled substances and their collection and disposal are regulated by the DEA and include addictive and habit-forming medications like pain killers and anti-depressants, as well as illicit drugs. Examples include oxycodone (i.e. Percocet), diazepam (i.e. Valium), and methylphenidate (i.e. Ritalin).

Current SBC Drug Disposal Program, “Operation Medicine Cabinet”

Operation Medicine Cabinet (OMC) is a partnership between the Sheriff’s Office and the Public Works Department, which provides the public with receptacles to dispose of unwanted, unused or expired

⁷ IMS Institute for Healthcare Informatics

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC)

⁹ Journal of Environmental Pollution

medication. The program, which was established in 2009, includes bins located at eight Sheriff Substations throughout the county, including Carpinteria, Santa Barbara, Goleta, Isla Vista, Lompoc, Buellton, Solvang and Santa Maria. (In 2009 waste collection facilities were prohibited from taking possession of narcotics for destruction, which left the household consumer with no legal or environmentally safe way to dispose of unused medications.)

The program was designed in response to a growing community demand for safe, convenient methods to dispose of unused household medications. Law enforcement was also concerned about the increasing availability of unused household medication easily accessible for abuse and diversion, especially among teens. OMC accepts over-the-counter (OTC) and prescription medication, samples and pet medications. As an authorized collector of controlled substances, the Sheriff's department is subject to the Drug Enforcement Agency (DEA) regulations, as it relates to collection, handling and destruction of controlled substances.

The Resource Recovery and Waste Management Division of the Public Works Department provided funds for the purchase of secure drop boxes, packaging and advertising materials. The Sheriff's Office monitors and empties the receptacles and temporarily stores the collected medication until there is enough waste to rationalize a trip to the disposal facility. On a quarterly basis, a minimum of four armed Sheriff Deputies transport the medications to the environmentally safe Southeast Resource Recovery Facility (SERRF) in Long Beach, where medications are destroyed via incineration per DEA requirements. (Law enforcement is required to maintain control and custody of controlled substances until destruction.) Currently, the SERRF offers this public service to the County at no cost. Even with these savings, however, the annual cost of OMC to the Sheriff's Office is \$172,306, due to the significant staff time involved.

As a practical matter, OMC is the only method presently available for most Santa Barbara County residents to legally and responsibly dispose of controlled substances. Police departments in SBC are legally authorized to accept controlled substances from the community at Police substations over the counter. However, with the exception of the Lompoc Police Department, local Police do not host collection bins or have a recognizable drug collection program that is advertised to the community.

In addition to operating the drop-boxes, the Sheriff's Office has hosted single collection events throughout the county in partnership with other community organizations and the DEA since 2010. For example, the Sheriff's Office has collected unused medication in partnership with the annual Senior Expo and Santa Ynez Valley Healthy Kids Day. Although we do not have data on the volume of medication collected at these events, deputies supervising the event estimate an average of 20 pounds collected per event. However, due to the elimination of the Community Services Bureau in 2010, the Sheriff's Office currently has little to no capacity to continue to offer this service to the public.

OMC was recognized as a leading innovative initiative in 2010 by the California State Association of Counties (CSAC) and has been a highly successful program. Sheriff personnel have seen the disposal of household medications continue to grow. Use of the receptacles has doubled in the last four years, up from 1,000 pounds collected quarterly in 2010 to 2,000 pounds collected quarterly in 2014. The Sheriff's department estimates they have collected over 32,400 pounds from residents since the program's inception in 2009.

Drug Enforcement Agency's New Disposal Regulations in 2014

In September 2014 the DEA released new regulations regarding the disposal of pharmaceutical controlled substances in accordance with the Controlled Substances Act, as amended by the Secure and Responsible Drug Disposal Act of 2010. These new regulations will have palpable impacts locally in Santa Barbara County.

- 1) One effect of the new regulations is to encourage private entities to join the public sector as collectors of unwanted pharmaceutical controlled substances. The regulations expand the types of authorized entities that may collect pharmaceutical controlled substances - previously restricted to law enforcement - to include pharmacies, long-term care facilities (LTCF) and hospitals. Additionally, pharmacies, LTCF and hospitals may offer "mail back programs" for controlled substances to their customers and clients. Mail back programs allow residents to purchase a pre-addressed package and ship their unused drugs to a "reverse distributor," who receives the package and destroys the substances on site.
- 2) An additional effect of the new regulations is to expand security controls to guard against diversion of controlled substances. Although OMC program may continue under the new DEA regulations, the Sheriff's Office anticipates having to remove two existing collection bins in Buellton and Carpinteria due to new security criteria (i.e. "registered location has to be located within immediate proximity of designed area where controlled substances are stored and at which an employee is present"). Consequently, a sizable population will have even fewer convenient, legal options for disposal.
- 3) Lastly, the DEA is terminating the national DEA sponsored biennial take back events as of 2015, so as to not "compete with local take back efforts." These DEA funded collection events (which involved collaboration with local law enforcement) were highly successful in Santa Barbara County. The DEA reports that 6,823 pounds were collected in SBC since 2010.¹⁰

The new DEA disposal regulations present unique opportunities and challenges for Santa Barbara County to provide responsible drug take back options for residents. On the one hand, for the first time,

¹⁰ US Drug Enforcement Agency, Los Angeles Division

pharmacies, hospitals and LTCF have the opportunity to engage as part of the solution by registering as a collection site. Data shows that residents prefer to dispose of unwanted medication at a pharmacy - where they purchased their medication - as opposed to a law enforcement station.¹¹ On the other hand, the discontinuation of national DEA sponsored take back days coupled with the new monitoring requirements means that SBC will see a reduction in options for residents to safely dispose of their household drugs.

Challenges Moving Forward

Our current infrastructure is not sufficient to meet the needs of all residents and SBC has outgrown our current OMC program. The number of take-back bins is not proportional to the amount of medication prescribed into Santa Barbara County. (Attachment A and B.) Residents often find that the bin closest to their home is overflowing and full. The distribution of OMC bins is not convenient or equitably distributed across the county or supervisorial districts. Many residents are unaware of the program or drive out of their way to access a receptacle. Funding and staffing of OMC by the Sheriff's Office is not guaranteed or sustainable, as the program is subject to budget cuts and staffing structure changes.

A Possible Solution - Extended Producer Responsibility

OMC is expensive for the county to run and ultimately the taxpayer pays for the cost of the program. Further, SBC cannot afford to provide the level of service that is needed to get a high level of participation from the public. Other local communities are also struggling to establish a permanent, reliable program and are looking to drug manufacturers and pharmacies to share the responsibility of providing this critically needed service to the public.¹²

One possible solution is an Extended Producer Responsibility model (EPR), in which producers assume financial responsibility for waste management of their products. This policy approach shifts the burden of waste diversion from the local jurisdiction - which has limited resources to manage the increasing volume of waste products - to the manufacturer. Under an EPR model, producers are required to share in the responsibility for end-of-life management of their product, therein by reducing public costs.

California has passed product stewardship laws for a variety of products including mattresses, mercury thermostats, carpet and paint. In 2011 Santa Barbara County Board of Supervisors passed an EPR resolution, joining over 100 other local and national government bodies that support EPR, including the California Association of Counties, CalRecycle, National Association of Counties, and League of California Cities. (Attachment C.) Santa Barbara County has been actively advocating for EPR legislation on the State and National level, in alignment with the County's legislative platform.

¹¹ National Center for Biotechnology Information

¹² Manufacturer means a producer engaged in manufacturer of a drug including brand-name or generic drug. Producer does not include retailer whose store label appears on a drug, a repackager, a pharmacist who compounds or repackages a prescribed individual drug product for the consumer, or a wholesaler who is not also a manufacturer. (San Francisco's ordinance definition)

Given the deleterious impacts of pharmaceuticals on resident and environmental safety, many local jurisdictions have implemented an EPR ordinance for drug collection and disposal programs, including King County Washington, Alameda, San Mateo and San Francisco County. Cities and counties are establishing industry-funded programs because there is no statewide product stewardship program for leftover drugs. (In 2013, California State Senator Hannah-Beth Jackson introduced SB 1014, which would have required pharmaceutical companies to operate and fund a product stewardship program to collect and dispose unwanted drugs. The assembly did not take up the bill for a vote.) There is also global precedence for EPR drug disposal programs, including well-established programs in France, Spain, Portugal, Canada, and Columbia.

Under this product stewardship model, pharmaceutical manufacturers who conduct business in the affected County, are required to design, fund and operate a safe drug collection and management program - a burden currently borne solely by government. The County Public Health Department would provide government oversight of the program and ensure safety and compliance.

Drug manufacturers would be responsible for the cost of collection supplies, transportation and destruction of collected medicines, as well as program promotion and evaluation. Additionally, drug companies would reimburse the Public Health Department for the costs of program review and oversight, recovered through review and annual operating fees. This industry-funded model is designed to have little to no fiscal impacts to the county budget and limited staffing impacts to the oversight department. (Alameda County, population size 1.5M, has dedicated 1 FTE to manage the stewardship program within the Environmental Health Department. Funding for this position is recovered from the drug companies' annual fees.) Consumers cannot be charged a point of sale fee when purchasing drugs, or charged a fee for use of the collection program.

Further, the cost of the program is also minimal for the drug companies. King County Washington (population size 2 million) estimates the cost of operating the medicine collection program at \$1 million, which is less than .1% of annual medication sales in the County (more than \$1 billion annual sales of medication).

On September 30, 2014, the Ninth Circuit Court of Appeal rejected a constitutional challenge to the 2012 Alameda County Safe Drug Disposal Ordinance. The plaintiff pharmaceutical association in that case has petitioned the U.S. Supreme Court for further review and the U.S. Supreme Court is scheduled in a conference on May 21, 2015 to begin considering whether to grant further review.

Conclusion

There is considerable demand in Santa Barbara County for a more permanent, reliable drug collection program. Drug collection programs are a cost effective mechanism to prevent degradation of our

environment, pollution of our water supply, and threats to our families and community. Our existing Operation Medicine Cabinet program is not adequate to meet the needs of our residents and new federal regulations will further diminish disposal options for residents in SBC.

The Third District office looks forward to working with local stakeholders to protect the health of the public and our environment by increasing opportunities for safe drug disposal. Local partners to include in county-wide stakeholder meetings may include 1) First responders, including County Sheriff and Fire, City Police and Fire and AMR; 2) Healthcare sector, including representatives from local hospitals, clinics, and long-term care facilities; 3) Veterinarians; 4) Pharmacies; 5) Wastewater treatment sector, including Community Service Districts and Sanitation Districts; 6) Local community organizations whose mission includes advocacy on issues of prescription drug abuse prevention (including Advisory Board on Alcohol & Drug Programs), seniors, and water quality; 7) impacted County Departments including Public Health, Mental Health, Sheriff, Fire, Public Works, Probation and District Attorney; and 8) Pharmaceutical manufacturers and producers and 9) Local jurisdictions.

Attachments:

Attachment A: List Existing Medication Collection Sites

Attachment B: Map Existing Medication Dispensed and Collected

Attachment C: SBC Extended Producer Responsibility Resolution

Authored by:

Erin Weber, District Representative

cc:

Dr. Takashi Wada, Director Public Health Department

Scott McGolpin, Director Public Works

Bill Brown, Sheriff