

Community Input on Safe Drug Disposal in Santa Barbara County July – September 2015

The Role of Pharmacies

- Provide information -
 - List closest disposal location and resources for county disposal information (with each medication/prescription)
 - Pharmacies can raise awareness by attaching fliers to prescription bags
- Educate and advertise -
 - Educate physicians on limited amount prescribing
 - Educate patients of dangers of unauthorized drug use
 - Provide outreach and education
- Dispense and collect-
 - Collect unused medications at pharmacies (with safeguards)
 - Serve as collection sites; offer mail-back program
 - Provide mail back envelopes
 - Have drop bins – issue of mail order, access supplies
 - Be locations for collection sites
 - Provide manufacture’s shipping material
 - Pick-up should be on demand by pharmacy (so boxes don’t overflow)
- Long-term care facilities -
 - Pharmacies should pick-up unused meds from long-term care facilities; pharmaceutical companies should pay for disposal
 - Have mail back programs paid for by pharmaceutical companies
- Voluntary / mandatory -
 - Voluntary partner in the process
 - Voluntary program until mail order access is addresses
 - Pharmacy participation should be voluntary – risk increases if there is not enough staffing and not complete oversight
 - Voluntary as pharmacies have slim profit margins
 - Mandatory: that’s where the money is made
- Other Pharmacy considerations
 - Hospital pharmacies usually have programs based on their own inventories
 - Pharmacies must be fully informed of rules and regulations and requirements of the program
 - People can also be more inclined to bring prescriptions to a pharmacy than law enforcement if they are illegally acquired
 - Better tracking/coordination among pharmacies
 - Opiates and other scheduled drugs are what’s causing O.D. deaths – how many pharmacies currently can take back these?

Types of Collection

- Types of meds -

- Take prescription drugs, OTC meds, vitamins and pet meds
- Vitamins – do they pose a problem?
- Although not approved, can expect opioids and other controlled substances: narcotic pain killers; Soma; stimulants such as Adderall; sedatives/tranquilizers (Benzos)
- Marijuana meds – something to consider; schedule 1 drugs can't be put in collection bins
- DEA regulations – no sorting of collected meds
- Mail-in programs -
 - Space-saver
 - Secure
 - Costly to dispose
 - Convenient
 - High cost associated with envelopes
 - What should be the limit per patient?
 - Envelope should be self-addressed
 - Have a mail address available on-line that is printable for free, and consumer buys the appropriate envelop at post office or pharmacy.
 - Auto shipping of mail orders.
 - Identify mail sites, dispensary.
- Drop-off Bins -
 - Security risk: to staff and to customers
 - Fill up quickly
 - Senior communities that have 24 hour security on site.
 - DEA oversight – Pharmacy air tube medications to locked bin, incinerate elsewhere, all paid for by drug manufacturer.
 - Collection bin should only accept sealed closed containers; no loose pills.
- Take-Back Events -
 - Many residents miss the events
 - Risk to law enforcement
- Use multiple collection methods -
 - Drug drop boxes and mail order are needed to cover population
 - Flexible option – 1 size doesn't fit all
 - Must be a convenient disposal

Oversight of Program

- Pharmacy board or 3rd party (like the Paint Care program)
- Regulated manufacturers
 - Drug producers
 - Whoever is funding the program should be responsible for security/oversight, e.g. third party disposal, drug manufacturers.
- County Public Health
 - Environmental Health – CUPA (HazMat)
 - By County paid for by drug companies and Pharmacy Benefit Managers; e.g. Express Scripts

Funding for Program

- Drug companies -
 - Drug producers should help fund collection programs.
 - Drug companies should pay for take-back program.
 - EPR – producers, or if foreign their US distributors.
 - Product Stewardship – similar to Alameda County. Pharmaceutical industry should help fund disposal (Product Stewardship).
 - Pharmaceutical companies should pay a portion.
 - Mail-in programs to collect Take-back/mail-in program designed and funded by the Pharmaceutical industry (special fund). They make \$25 billion annually in California.
 - Producer support may require state-wide or federal power.
 - Big Pharma should be paying for all cost. 4 billion drugs prescribed; they have the money.
 - Collection boxes at clinics and pharmacies also paid by Pharmaceutical companies.
 - The pharmacies that dispense to outpatient should accept the return of medications, but not pay for the destruction. This should be paid by the drug companies.
 - Funding from pharmaceutical companies and drug stores that profit from meds.
 - Manufacturers – it is assumed manufactures have disposal capabilities for rejects under QA/QC programs.
 - Drug producer –only ones who can add to price of product; retail pharmacies restricted, e.g. Medicare.
 - EPR motivates manufactures to think about distribution.
 - Pharmaceutical companies most likely to cover funding.
 - Drug companies – they need to have “Cradle to Grave” responsibility.
 - State can legislate all drug companies to fund the program
 - Charge drug manufactures to fund programs – once cost bites the, perhaps less prescribing/pushing of meds.
 - Mail order pharmacies
 - These costs should not be placed on companies, but they should be covered by public funds as this is a public health issue
- Other funders -
 - Pharmacy Benefit Manager (PBM) – possible funding source.
 - Any Grants available?
 - Taxpayers – County General Fund.
 - Retailer support – makes sense but community pharmacies will resist.
 - Contributions from water treatment plants.
 - Long-term care pharmacies (example in King County)
 - Medical insurance companies.
 - Charity programs (drug donations).
 - CenCal can ask drug companies to fund if their drugs are on CenCal drug list.
 - Charge prisoner to help pay for funding program.
 - 3rd party programs (PBMs – insurance companies).
- Creative funding strategies -

- Doctors' offices and pharmacies could sell the envelopes at a much reduced cost, e.g., \$2.00 – the remainder of cost borne by Pharmaceutical companies.
- Lobby with drug companies to underwrite cost of safe drug disposal.
- Incentive payment for returned meds, e.g. \$1 per container.
- Add a \$3 charge to people convicted of selling drugs or DUI' use the money to pay for drug disposal.
- Tax - % to fund program.
- Taxpayer money should not be spent.

Collection Sites

- Pharmacies, law enforcement, hospitals and clinics -
 - Locations at pharmacies and sheriff/police sub stations, with it contingent on radial proximity to population density.
 - Collection points at pharmacies.
 - Collect at Sansum.
 - Pharmacies and doctor's offices.
 - Clinics – physical/mental/dental. Public Health clinics. Mental Health Clinics.
 - Outside pharmacies' windows
 - All retail pharmacies where Rx drugs are dispensed
 - Pharmacies, Doctor's offices, hospitals.
 - Pharmacies and hospitals should be take-back sites. Pharmacies when feasible.
 - Exclude pharmacies inside grocery stores from serving as collection sites due to serious concerns: Public Health concerns/Food contamination
 - Return unused med to pharmacy of origin.
 - Hospitals
 - Sheriff's stations, Police stations, Fire departments, School nurses, Hospitals, for disposal sites. Place pills with containers into the disposal bin that is locked up with camera surveillance.
 - Incentives for pharmacies to dispose of drugs mailed back or brought back. Have pharmacies mail them back to incinerator disposable sites in Long Beach, Texas, or designated crematories.
 - Pain Management Pharmacy (2003 S. Miller, Santa Maria) furnishes Narcan® (naloxone) opiate overdose rescue kits to any adult who asks; no prescription required. CenCal Health covers cost for pain med patients, cash cost \$67.
- Other collection sites -
 - Boxes need to be where seniors go: drugstore, grocery store, and doctor's offices.
 - Wastewater Treatment Plants
 - Programs directly connected to seniors should be able to help collect; e.g., Easy Lift Transportation.
 - Bins by parks.
 - Mail-back boxes and envelopes at Post Offices.
 - Bins at grocery/drug stores.
 - UCSB / SB City College
 - Bins at Mental Health areas (offices).

- Bins by dumping sites.
- Fire Stations: Secure/Convenient/Dispersed.
- At Gun Buy-back event.
- Annual Senior Expo (all County locations).
- Special bin at recycling spot.
- Air tubes (like in drive-in banks.)
- Retirement communities.
- Residential Care facilities
- Like email ordered drugs, have an email website designated for prescription take backs and then provide consumer with a printable coupon or incentive.
- Have crematories/coroners as disposal sites for incineration of drugs.
- Take-back days, e.g., at schools, senior housing, etc.
- Collection and Operation Medicine Cabinet -
 - Continue with or in combination with Operation Medicine Cabinet.
 - Do not change current Operation Medicine Cabinet since community is using. Add more and place new additional location signs at existing drop boxes.

Educating the Community

- Who to educate -
 - First, access who's using now (and who's not)
 - Educate seniors: Adult Ed flyers, flyers in all pharmacies, flyers in doctor's offices, flyers in Skilled Nursing Facilities
 - Education of all health care providers
 - Supplies of unused medications - Pharmacies can assist community
 - Use ADMHS (ADP) programs – they can help with this
- Where to educate -
 - Educate at Health Fairs. Have speakers and printed information to inform attendees. A drop off at event would be great but I can see that cost is a problem. Let people know where a drop-off bin is located.
 - Hospitals & Sanitation Districts
 - Movie advertisements
 - Buses: inside& outside
 - All Festivals / Open House
 - ADMHS Stakeholder Meetings
 - Media campaigns
 - ADMHS: alcohol and other drug Treatment & Prevention programs
 - Schools: Unified School Districts
- When to educate -
 - Public education campaign on take-back sites once an ordinance is in place
- How to educate -
 - Social media: websites and Facebook
 - PSA's
 - Flyers placed in bags from pharmacy
 - MD education

- Information signs about proper disposal at point of distribution of drugs
- Verbal communication with person receiving drug at point of distribution
- Educate Spanish speaking community via radio – many listen to radio daily for news and music. They also attend religious services and get connected there with information.
- Hotline: continue Less is More info
- Online
- Brochures
- Info on mail bags
- Radio, TV, newspapers, schools, placards in pharmacies.
- Newspapers, mailers, flyers in pharmacies and MD offices and hospitals, signage at drop off locations
- Using same format as SB & SM community meetings held
- Mail, school newsletters, signs at pharmacy
- Develop Rx site maps and distribute through CBOs, non-profits, school awareness (for parents), etc.
- Inform what can consumer do now to properly dispense program in place, e.g. coffee grounds, access to boxes.
- Media outreach – Spanish TV and radio

Other Considerations

- Supply of unused medications
 - Need to look at how doctors are prescribing medicines. Obviously there is an overabundance of prescription meds.
 - Over-prescribing/supply schedules (30 day/60 day/90 day).
 - Stockpiles are very challenging.
 - Non-prescription treatments.
 - Physicians regulate amount of pills prescribed to 30
 - Overprescribing is also a root issue – bring awareness to physicians in the community.
- Special Target populations
 - Dementia community
 - Homeless community
 - Outreach to those who don't have transportation, medical needs, homeless...
- Alternative use
 - Find a use for returned prescriptions.
 - Can medications be repackaged and reused to provide for residents that may not be able to afford Rx?
 - Too dependent on traditional meds – need for increased use of alternative meds.
- Other comments
 - Who will be liable for: attempted burglary/robbery; spilled medications consumed by children/dogs; toxic fumes from take-back bins? State oversight?
 - All stakeholders - a comprehensive approach involving prescribing physicians, drug producers, law enforcement, parents, and pharmacies is needed to resolve this major issue.
 - Tri-County coordination with other jurisdictions for disposal cities/counties shared costs.
 - Public awareness to see who would voluntarily step up.

- Bags of meds emptied routinely from LTC rooms.
- What about researching technologies (e.g., landfill).
- Privatize disposal transport security bonded outfit.
- Are there any options for more local drug incinerator facilities, so the sheriff's office doesn't need to transport the drugs at least 3 hours to Long Beach? Maybe crematoriums?
- Explore 3rd party pick-up/transport to incinerator
- Many keep medication because they cannot afford to buy more so they keep what is previously prescribed for next time with use.
- Consider unintended consequences
- Explore programs that were in place historically (e.g. Lompoc Hospital) to learn from their experiences
- Access and cost are most important components