



2010 Pharmaceuticals Subcommittee Issue Paper

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The Issue

Unwanted medicines pose a risk to people's safety when stored in homes and can pollute the environment when improperly disposed. A significant amount of medicine goes unused – estimates range from 10 to 33 percent of medicines sold.

Current available options for disposal of unwanted medicines are limited largely to flushing drugs down the toilet or throwing drugs in the trash. Unwanted medicines can pollute the environment when put into the sewer or septic systems. Disposing of medicines in the trash increases the chance of theft and poisoning.

The Problem with Unwanted Medicines

Residents who store unneeded medications in their homes may increase the risk of accidental poisonings and drug diversion. Medicines in the home were responsible for 85 percent of accidental poisoning deaths in Washington in 2006. Many involved young children and the elderly. The use of prescription pain relievers, stimulants, and other medicines to get 'high' is also a growing problem in our communities. Studies show nearly 11 percent of 12 to 17 year olds in Washington used prescription medicines for recreation (Sabel, 2008). Most obtain prescription drugs from a friend or relative, often without their knowledge (Substance Abuse and Mental Health Administration, 2009). In King County, a survey found that 39 percent of households surveyed had more than ten containers of medicine on hand, and most households did not plan to use all of these medicines within six months (Northwest Research Group, 2006).

When residents dispose of medicines in the toilet or sink, these contaminants are passed on to municipal wastewater treatment systems or septic systems. Many pharmaceuticals are not effectively removed by these systems and have been measured in wastewater effluent. When medicines are disposed of in the garbage, medicines may end up in landfills that use these same wastewater treatment systems to treat their leachate. A 2002 United States Geological Survey study found organic wastewater contaminants, including pharmaceuticals, in 80 percent of sampled streams (Kolpin, et al. 2002). A Washington State Department of Ecology study conducted in the Sequim-Dungeness area found pharmaceuticals in effluent from tertiary wastewater treatment plants (Washington State Dept. of Ecology, 2004). Drinking water supplies are not routinely tested for pharmaceuticals, but limited surveys have detected medicines in drinking water of 24 U.S. cities (Donn, Mendoza and Pritchard, 2008). A growing body of research has found a relationship between environmental exposure to some medicines and developmental changes in aquatic organisms (Pomati, et al. 2006). While pharmaceuticals also enter the wastewater stream through human excretion, providing convenient and safe alternatives to the sewer or trash is a simple first step to reducing the amount of biologically-active pharmaceuticals entering the environment.

The NWPSC Position

NWPSC believes that waste pharmaceuticals present both a public safety and environmental hazard if no secure disposal option exists. Take-Back programs can effectively reduce the amount of drug waste improperly disposed and stored in people's homes. Demand is high for these programs. In 2003, Clark County Washington began collecting unwanted medicines at both chain pharmacies and law enforcement offices. A medicine return pilot operated at 37 retail and clinical pharmacies in Washington from 2006 – 2008 collected over 15,000 pounds of unwanted medicines. These pharmacies continue to collect unwanted medicines on a voluntary basis and have collected to date over 40,000 pounds. Pharmacies across Washington are continuing to provide this service for their customers. About 40 law enforcement agencies in seven counties, who are currently the only entities able to accept controlled substances, have also begun collecting unwanted medicines from residents. (For a complete list of Washington locations, go to www.medicinereturn.com.)

The NWPSC also believes that the most effective and most equitable provider of these programs are those with the most influence over the product. Typically, manufacturers are in this position, but retailers, wholesalers, healthcare organizations, and consumers may also have a critical role to play in providing a solution to this problem.

There are several successful and cost-effective examples of manufacturer stewardship in pharmaceuticals, including British Columbia, France and Italy. A manufacturer-funded program launched in October 1996 in British Columbia, Canada serves a population of 4.5 million. 942 pharmacies collected 112,854 pounds of waste medicine in 2009 (Vanasse, 2010).

Manufacturers (and by extension, consumers) are the most equitable funder of product take-back programs; such management costs should not be borne by taxpayers or garbage utility ratepayers.

- Of the 2006 average retail prescription price of \$68.26, the manufacturer received 78% of the cost, the retailer received 19%, and the wholesaler received 3% (Henry J. Kaiser Family Foundation, 2007).
- From 1995 to 2002, pharmaceutical manufacturers were the nation's most profitable industry. They ranked 3rd in 2003 and 2004, 5th in 2005, and in 2006 they ranked 2nd, with profits (return on revenues) of 19.6% (Henry J. Kaiser Family Foundation, 2007).
 - \$2.8 billion was spent in Washington to purchase 53.6 million prescriptions (Henry J. Kaiser Family Foundation, 2005).
 - \$15.4 billion was spent on over-the-counter medication and/or personal care products nationwide, excluding Wal-Mart (CHPA, 2006).
- It is estimated that about \$451 million per year is spent on promoting pharmaceuticals in Washington State alone. (Congressional Budget Office, 2009.)

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Asking all the companies that sell medicines in our state to share the costs of a statewide medicine return program is reasonable because they are the ones that profit most from this product. Sustainable funding from drug manufacturers will relieve the burden that some local police, county sheriffs, and pharmacies have been carrying to operate the medicine return programs that currently serve small portions of the state. And producer funding would expand this important service to communities across the state.

By managing their products at end-of-life, manufacturers can obtain significant data to inform their industry. In the case of pharmaceuticals, such data can help inform prescribing practices, patient compliance rates, and possibly drug formulation.

Proposed Solution/Recommendations

Work with Washington and Oregon legislators and supportive stakeholders to pass producer responsibility legislation that would require pharmaceutical manufacturers to pay for and provide secure medicine return throughout Washington and Oregon.

Continue discussions with opposing stakeholders to find common ground on this legislation and to bring some of these stakeholders on board or to a neutral position.

Subcommittee Next Steps/Timeline

In 2010 and 2011, the NWPSC Pharmaceuticals Subcommittee, along with external partners, plans to

- o Work with legislative leaders and stakeholders to refine policy and bill language for 2011
- o Meet with legislative leaders, lobbyists and bill supporters to develop and implement the strategy and bill campaign for 2011
- o Engage manufacturers and other stakeholders in discussions about a long-term funding solution for proper disposal of pharmaceutical waste.
- o Conduct outreach to local governments and government associations to educate them about the bill and obtain endorsements
- o Work with Congressman Jay Inslee's office to obtain endorsers to his legislation that would amend the Controlled Substances Act.
- o Maintain the www.medicinereturn.com website

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