North Central Texas Council of Governments & the Product Stewardship Institute's
Med Take-Back Workshop
MEETING SUMMARY
June 7, 2017 — Grand Prairie, TX

Attendees

More than 72 local, state, and federal government officials, recyclers, reverse distributors, water quality professionals, retailers, and other key stakeholders attended the meeting (see attendee list). Participating government officials represented 23 cities, 3 counties, and 3 states.

Meeting Materials

Meeting materials are available on North Central Texas Council of Governments' (NCTCOG) Time to Recycle web-site: http://www.timetorecycle.com/medtakeback/index.asp. We encourage you to consult the presentation slides when reviewing this summary.

Key Workshop Expectations:
- Learn about drug take-back challenges and solutions
- Understand current landscape in North Central Texas
- Consider drug take-back best practices around the country
- Begin to design a drug take-back strategy for North Central Texas

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Welcoming Remarks/Meeting Overview

The agenda began with an overview of the North Central Texas Council of Governments (NCTCOG) duties and funding sources by **Edith Marvin**, North Central Texas Council of Governments' Director of Environment and Development. She indicated that the North Central Texas (NCT) region has a problem with water contamination and drug abuse. **Scott Cassel** of the Product Stewardship Institute (PSI) explained the concept of "product stewardship" and the different kinds of programs that can reduce the impacts of consumer products. He introduced "extended producer responsibility" (EPR) as an approach developed in Europe approximately 30 years ago for packaging by which manufacturers are responsible for financing and safely managing their products after consumers are finished using them. In the US, we now have 106 EPR laws across 12 product categories, including 20 pharmaceutical EPR laws. Scott explained that the problems we are trying to address break down to health/safety (drug abuse and accidental poisonings), and environmental health (aquatic impacts and water quality). He briefly introduced the three types of drug take-back: on-site receptacles (i.e., "kiosks"), mail-back envelopes, and take-back events.

SESSION 1: DRUG TAKE-BACK: CHALLENGES AND SOLUTIONS

Vivian Fuhrman (Product Stewardship Institute) provided a history of PSI's work on drug stewardship; regulatory background, including the DEA's final rule on the collection of controlled substances that allows for pharmacy collection; program funding options for voluntary programs and mandatory /extended producer responsibility programs; differences between the US and international landscape; and education/outreach resources. She listed challenges including: consumer convenience of program collection options (pharmacy locations, law enforcement locations, mail-back programs, and events) and collection site coverage, lags in pharmacy participation, the cost of programs, and the need for a national solution.

Key Questions	Speaker Answers
How can a location become a registered collection entity?	By updating their registration with the DEA online in just 5-10 minutes (see PSI's How-to Guide). Only locations named in the DEA's final rule on the collection of controlled substances may install an on-site collection receptacle: retail pharmacies, law enforcement, manufacturers, drug distributors, reverse distributors, narcotic treatment programs, hospitals, and clinics with an on-site pharmacy.
Walgreens (and other retail pharmacies) don't always accept consistent types of medications in their collection receptacles. Is this a worker training issue?	This could demonstrate a difference in program parameters, and may also demonstrate a need to better educate pharmacies.
Aging programs in COG have a big need for medication disposal. Is there special funding for this?	The Substance Abuse and Mental Health Services Administration (SAMHSA) is supportive of funding drug take-back, so states can apply for that, but we are currently not aware of dedicated funding for drug take-back. This is an area we need to explore.
As an administrator of a poison center, it is very expensive to maintain a $175 collection receptacle. Is that a big reason why pharmacies don't want to participate in drug take-back?	Reverse distributors are starting to develop cost effective packages for pharmacies that does not eliminate the cost but does lower it.
RCRA Hazardous Waste rules: How are they handled at pharmacy and reverse distributor (RD) levels?	Drug waste generated in the home is not considered hazardous waste while it is in the possession of the ultimate user (person for whom the prescription was written or the person legally entitled to take possession of the prescription if the ultimate user dies). Material collected through a drug take-back program following DEA protocol that must be transported for destruction is subject to DOT rules, and must be covered by a Special Permit. In many cases, pharmacies are covered by their RD's permit, but should speak to their vendor to confirm.
Does PSI have a guide for law enforcement since it is different from pharmacy needs?	Not at the moment. PSI's *How-to Guide* focuses on implementation of pharmacy-based programs.

SESSION 2: CURRENT LANDSCAPE IN NORTH CENTRAL TEXAS

Dr. Jeanie Jaramillo-Stametz (Texas Tech UHSC School of Pharmacy) discussed Medication Take Back Tips for Success which included: a supportive institution, on-going funding source, strong relationship with law enforcement, effective advertising, not needing to be reliant on DEA take-back days, and having a consistent, on-going program. She highlighted the importance of safety, being prepared for unexpected materials submitted in collection bins (e.g., medical sharps), and robust marketing efforts.

Jordan Fengel (City of Georgetown, TX) discussed the City of Georgetown's Medication Collection Program. Jordan shared the history of how their program was started and their results as of April 2017. Jordan listed as keys to success: having buy-in from all stakeholders, including the City Council; obtaining a grant; advertising and communication to the community; and training those involved.

Debbie Branch (City of Fort Worth, TX) discussed the History of Drug Take-Back in Fort Worth. Debbie shared lessons learned since Fort Worth's first take-back event in 2010, and how the list of event partners had grown to make the events increasingly successful. Another key to success has been pursuit of the goal of making it as easy to dispose of medication as it is to buy it by using both kiosks and mail-back envelopes. In their estimation, public awareness is increasing and the efforts are making a difference.

Key Questions	Speaker Answers
How were programs funded?	Through a mix of funding from agencies, taxpayers, and collaboration/partnerships.
How do you discuss impacts on Waste Water Treatment Plants (WWTP)?	Panel discussed aquatic impacts. • Dr. Brian Brooks of Baylor University has many studies out concerning medication impacts on water and WWTP. • Majority of the pharmaceuticals in the waste water come from excretion; unwanted medications still make up an unknown percentage of what ends up in waterways. We don't know the exact breakdown, but it is a source of contamination we can prevent. • Although there are no studies directly linking the impact of pharmaceuticals in the aquatic environment to human health endpoints, we do have studies showing the link to animals that are likely to mirror effects on humans. (See book, "Our Stolen Future" for evidence on endocrine disruptors). • Measurable concentrations of pharmaceuticals have not been detected in direct drinking water, only source water.

SESSION 3: OTHER DRUG TAKE-BACK PROGRAMS

Eileen Leung (San Francisco Department of the Environment, CA) discussed the success of the San Francisco Safe Medicine Disposal Program. Eileen shared the program's history, beginning with a pilot funded in part by manufacturers as a voluntary effort. She spoke about the current program funded through an EPR ordinance that passed in March 2015, including kiosk location and mail-back envelopes. She also touched on how they marketed their drug take-back efforts.

Lisa Sullivan (Drug Enforcement Administration, DEA) discussed the Secure and Responsible Drug Disposal Act of 2010, how to run a drug take-back event, and the locations permitted by DEA to become authorized to host a collection receptacle. She also shared statistics regarding opioid overdose, different types of drugs contributing to death rates, and the risk associated with handling these materials.

Key Questions	Speaker Answers
What is the population per district in San Francisco served by the drug take-back program?	Convenience standard in San Francisco is a minimum of five collection locations in each of its 11 supervisorial districts. Comes to 55 locations, which is one per 15,275 people based on the 2015 US Census population estimate for City and County of San Francisco of 864,816.
How do you enforce manufacturer participation?	San Francisco has a process through the pharma supply chain for identifying manufacturers to which their EPR law applies. Agency procured a global list and used that as a base, and wholesalers reported on which companies were selling in to San Francisco to create a master list. The industry's stewardship organization for complying with pharmaceutical EPR laws, MED-Project, was already formed by then.
What efforts are made to educate children about drug abuse in schools?	Schools may contact the DEA to send a speaker.
What is being done to educate doctors about prescribing practices?	DEA's 360 program helps disseminate message about limiting the number of drugs prescribed.

SESSIONS 4-6: DESIGNING A TAKE-BACK SYSTEM FOR NORTH CENTRAL TEXAS (Facilitated discussion)

Convenience Standards and Goals	
What is the current level of convenience of drug take-back in North Central Texas?	Currently there are 40 known locations: 23 at Walgreens, 14 at municipal locations (13 at law enforcement agencies and 1 at a city hall), and 2 at long term care facilities.
What level of convenience do we want for North Central Texas?	EPR Requirements: most laws use standard of approx. 1/20,000 residents. Currently the population of North Central Texas is: 7.1 million → will increase to 12.1 in 2040. Current convenience ratio in North Central Texas: 1 location/177,000 residents. Want to increase the number of locations to 1/20,000 residents.

Geographic Distribution and Hot Spots for Collection Sites	
Long-Term Care Facilities (LTCFs)/Continuing Care Retirement Communities (CCRCs)	For data purposes, LTF/CCRC collection locations could be weighted for their contribution to convenience for high need populations, as seniors tend to have more prescriptions. **Jan Harris** (Sharps Compliance, Inc.): LTCFs are not necessarily relevant. A take-back location there would only serve residents at that care facility. They would not be available to the general public, so they become their own entities. **Amanda Robbins** (Fort Worth Safe Communities Coalition): CCRCs are independent and assisted living. Only those with an on-site pharmacy can host a kiosk, but those without can have mail back envelopes. **William Wilkerson** (Sansom Park Police Department): These locations serve high need areas, but have restricted access. In small/aging cities, it is hard to find locations that are not restricted.

Aging areas ("sun cities")	**Joanie Arrott** (Lone Star NAHMMA): Austin's approach included using GIS modeling to compare demographics (age rates and growth patterns) and current population densities to break down data and identify high need areas. **Jordan Fengel** (City of Georgetown, TX): Demographics matter – senior citizens are not afraid to enter police department with medications, but others might be.
Large companies with in-house clinics	**Amanda Robbins** (Fort Worth Safe Communities Coalition): In this area, there are many large companies (i.e., Lockheed Martin) that have clinics with take-back capacity, but would only be open to the public during business hours. **Jan Harris** (Sharps Compliance, Inc.): The employer must not only have a clinic, but also a pharmacy.
Hospice Industry	The hospice industry in the area is currently recommending law enforcement collection locations. Sometimes there are no locations accepting medications in the service area.
Hospitals with pharmacies	**Frances McGee** (City of Dallas, Parks and Recreation): Reach out to hospitals with pharmacies – they have a good geographic distribution and are a source of potential funding collaboration.
Rural Communities (Approx. one-third of workshop attendees identified as serving a rural community)	**Greta Calvery** (Waste Management): These areas have smaller populations and fewer disposal options, and education is not enough. Ends up having recycling contamination: can't get rid of plastic medical waste/healthcare materials. **Vivian Fuhrman** (PSI): Rural area residents may not frequent the pharmacy as often as their urban counterparts, but rural pharmacy-based drug take-back programs can still make a positive impact when accompanied by proper education. PSI hosted a NY drug take-back program in five rural pharmacies with an accompanying public outreach campaign which successfully increased the number of convenient collection locations, the amount of unwanted drugs collected and safely destroyed, and the level of public awareness around the risks of improper drug disposal.
Rural Communities Solutions	Rural communities may sometimes prefer mail-back envelopes, although the cost per unit of drugs destroyed is far greater than for kiosks. **Wade Scheel** (Stericycle): Collection may be more convenient with mail-back, but receptacles are a great option too. **Jan Harris** (Sharps Compliance, Inc.): There are no issues with having receptacles in rural areas as they can use a common carrier to ship the medications.
What about "piggy backing" onto Household Hazardous Waste Events?	Many communities are participating in DEA drug take-back days, so the focus can be on rural areas to improve convenience by increasing access. **Robert Berndt** (Tarrant County): Texas county governments are unique – very little regulation and power. HHW programs or locations would be a good way to incorporate med take-back for rural areas. Possible to build on existing infrastructure (e.g., Tarrant County citizens that use the Fort Worth HHW program pay for that service).

Legislative Approach/EPR Laws	
Letters to Legislator	**Stephen Massey** (City of Allen): RCC may help write letters of support to legislators RE: Product Stewardship resolutions. Build local support from city councils and local commissioners, letter writing campaign with information and plans, and provide information to legislative champions.
Are any changes needed to state or regional	There is no funding associated with TX SB 1243 passed in 2015 (relating to a pilot program for donation and redistribution of certain unused prescription medications).

regulations/statues? Systematic barriers?	**Jan Harris** (Sharps Compliance, Inc.): Almost every state has the ability to redistribute unopened medications. LTCFs say it's cheaper to destroy those meds than redistribute. It is important to educate customers on medication redistribution laws and address misinformation.
Shared responsibility with medical professionals and community	**Nicole Warhotfig** (City of Plano): Could we put the financial responsibility on doctors since they prescribe the medication? This might help to reduce waste if they limited the number of pills prescribed. **Scott Cassel** (PSI): <u>There is a complex relationship between doctors and pharmaceutical companies.</u> Companies forced to facilitate drug take-back through EPR will influence doctor's prescribing practices.
Mandatory retailer participation	**Richard Garayua** (Allen Police Department): Pharmacies should be targeted as the responsible party to dispose of and take back medication. Should there be mandatory retailer participation in EPR laws? **Vivian Fuhrman** (PSI): Mandates have started to appear in some legislation in other states if retailers have been slow to volunteer to collect. **Eileen Leung** (San Francisco, CA): Our program is working on challenge of low retailer participation through EPR program. In Europe, 99% of collection locations are in pharmacies.
EPR Take-Back Programs examples that differ from typical model	Santa Cruz County, CA: Mandatory retailer participation. Rockland County, NY: Mandatory retailer participation for chain pharmacies with 3+ stores nationwide. San Luis Obispo, CA: Retailers must pay.

Pilot Projects and other Existing Drug Take-Back Programs	
Challenge of Tarrant County	<u>Goal: One kiosk in every police department in Tarrant County.</u> **Cynthia Velazquez** (Challenge of Tarrant County): "Challenge" will work with anyone in Tarrant County who reaches out. We have funding for the purchase of 4 new kiosks and thousands of envelopes.
HHSC	HHSC has available funds to distribute to address opioid epidemic (kiosks and envelopes).
CVS Program	**Vivian Fuhrman** (PSI): Law enforcement can apply through CVS for a free kiosk.
Law enforcement drug destruction options	Law enforcement needs to have policy in place for how to destroy drugs. They are also exempt from environmental requirements, so it may be legal to use an on-site incinerator, although it is not considered best practice.
Space restrictions for law enforcement	**William Wilkerson** (Sansom Park Police Department): Police station has too small of a lobby to put kiosk there. City hall is adjoined to the police station and has a bigger lobby, so is it legal to place one there?
Walgreens Program	**Michael Landson** (Walgreens): Walgreens focused on convenience and hours in deciding where to place kiosks for our drug take-back program. Chose 24-hour locations, where a pharmacist is always on staff and kiosks are always available to customers. Liability would increase in locations where kiosks are not always accessible (people would possibly still leave medication). Good relationship with Stericycle, hit goal of approximately 750 locations across the country.

Effective Outreach Methods	
Georgetown, TX	Greatest success came from low cost utility bill insert. Reached approx. 40,000 people.
Fort Worth, TX	Event Survey indicated that 90% of attendees heard about event from utility bill insert, or cross-promotion and coordination in neighboring cities. Different demographics: National sentiment is changing. Safety Fair held by law enforcement in Hispanic-prominent area usually attracts hundreds of attendees; this past year less than 100 attended. Current events may change how people feel about attending law enforcement take-back events or law enforcement kiosks.
Walgreens	Utilized bill inserts, radio station ads, local news stations, and stores handing out flyers. Residents appreciate the service to community. Drug take-back events held outside our stores cost the store barely anything. Did not track how a store's sales were affected by hosting events.
Mansfield, TX	What was effective for us was utilizing our website, word of mouth, local newspaper, flyer/brochure, Mansfield free magazine, web search, and Facebook. Many attendees were repeat users.
Stericycle	Look to community centers and other partners with expertise in the demographics. **Eileen Leung** (San Francisco, CA): Resources in our program must be available in all predominant languages, but it's important to note that different populations respond to different outreach methods. Identify your target population and customize outreach.

Feasible Funding Sources	
Short-term solutions	Partnerships between cities, counties, water, etc. and COG grants.
What total cost seems feasible?	**PSI**: Ballpark cost of $5,000 per location. **Jordan Fengel** (Georgetown, TX): Agrees with PSI's ballpark of about $5,000, although there was a larger start-up cost of about $10,000 when you include labor hours, outreach in a larger city, etc. → Larger city = larger start-up cost. **Eileen Leung** (San Francisco, CA): San Francisco's yearly report on EPR program will be released soon with cost data. Capital cost is the receptacle; collection rates vary which can affect the price.

COORDINATION ROLE OF COG

The North Central Texas Council of Governments **cannot lobby as a COG.** NCTCOG can approve a legislative agenda that cities can take on, and it can coordinate city efforts. NCTCOG can gather and provide data and show the need for a regional solution. NCTCOG can provide grant funding to projects to cover **start-up costs** but cannot fund in perpetuity.

Potential partners to include in implementation: large employers and their wellness programs, health insurance companies, poison control centers, Texas Municipal Lead, NCTCOG Executive Board, Texas Association of Regional Councils, Texas Commission on Environmental Quality, large hospital organizations, Texas Product Stewardship Council, elected leads, Sierra Club.

EXISTING DATA AND GAPS

NCTCOG distributed a regional survey prior to the workshop, and responses were collected from over 70 stakeholders, including: municipal solid waste managers, wastewater professionals, law enforcement officers, elected officials, substance abuse coalition professionals and others. The survey included

questions related to the types of programs that have been adopted in the region, tonnage collected, take-back costs, perceived public awareness, and barriers.

NCTCOG also manages the website TimeToRecycle.com that includes a map to help residents find take-back locations nearby. This list is not comprehensive, and pharmacies or cities may choose not to disclose their drop-off sites.

Existing Data on Take-Back System	
Metrics	The first step is to establish a benchmark to measure progress. Collected data may include poundage collected by the DEA at the biannual take-back days. San Francisco used awareness surveys to start a baseline. A med take-back goal would then be established. **Jordan Fengel** (Georgetown, TX)**:** The Texas Product Stewardship Council (TxPSC) released the 2015 TxPSC Pharmaceutical Takeback Survey to gather statewide data on collection programs, costs, and program deterrents. In 2014 over 220 million prescription drugs were filled by pharmacies in Texas, and over 40% of the survey's respondents stated that they do not offer medication collection. **Cynthia Velazquez** (Challenge of Tarrant County): Challenge may conduct surveys through their education and outreach efforts.
Retailer participation	Retail pharmacies are not required to share information on their take-back programs, however, most EPR programs require yearly reports made publicly available on program websites, including how much has been collected and the costs of running the program.
Calculating cost	Identified need to simply calculate costs of a program that can be boiled down to one number. In the case of EPR programs, producers can roll the costs of running a take-back program into the cost of medications for pennies on the prescription.
Data Gaps on Take-Back System	
Opioid deaths	There are gaps/improper reporting of opioid related deaths (ex: Dallas article on missing stats on opioid related deaths in TX due to them being underreported).
Collection amounts	Cannot assume pharmacy receptacles will have the same collection rates as law enforcement locations. PSI predicts that pharmacies are more convenient to residents and are thus likely to see higher collection rates.

SESSION 6: NEXT STEPS FOR NORTH CENTRAL TEXAS

Action Plan—

- **Gather data to measure success**
  - Fill in information on existing locations and collections.
  - Calculate cost—boil down to one number.
  - Predict pounds collected.
  - Run awareness surveys (set baseline and follow up after outreach efforts).
- **Build coalition**
  - Existing: Fort Worth, Georgetown, law enforcement.
  - JPS: going to put drug take-back in one of their pharmacies.
  - Work on starting programs at more locations.
  - Walgreens: monthly bill for extra services from Stericycle. A few hundred dollars (by weight) for pickup every time.

    - San Francisco: will have **yearly report** on EPR program soon with cost data. Sunk cost is receptacle, and the collection amounts vary.
- **Develop funding plan**
    - Identify short-term sources
    - Identify sources of sustainable funding
- **Draft plan for regional (pilot) drug take-back program**
    - Timeline to reach convenience goals— 1 year? 5 years?
    - Collection system details (locations, methods, etc.)
    - Outreach campaign details
- **Provide data and coalition list to legislators**
    - Letter-writing campaign?

NCTCOG's immediate next steps—

- Bring the following questions to grant selection subcommittee and full committee: Is pharmaceuticals disposal a priority? How much funding is available to address this problem?
- Put together a survey to fill information gaps in order to approach next legislative session with a plan that is data-driven.
- Develop timeline for plan (draft/implementation): Add as addendum to existing regional plan using information gathered today.
- Bring workshop notes to Texas Area Regional Council (TARC) meeting in September to consider building COG coalition.