



**Skagit County Secure Medicine Return Ordinance**

**Proposed Board Action:**

**Approve resolution to open public comment on Secure Medicine Return ordinance**

**Division/Program:** Public Health – Jennifer Johnson, Director

**Approved by Director:**

**Background**

In June 2016, the Population Health Trust Advisory Committee voted to create an opioid workgroup to begin strategic planning around the opioid crisis. The Opioid Workgroup Leadership Team was initiated in August that year with the purpose of studying the situation around opioid use and misuse in Skagit County, conducting a gaps analysis process and determining priority areas for improvement. Six months later, the team issued a Community-wide Action Plan and Call to Action which was adopted by the Board of Health.

The plan outlined four high-level goals: Prevent Opioid Misuse and Abuse, Treat Opioid Dependence, Expand Access to and Utilization of Medication-Assisted treatment and Prevent Deaths from Overdose. One of the key strategies identified to prevent misuse and abuse was encouraging and expanding drug take-back efforts, also known as secure medicine return programs.

After the release of the plan in January of 2017, the OWLT continued to explore the concept of utilizing medicine take-back as a prevention strategy. The leadership group followed the progress of HB 1047 in the state legislature, participated in several webinars and discussions with other programs to clarify the differences between take-back events and pharmaceutical stewardship programs, and held conversations with local pharmacists. With greater understanding of the current state of take-back options in Skagit County including a lack of convenience for residents and an unstable source of funding for program management, the OWLT and Public Health determined that a pharmaceutical ordinance was required to protect the health and environment in Skagit County.

Public Health formed an ad hoc committee in early September to begin the process of policy research and ordinance preparation. Public Health hired Margaret Shield, PhD from Community Environmental Health Strategies to serve as consultant. Margaret has advised most counties in WA State which have proposed and adopted a pharmaceutical stewardship ordinance and has worked on the state legislation (HB 1047).

**Findings and conclusions**

**Safe disposal of medicines is a public and environmental health concern**

- Storing unwanted or expired medicines in our homes contributes to the epidemic of medicine abuse and accidental poisonings in our communities. Improper disposal of medicines down the drain or in the household trash adds to pharmaceutical pollution in the environment, including Puget Sound.

- Drug overdoses now rank higher than car crashes as a cause of death in our country and state.
- Overdoses are the number one cause of unintentional injury deaths in Skagit County. About two-thirds (63%) of these overdoses involve opioids (prescription drugs, heroin, or synthetic opioids).
- On average, 8% of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders reported in the 2016 Healthy Youth Survey using prescription drugs not prescribed to them in the last month. Of these, the highest percentage was 12<sup>th</sup> graders at 10%.
- In a 2015 federal SAMHSA report, 36% of respondents 12 or older reported misusing a prescription from a doctor.
- Partnership for a Drug Free America reported that 73% of teens said it was easy to get prescription drugs from a parent's medicine cabinet.
- Pharmaceuticals are an emerging contaminant of concern in freshwater and marine water ecosystems, and in drinking water supplies.

### **Skagit County's Current Secure Medicine Disposal options are not sustainable**

There are five prescription drug drop boxes in Skagit County located at law enforcement sites. The arrangements were made between local law enforcement offices and Washington State Patrol who transport the medications to one of two sites in Washington and Oregon on an as needed basis. This requires significant staff resources by the Sheriff and participating law enforcement agencies. While this program has been successful in collecting 1,200 pounds of unwanted medicine a year during a 5 year period (2010-2015), it is a burden on limited and unstable public resources and existing capacities cannot handle program growth. Skagit County's current program which has no allocated funding nor written partnership agreements for transport is not stable or sustainable.

As a result, the existing drop box collection likely captures only a fraction of residents' unused medications, and fails to achieve its full potential in reducing risks associated with excess medicines in the home and unsafe drug disposal. Despite this existing program, opioid drug abuse is still on the rise.

There is a strong need for more convenient locations and more standard procedures. Because each drop box location operates independently and differences in locations, hours, and allowable medication exist; there is public confusion about the system and confidence in drop-box availability is diminished. Without a standard program to publicize, it has been difficult to encourage the public to dispose of unwanted and unneeded medications in the home, and thus, a culture of proper medicine disposal has not been created.

### **A comprehensive, properly financed and convenient program is required**

A Secure Medicine Program (also known as pharmaceutical product stewardship) would solve these key issues to educating the public and providing expanded opportunities to safely and securely remove unwanted medications from homes.

Secure Medicine Return programs provide a secure and environmentally sound way to dispose of leftover or expired medicines and are a part of a comprehensive approach to preventing prescription drug abuse. Pharmaceutical stewardship policies require the pharmaceutical

companies that manufacture medicines to provide convenient collection options for consumers so that unused medicines are properly disposed. With a new DEA ruling in 2014, options for secure disposal have been expanded to include: retail pharmacies, hospitals/clinics with an on-site pharmacy, narcotic treatment centers, and long-term care facilities if partnered with a retail pharmacy.

Local ordinances have been successfully enacted in five Washington counties and eight California counties. The Washington State legislature is currently considering HB1047 that would adopt a pharmaceutical stewardship program on the state level.

### **Other entities concerned with public health and safety support this ordinance**

The Population Health Trust Advisory Committee and the Opioid Workgroup Leadership Team have endorsed Skagit County Public Health's creation of a Secure Medicine Return program. Other entities have also indicated support including, the Swinomish Tribal nation, MV Hope, Skagit Council of Governments, and the MV City Council.

## **Overview of Proposed Ordinance**

The proposed ordinance would add a new chapter to Title 12 of the Skagit county code to protect the public's health by providing safe collection and disposal of unwanted drugs from residential sources through producer provided and funded product stewardship plans.

Key provisions of the ordinance are described below.

- The program will be operated and funded by medicine producers.
- It is strictly for secure return of medicines generated in homes and other residential settings.
- Collection must be convenient for the residents of Skagit County.
- Security and confidentiality protocols must be in place as mandated by the DEA.
- Medicine disposal must be environmentally sound and EPA compliant.
- Outreach and community education are a required component of the program.
- Public Health will receive annual reports on program performance.
- Public Health will provide program oversight and enforce plan responsibilities.

Fees for plan review, annual operations, and other conditional fees are defined in a Schedule of Charges. The fee proposal includes 100% cost recovery for program operation after program implementation.

### **Implementation Timeline**

If approved in February, the timeline will be as follows:

**February:** Ordinance takes effect

**April:** Each medicine producer must notify Public Health of their intent to participate in a stewardship plan; retailers with a store label drug must notify Public Health that their manufacturer intends to participate.

**June:** Producers must notify Public Health of name/contact for their stewardship plan operator.

**June:** Producers/stewardship organizations must notify all authorized collectors of opportunity to participate as collector.

**August:** Producers must submit a proposed stewardship plan for Public Health review;  
**3 months after approval:** Stewardship plan(s) must begin operations.

### **Implementation**

During implementation, Public Health must maintain 0.5 FTE for program start-up activities and operations while the stewardship plan(s) operationalize. The ordinance implementation will require 0.5 FTE for approximately six months. After stewardship plan(s) begin operations, a 0.2 FTE will be required for oversight and enforcement responsibilities. This FTE will be funded by secure medicine return fees.

### **Next Steps**

Pending other feedback or guidance from the Board of Health, a public presentation of the ordinance will occur on February 5, 2018, followed by a public hearing on February 21. Public comment will be taken from January 29-February 20 and potential vote on a final ordinance is anticipated between February 21 and 27<sup>th</sup>.

### **Board Authority**

Article 11, Section 11 of the Washington State Constitution empowers local governing bodies to make and enforce, within their limits, local laws and regulations not in conflict with the general laws of the state. Pursuant to Chapter 70.05.060 RCW, local health jurisdictions are charged with, among other things, the responsibility to enact such local rules and regulations that are necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof.