

3. How to Hold a Successful Collection

- A. Overview of considerations for conducting a medicine take-back program.
- B. List of Potential Partners. This will get you started finding organizations and corporations that can help you with various aspects of running a collection event, from funding to publicity to consulting support.
- C. Northeast Recycling Council's (NERC) Operating Unwanted Medication Collections - A Legal & Safe Approach. This advisory from NERC provides advice on all stages of organizing collection events.
- D. Regulatory Guidance for Organizers of Household Pharmaceutical Collection Events from Wisconsin's Department of Natural Resources.
- E. Reference lists of controlled substances.
- The first list (dated July 2005) was compiled by the Marshall County (IN) Solid Waste Management District for the purpose of identifying controlled substances dropped off at medicine collections. To obtain an updated list, contact: Marshall County SWMD, 1900 Walter Glaub Drive, Plymouth, IN 46563, Toll Free: (800) 935-8618, Fax: (574) 935-8612, E-mail: mike@co.marshall.in.us, Internet: <http://www.recycleyourtrash.org>
 - The second list is a U.S. Department of Justice Drug Enforcement Administration (DEA) list of controlled substances (dated April 2008, downloaded in December 2009 from <http://www.deadiversion.usdoj.gov/schedules/orangebook2008.pdf>). The list is intended as a general reference and is not a comprehensive listing of all controlled substances.
- F. U.S. National Unused and Expired Medicines Registry Reporting Forms. The 2004 Questionnaire for Returned Medications by Individual Donor[®] and Collection Event Return Form were created to help policy makers regarding pharmacy policy, patient education and safety, and prescribing options. If possible, use one of these forms at your collection event to gather information.
- G. Reverse Distributors Directory (U.S. DEA 2006). This directory lists some companies that can accept unused/expired pharmaceuticals and hazardous wastes. Pharmacists may contact their local DEA Diversion Field Office for an updated list of those reverse distributors in their area. A map of field offices is available at http://www.deadiversion.usdoj.gov/offices_n_dirs/fielddiv/index.html.

Available on line:

Pharmaceutical Waste at Non-hospital Healthcare Facilities

This guide from Wisconsin's Department of Natural Resources is available at <http://dnr.wi.gov/org/aw/wm/pharm/nonhousehold.htm>. Nursing homes, community-based residential facilities, residential care apartment complexes, assisted living, adult family homes and hospice care providers should review this publication to see whether their discarded medications are considered to be household or non-household pharmaceutical waste.

A. Overview of considerations for conducting a medicine take-back program.

Issues to consider when planning a medicine take-back program include:¹

Before the Event

- **Funding:** A funding source for take-back and disposal programs has to be identified. There is currently no nationally established funding source for residential pharmaceutical waste management. Check the list of potential partners that appears later in this section for ideas on where to obtain funding or in-kind support, but the first place to check is your state Household Hazardous Waste (HHW) Office. Some states are allocating some HHW funding for unwanted medicine collections.
- **Publicity:** A consumer awareness campaign is needed to communicate the proper procedures for returning unwanted medicines and to motivate people to participate in the program. See section 4 of this booklet for models and ideas for public information materials. This has become a national issue and most people want to do the right thing and are willing to participate. It is important that they know what they can and can't bring (needles or "sharps" are often listed as not accepted, but it is important to prepare for them anyway).
- **Convenience:** Collection programs need to be easy to use if they are to compete with the toilet or the trash. If possible, the program should be free to the public and should be provided during hours when people are likely to be able to come (before or after typical working hours or on weekends). The location should be easily accessible to participants. Many collection programs have been sited at pharmacies for these and other reasons; consult the case studies in Section 2 and the advisory in this section from the Northeast Recycling Council (NERC) for ideas on how to make a collection user-friendly.

During the Collection

- **Safety:** Contact with some pharmaceuticals can pose safety hazards to pharmacy workers or collection participants.² Some drugs are skin contact hazards; some have dusts that are inhalation hazards. Reactions among certain substances are possible. Liquids may be hard to control, and spills of certain medicines could require special clean-up procedures. Safety measures have to be taken to protect the health of the collection staff receiving and managing returned pharmaceuticals. Keep medications in their original packaging in order to prevent reactions in the collection bin.³ See page 21 of the NERC advisory in this section on collection event procedures for tips on ensuring safety.

¹ This list is partially based on a report by the San Francisco Environmental Department (2004), referenced in Gualtero, Sandra M. "Pollution Prevention Measures for Unwanted Pharmaceuticals." Industrial Ecology, December 2005.

² Charlotte Smith, telephone call June 17, 2004, referenced in Gualtero. Ibid.

³ For similar reasons, individuals disposing of medicines in the trash at home should *not* be advised to try to render medications unusable by mixing with water or sawdust or flour. Some organizations recommend this practice in order to make the drugs less desirable to thieves or children, but it can have unpredictable consequences.

- **Record-keeping:** If possible, keep records of the medicines and other items you collect. These records are valuable to researchers who are currently collecting data on unused medicines to develop improved prescription and patient communication practices. The most common method is to report pounds collected. This is useful for comparing to other programs, but does not provide much information to identify strategies to minimize unwanted medicine. You may choose to use one of the Unused and Expired Medicines Registry reporting forms included in this section.
 - Version 1 is a survey for participants to fill out that allows them to record anonymous information about the medications they are dropping off as well as their disposal practices.
 - Version 2 is a simple chart for collection event staff to record the necessary information about the drugs being dropped off, including type of drug, dosage, and reason for return.
- **Participant Privacy:** Maintaining anonymity for participants is important. For pharmacies, compliance with the Health Insurance Portability and Accountability Act (HIPAA) is essential.

One method to ensure privacy is to ask participants to black out their personal information with a pen or marker before handing over the drug containers. Alternative methods include asking participants to remove labels from their drug containers or to empty the medication into the waste container and take the prescription container back home. One problem with these alternative methods is that someone may retrieve the empty containers from the trash and bring them into pharmacies for illegitimate refills. See the NERC advisory in this section for a full discussion of the packaging issue.

- **Pharmaceutical-like Items:** In addition to medicines, participants may bring in vitamins and homeopathic remedies and personal care products. Some of these substances may be regulated as hazardous waste due to the presence of metals or solvents. While collecting these may increase waste volumes, they should not pose regulatory or environmental problems as long as they are managed along with residential pharmaceuticals.
- **Identification of Controlled Substances:** Controlled substances are not readily identifiable by consumers, as product labels on dispensed medications often do not indicate their regulatory status. To determine if a substance is controlled, the product ingredients need to be checked against the Drug Enforcement Administration (DEA) list of controlled substances (<http://www.deadiversion.usdoj.gov/schedules/orangebook2008.pdf>). These medications are listed in Title 21 of the U.S. Federal Register as a narcotic or non-narcotic drug. Examples of well-known controlled substances include Valium®, Oxycontin®, Percocet®, and codeine. Non-controlled medications are any prescription medication *not* listed in Title 21 of the Federal Register.⁴

⁴ Rubinstein, Lynn. Operating Unwanted Medication Collections -A Legal & Safe Approach. Northeast Recycling Council, Inc. September 2006

Coordinators of a medicine collection program at the solid waste management district in Marshall County, Indiana, have created a [list of controlled prescription medicines](#). This list is based on the DEA list of class 2-5 drugs and has been organized to facilitate identification of controlled medications at a collection site. The list is included in this section of the resource kit, however it should be noted that this list changes constantly. If controlled substances are going to be collected, it is essential to have pharmacists and pharmacy technicians present to ensure proper separation of controlled and non-controlled medications.

- **Supervision of Controlled Substances:** By federal law (the Controlled Substances Act), only the person to whom a controlled substance was originally prescribed may legally possess it. The only exception is for law enforcement officials, who are authorized to take controlled substances into their custody. Therefore, you will need to have a law enforcement official (such as a member of the local police department) present at your collection if you accept controlled substances, and that official will be required to supervise the controlled substances until their final destruction. More details on the requirements are in the NERC advisory in this section. It is usually not sufficient simply to instruct the public not to bring controlled substances: individuals may identify their medicines incorrectly and collections have to be prepared to deal with controlled substances. The potential for people to bring in other items, such as illegal drugs, is another reason to seek police involvement. The DEA realizes the complication its rule entails for those holding collection events and is considering amending the requirements to allow for other methods.⁵

Contact your state DEA (http://www.usdoj.gov/dea/pubs/state_factsheets.html) as well to find out whether there are any additional requirements. You should not let this extra regulation deter you from holding a collection event – typically city police departments are willing to help with these types of programs because of concerns with theft and drug abuse.

- **Hazardous Waste Regulations:** Waste from households is generally exempt from hazardous waste regulations, but if other organizations, such as senior centers or homeless shelters, wish to dispose of medicines through your collection program, you may face restrictions on the disposal method you use as well as the transport and supervision of the waste from your collection. Additionally, some states *do* regulate hazardous waste from households if it is consolidated in a single location, as would be the case at a collection event. Most of the Great Lakes states do not specifically identify pharmaceuticals as hazardous waste, but they follow federal law in listing characteristics such as toxicity and corrosiveness that qualify a substance as hazardous waste. This is the case in the following states.
 - Illinois: <http://www.ipcb.state.il.us/SLR/PCBandIEPAEnvironmentalRegulations-Title35.asp> (scroll down to sections 720-729 on hazardous waste).

⁵ Cathy Gallagher, D.E.A. Presentation to the National Association of State Controlled Substance Authorities. October, 2006.

- Indiana: <http://www.ai.org/legislative/iac/title329.html> provides the hazardous waste rules.
- Minnesota⁶: <http://www.revisor.leg.state.mn.us/arule/7045/> See section 7045.0310 on special requirements for waste collected through household hazardous waste management programs.
- Ohio: hazardous waste management rules at <http://www.epa.state.oh.us/dhwm/rules.htm>
- Wisconsin: hazardous waste rules online at <http://www.legis.state.wi.us/rsb/code/nr/nr600.html>

Michigan specifically addresses pharmaceuticals in its hazardous waste rule and permits them to be treated as universal waste (which requires the same final treatment as hazardous waste but has less stringent regulations on custody and reporting): <http://www.deq.state.mi.us/documents/deq-wmd-hwp-Part111Rules00.pdf>. See section R299.9228 on universal wastes (search for ‘pharmaceuticals.’)

After Collection

- **Disposal Method:** At present, unwanted medicines that are collected through proper disposal channels are typically incinerated in regulated hazardous waste incinerators with controls to minimize emissions. Sewer disposal may be legal for certain pharmaceuticals (those not classified as hazardous waste), but both the California Department of Health Services and wastewater treatment plants recommend against sewer discharge of pharmaceuticals.⁷ Industry professionals believe that a destructive treatment like incineration is necessary for environmental safety. Other types of destructive treatments are theoretically possible; however, no alternative, cost-effective destructive treatment method is currently available commercially.

See the “Resource Directory for the Management of Pharmaceuticals” at the end of this section for names of hazardous waste haulers and others who may be able to work with your collected pharmaceutical waste. Some of the companies on this list will not be able to work with household collection events – they only collect from managed sources of medicines such as hospitals and pharmacies – but others can contract with you for disposal of the uncontrolled pharmaceuticals that law enforcement cannot take.

⁶ Minnesota and Wisconsin list veterinary drugs as hazardous waste but do not do the same for human medicines.

⁷ McGurk, Jack. Chief, Environmental Management Branch, California Department of Health Services, Medical Waste Management Program. “Sewer Disposal of Pharmaceutical Waste,” Memorandum to Directors of Environmental Health, Medical Waste Program Managers, and the California Healthcare Association. September 5, 2003.