

Transcript Details

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Pharmacy-Based Medication Waste Disposal Programs

Local pharmacy based initiatives are providing our patients with safer and more environmentally friendly ways to dispose of unused or outdated medications. How these programs have been received by our patients in the medical community? Are these programs more broadly applicable on state and federal levels? You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to focus on pharmacy. I am your host, Dr. Charles Turck, PharmD. Our guest is Dr. Shirley Reitz, PharmD, Associate Director Of Pharmacy Clinical Services for the Group Health Cooperative, a consumer governed nonprofit healthcare system based in Seattle, Washington.

DR. TURCK:

Welcome to the program Dr. Reitz.

DR. REITZ:

Thank you. It's great to be here.

DR. TURCK:

If you could, just briefly, would you describe the program that you are piloting?

DR. REITZ:

The program that we are piloting here at Group Health Cooperative is a medication take-back program that allows consumers to bring back unwanted and expired medications that they no longer want in their home and conveniently and securely dispose of them in a bin in our pharmacy waiting room.

DR. TURCK:

What sort of feedback have you gotten from patients participating in the program?

DR. REITZ:

Well, patients that are participating love it. We have had lots of calls from various organizations around the community here in the Seattle area asking if they can advertise our program for us. There was a housing development in Olympia, our state capital, 400 homes or so that wanted to do some outreach to their housing development and advised them to bring their medications into our disposal system and we get calls occasionally from people who will say, "You know, my grandfather died. I'm cleaning out his house. I have a whole suitcase full of medications. Can we bring them into your disposal site?" So then, it is a great community effort and lots of positive feedback from our patients.

DR. TURCK:

Have you gotten any feedback from local physicians or midlevel practitioners whose patients participate?

DR. REITZ:

Yes we have. In fact, we have our physicians within our Group Health community who will advise patients to bring back any unused medications to this disposal and we do have an area physicians clinic, who have also called and said that, you know, they are cleaning out their medicine cabinets, the medicines that are in there sample drawers, for example, that they would like to rid off and asking if they could bring them in. So again, very positive feedback from the community.

DR. TURCK:

Has your program been recognized on a regional or a national level?

DR. REITZ:

Yes we have. We recently received a community leadership award from the American Health Insurance Plans, which is an organization, umbrella organization for health insurance plans. And, in that recognition basically they called out that we are providing leadership within the community around this important social and health service. We also received recently a recognition is an affective partnership award with the northwest association of The North American Hazardous Materials Management Association in our partnership with both state and local environmental groups along with Group Health to provide this service to our community.

DR. TURCK:

Just give listeners a sense of scope of the projects, how many pharmacies are in Group Health and how much medication have you collected?

DR. REITZ:

We have 25 pharmacies that are participating in this in Group Health, and in addition, we have recently expanded to for Bartels

Pharmacy's, which is a local retail pharmacy chain in the Seattle area, so we have actually 29 pharmacies up and going now with us. In the time since we have opened, we have collected over 11,000 pounds of medication that have been returned and disposed off properly.

DR. TURCK:

And that is over the course of a year?

DR. REITZ:

That's then, we started in late 2006, in seven sites and we slowly expanded throughout 2007, so that by the end of 2007, we were opened in 25 sites. So, it has been a slow expansion as we have gotten our feet wet and learned with the issues are, learned how we were going to manage the amount of medication coming in, and so yes, over about a year and a half, we have collected that material.

DR. TURCK:

Well speaking of getting your feet wet, have there been any barriers that you've run into in trying to get the program to reach its full potential as far as perhaps medications that you aren't allowed to collect are concerned?

DR. REITZ:

Probably the biggest concern that we have are with controlled substances and that has to do with the EA Regulations and The Controlled Substance Act, which prevents pharmacists from taking back controlled substances once it has been dispensed to a patient. And, by statute the only group that can really legally take back controlled substances is a licensed law enforcement officer. So that has probably been the biggest area, and we have been working with our US Senators, Patty Murray; Maria Cantwell; our US representative, Jay Inslee, and our governor, Greg Locke, on federal levels to try to get a DEA waiver to expedite any regulatory changes that they need to make to grant us a waiver for this program. We do have on the front of our disposal bins where the patients can dispose of their medications assigned that does tell patients what they can put into the bin, including any liquids, pills, tablets, inhalers, injectables, etc. all of that can go in, but also a list of what cant and what's on that includes controlled substances.

DR. TURCK:

So, you mentioned injectables, so the patients can place used needles or lancets inside the bins?

DR. REITZ:

No, this would be, so if it is a used a lancet, we do ask that they use Sharps containers to get rid of those. So these would be things like packaged injectables and I'm thinking of like EpiPen syringes that have not been used, which we commonly see as they expire, or you know other drugs that have been dispensed to a patient for administration at home, but they have not used, so they are still in the package.

DR. TURCK:

Got it. What happens if you do find narcotics in the bins?

DR. REITZ:

If we do find narcotics, again we are not screening these medications and they are out in the waiting room, so patients may in fact dispose of unwanted controlled substances into the bin. Those medications stay right into that locked and sealed container and they are sent for disposal along with the other medications.

DR. TURCK:

Can waste from a pharmacy and waste from consumers be disposed off together, so you know, if you were to want at Group Health to get rid of expired meds on your own shelves, would you be able to dispose off it in the same way that consumers do so in placing the medications into the blue bins.

DR. REITZ:

Some pharmacies will take back small amounts of consumer waste and put it into their business waste as long as you're continuing to follow the laws regarding business waste, which are much more strict, than they are for consumer waste, that can certainly be done. The cost, however, may become prohibitive, and that is why I think it is important to separate those streams and to be very clear about what the cost associated with patient disposal of medications is versus a business disposal of medications.

DR. TURCK:

If you are just joining us, you are listening to Focus On Pharmacy on ReachMD XM 157. I am your host, Dr. Charles Turck. Our guest is Dr. Shirley Reitz, PharmD, Associate Director Of Pharmacy Clinical Services for the Group Health Cooperative; a consumer governed nonprofit healthcare systems based in Seattle, Washington. We are discussing the utility of a pharmacy based medication waste disposal program.

Has there been any movement afoot, Dr. Reitz, in other states or at the federal level to emulate what Group Health Cooperative is doing?

DR. REITZ:

Well, there are a number of other communities and states around the US that are interested in safe medication return program. Many of them are trying out their own pilot programs, which is great because I think the more models that we have out there to look at and to see which one is, you know, perhaps the most efficient use of resources, I think the better and more informed the discussion on a national level will be. We are often contacted by other healthcare professionals or communities for advice on how to set up a collection program, and for that reason we actually developed a web site where we can direct patients or health care professionals to take a look to see what it is that we are doing. It is www.medicinereturn.com.

DR. TURCK:

If other companies or states were considering adopting a program like yours, what sorts of legislation would direct their efforts, both in terms of accepting unused meds and disposing off them?

DR. REITZ:

Well, we feel that for a state-wide program, at least in the state of Washington, to become effective, it needs sustainable funding, and that is one of the issues that we are looking to our state legislature to try to determinate a best practice. In 2008, we took a bill to our legislative session that would have required producers of medications, that is, the manufacturers, to develop and pay for take-back across Washington State. It had some success, the bill did. It passed out of the house committee with bipartisan unanimous support; however, it did not make it out of the appropriations committee. However, the partners that we were working with on this have recommended that we come back in this fall with a similar bill to attempt, force this successful passage.

DR. TURCK:

The program that we have been talking about; it seems it is limited predominantly to the community and clinic settings, and if that is the case, has there been any collaboration, or desire for collaboration on the part of long term care facilities or hospice facilities at all.

DR. REITZ:

Yeah, and long-term care is almost in a class by itself regarding medication disposal needs. We do, as part of the pilot program, have a single long-term care facility or, you know, group facilities that we are working with and we are just now implementing a pilot in that long term care facility to look at this and see how it would work in that setting, but it is a very important need that needs to be met.

DR. TURCK:

So the program is expanding! What else is up next for the program? What would you say is on the horizon?

DR. REITZ:

Because the pilot program will end in late October, we want to look to see if we can identify some collection site partners that are committed to continue offering these services after the pilot program ends, and as part of that, we will have to identify financial and logistical support in order to make it a safe, secure, and convenient collection system. We also want to look at legislation for the 2009 Legislative Session, and we want to look at if there is product stewardship approach that we can use to help fund this. Recently, there was the first national meeting on pharmaceutical disposal by the Product Stewardship Institute. They are scheduled to have four dialogues, national dialogues, about this subject and they just had the first one and they are looking at coming up with national responses to this problem.

DR. TURCK:

What tips might you offer a healthcare professional, or what tips might a listening healthcare professional give to patients across the US, who want to similarly dispose of their unused medications, but don't necessarily have access yet into a program like yours.

DR. REITZ:

Well, if take-backs are not available in the area, unfortunately the only information we can give you at this point is information that has come out both from the FDA and other organizations to grind your medications, put them in either coffee grounds or kitty litter, seal them into a container, and then throw them into your garbage. It's not really the answer that we would like to give because ultimately even if it goes into a landfill, there is still the possibility that it will come out of the landfill and get into our environment. So, that is the information that I would give to people that do not have access to a take-back program in their community at this time.

DR. TURCK:

Perhaps, put pressure on your state legislator as well.

DR. REITZ:

Yes. I think the other thing that you can do is to actively support any process that you identify in your state or groups that you identify in your state where they are looking at this issue, we do know that there are a number of pilot programs going on across the US, Illinois, Maine, Minnesota, Wisconsin, California, and so in any of those locations, you know, whatever support that you can provide both on the legislative as a consumer and as a healthcare professional would help move this whole process along.

DR. TURCK:

We have been talking with Dr. Shirley Reitz about a pharmacy based medication waste disposal program. Thank you for joining us Dr. Reitz.

DR. REITZ:

You're welcome.

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