



COMMONWEALTH OF VIRGINIA

Tentative Agenda of Storage and Disposal Workgroup Meeting

Executive Order 29

Governor's Taskforce on Prescription Drug and Heroin Abuse

April 13, 2015

1:30PM

TOPIC

PAGES

Call to Order:

- Welcome and Introductions, *Chief Rick Clark, Jr. and Caroline Juran, RPh, co-chairs*
 - List of Storage & Disposal Taskforce/Workgroup Members 1
- Adopt minutes from December 4, 2014 Workgroup meeting 2-5

Topics Based on Task Force Discussion:

- Are drugs with abuse potential being collected in drug collection efforts?
 - Unused First-Fill Prescriptions: Cause for Concern? *The American Journal of Pharmacy Benefits*, Vol. 5, No. 4, e103-e110. 6-13
 - Statistics from DEA Take Back Events 14-19
- Identify and consider actions taken in other states to address cost with collection and disposal 20-38
 - Why is collection and disposal so expensive?
- Impact of federal regulations - promote or inhibit Virginia? 39
- Identify methods of destruction to recommend to Task Force and possible sources of funding 40-46
- Consider follow-up communication from Secretary Moran regarding free collection boxes for law enforcement
 - Letter sent on January 14, 2015 47-48
- Identify information for central website or future communications to increase awareness 49-63

Adjourn

Members – Storage and Disposal Workgroup, Governor’s Task Force on Prescription Drug and Heroin Abuse

Co-Chair/TF	Rick	Clark, Jr.	Chief of Police, Galax PD	VACP
Co-Chair/Staff	Caroline	Juran	Executive Director	Virginia Board of Pharmacy
Staff	Teresa	Gooch	Division Director	DCJS
TF	Cynthia	Hudson	Chief Deputy AG	OAG
TF	Karl	Colder	SAC	DEA-US DOJ
TF	M. Keith	Hodges, RPh	Delegate	House
Workgroup	Steve	Draper	Sheriff, City of Martinsville	PS
Workgroup	Sam	Catron	Manager, 622 North	Impacted Community
Workgroup	Regina	Whitsett	Executive Director	Chesterfield SAFE
Workgroup	Kevin	Carroll	President	FOP
Workgroup	Amy	Woods, RN		Lewis Gale Medical Center
Workgroup	Regina	Sayers	Executive Director	Appalachian Agency for Senior Citizens
Workgroup	Kathy	Sullivan	Director	Roanoke Area Youth Substance Abuse Coalition
Workgroup	Deborah	DeBiasi	Office of Water Permits	DEQ
Workgroup	Kristina	Morris	Unit Coordinator, SWVA Medical Reserve Corp	VDH
Workgroup	Mickey	Blazer	Vice President of Pharmacy Operations	K-VA-T Food Stores, INC.
Workgroup	Terry	Talbott	Regional Director, Government Affairs	CVS
Workgroup	Tim	Jennings		Sentara
Workgroup	Gill	Abernathy	Pharmacy Manager, Offsites Regulatory Compliance & Medication Safety	Inova Health System

Governor's Task Force on Prescription Drug and Heroin Abuse

Storage and Disposal Workgroup

**Meeting Two,
December 4, 2014**

In attendance:

Co- Chair: Rick Clark, Chief of Police- Galax
Co- Chair: Caroline Juran, Executive Director- VA Board of Pharmacy
Staff: Teresa Gooch, Department of Criminal Justice Services
Staff: Jessica Smith, Department of Criminal Justice Services
Delegate M. Keith Hodges, Virginia House of Delegates
Kevin Carroll, Virginia Fraternal Order of Police
Karl Colder, Drug Enforcement Administration
Amy Woods, HCA Healthcare
Deborah DeBiasi, Department of Environmental Quality
Kristina Morris, Department of Health
Regina Whitsett, Chesterfield SAFE
Kathy Sullivan, Blue Ridge Behavioral Healthcare
Mickey Blazer, Food City Pharmacy
Tim Jennings, Sentura Healthcare
Gill Abernathy, Inova Health System
Sam Catron, 622 North

Non-Member Public Attendees:

Scott Gordon, Chesterfield Police Department/Chesterfield SAFE
James Ray, UVA Pharmacy
Matthew Jenkins, UVA Pharmacy
Michael Bedenbould, UVA Pharmacy
Nellie Jafar, UVA Pharmacy

Welcome & Introductions

Public Comments

- James Ray, UVA Pharmacy, member of the Education subcommittee
 - Providing personal and professional perspective from Charlottesville and UVA. Currently attempting to work with law enforcement for 24/7 drop boxes, but encountering concern from law enforcement agencies. Recommends collaborating with the Education Subcommittee to educate law enforcement and citizens about DEA regulations, drop boxes, etc. Advocating for the pharmacy profession to be more involved and part of the solution, not the problem by educating patients on taking, securing, and disposing of prescription drugs.

Approval of Minutes

- Final Meeting 1 minutes attached (edits incorporated).

Review of Recommendations

- Discussions surrounding recommendations and prioritization. Final recommendations attached (edits incorporated).
- Link to DEA disposal regulations website will be emailed to all workgroup members, provided by Karl Colder of DEA and CVS handout.

Discussion of Presentation to Full Task Force

- Full Task Force meets December 16, 2014 in Richmond, attached action steps will be recommended.

Adjournment

FINAL MINUTES

Governor's Task Force on Prescription Drug and Heroin Abuse

Storage and Disposal Workgroup

**Meeting One,
November 12, 2014**

In attendance:

Co- Chair: Rick Clark, Chief of Police- Galax

Co- Chair: Caroline Juran, Executive Director- VA Board of Pharmacy

Staff: Teresa Gooch, Department of Criminal Justice Services

Staff: Jessica Smith, Department of Criminal Justice Services

Delegate M. Keith Hodges, Virginia House of Delegates

Joe Flores, Deputy Secretary of Health and Human Resources

Cynthia Hudson, Office of the Attorney General

Kevin Carroll, Virginia Fraternal Order of Police

Karl Colder, Drug Enforcement Administration

Amy Woods, HCA Healthcare

Deborah DeBiasi, Department of Environmental Quality

Kristina Morris, Department of Health

Scott Gordon, Chesterfield Police Department (Attending on behalf of Regina Whitsett-
Chesterfield SAFE)

Regina Sayers, Appalachian Agency for Senior Citizens

Kathy Sullivan, Blue Ridge Behavioral Healthcare

Sam Catron, 622 North

Welcome & Introductions

Overview- Caroline Juran: (attached powerpoint)

- **Workgroup mission:** To advance effective solutions that lead to safe storage and proper disposal of potentially dangerous prescription drugs (Slide 1)

Workgroup Objectives:

- Drop Boxes:
 - Increase the number of drug boxes or increase awareness or use of mail back programs throughout the Commonwealth.
 - Develop and maintain a locator map and marketing effort

FINAL MINUTES

- Need to explore: new federal regulations, box and disposal security, how to obtain, maintain, and transfer, optimal locations for convenience, costs of acquiring and disposing, mobile incinerators
- Take-Back Events
 - Encourage more events
 - Need to explore: Guidance for LE, destruction methods
- Education, Awareness, and Marketing:
 - Importance of proper storage and disposal of prescription drugs
 - Promotion of drop boxes and take-back events
 - Need to explore: utilizing pharmacists, hospitals, and doctors to educate, PSA's (DEA), pamphlets, promotional items

Meeting Adjourned- Next meeting TBD in Charlottesville.

Unused First-Fill Prescriptions: Cause for Concern?

Kimberly A. Burns, RPh, JD; Janene M. Madras, BS Pharm, PharmD, BCPS, BCACP; Mary E. Ray, BS Pharm, PharmD; Daniel P. O'Neil, PharmD; Andrew L. Bruinsma, PharmD; Emily Ferrare, PharmD, MS, RD, LDN; and Michael M. Madden, PhD

The accumulation of unused medications has the potential for negative consequences, including drug diversion and unintended poisonings, wasted healthcare resources, and harm to the environment.¹ The topic of drug diversion and prescription drug abuse has recently received heightened attention at a national level. In 2011, the White House released a document and action plan titled *Epidemic: Responding to America's Prescription Drug Abuse Crisis*, in which data from various studies highlighted the fact that abuse of prescription medications is the nation's fastest growing drug problem.² Although the document recognized that multiple classes of prescription medications are currently being abused, the action plan focused on opioid abuse.² Sales of opioid pain relievers quadrupled between 1999 and 2010, opioid-related deaths accounted for more than 40% of drug poisoning deaths in 2008, and substance abuse treatment admissions increased 6-fold from 1999 to 2009.^{3,4} These sobering statistics indicate that multiple approaches are needed to combat this problem.

Access to prescription medications may occur through methods such as doctor shopping, acquiring early refills, medication resale from legitimate patients, and pill mills.⁵ Although national efforts to address this problem should continue to evaluate all points of access, this study focuses on accumulation of medications from everyday households.

The accumulation of unused medications may occur as a result of a myriad of factors such as patient nonadherence, expiration dates that occur too soon to enable use of a given initial quantity, overpurchase by the consumer, and overprescribing.¹ A large source of the national prescription drug abuse problem is a direct result of unused medications remaining in medicine cabinets.² More than 70% of the persons who abuse prescription pain relievers obtain them for free, purchase them, or simply take them from the medicine cabinets of friends or relatives.⁶ The Prescription Drug Abuse Prevention Plan proposed by the White House calls for a variety of approaches, including education, monitoring,

ABSTRACT

Background: Accumulation of unused medications can have negative consequences, including drug diversion and unintended poisonings, wasted healthcare resources, and environmental harm. One way to minimize this issue is the proactive approach taken by some state and federal agencies and insurance companies to limit the quantity on prescriptions filled for the first time.

Objectives: To evaluate the categories, quantities, and prescribers of unused first-fill prescriptions.

Study Design: Retrospective analysis of survey data obtained from individuals who returned unused first-fill prescriptions for disposal.

Methods: Four sites in Northwest Pennsylvania surveyed individuals that returned 531 unused first-fill prescriptions for disposal. Data obtained by participants, with the assistance of pharmacy students and faculty, included the medication name, quantity prescribed, quantity unused, whether the medication was a controlled substance, whether the medication was a branded product, and the reason for early medication discontinuation.

Results: The top 3 US Pharmacopeial Convention (USP) categories of unused first-fill prescriptions returned were analgesics (34%), of which 84% were opioids; antibacterial agents (13%); and cardiovascular agents (8%). The categories with the highest average percent returned compared with the original quantity prescribed were metabolic bone disease agents (100%), hormonal agents (91%), and central nervous system agents (91%). The average percent returned of the original quantity prescribed was 67% for family physicians and 73% for specialists ($P = .047$).

Conclusion: First-fill prescriptions returned by participants, which consisted of several USP categories, imposed wasteful expenditures on patients and third-party payers and raised additional concerns regarding diversion, unintended poisoning, and environmental protection.

Am J Pharm Benefits. 2013;5(4):e103-e110

PRACTICAL IMPLICATIONS

This study evaluated unused first-fill prescriptions returned for disposal at a Drug Enforcement Administration National Drug Take-Back Day event.

- The most frequent US Pharmacopeial Convention medication categories represented were analgesics (34%), antibacterial agents (13%), and cardiovascular agents (8%).
- The average percent returned of the original quantity prescribed was 67% for family physicians and 73% for specialists.
- First-fill prescriptions returned may impose wasteful expenditures on patients and third-party payers, and raise additional concerns regarding diversion, unintended poisonings, and environmental protection. Government agencies and third-party payers should continue proactive efforts against medication accumulation and associated negative consequences.

proper disposal, enforcement, and changes in prescribing and dispensing practices to help minimize the abuse of prescription medications, while ensuring access for legitimate use.²

In focusing on the issue of medication accumulation, state agencies, federal agencies, and insurance companies have taken a proactive approach to limit the quantity for first-fill prescriptions. The Centers for Medicare & Medicaid Services (CMS) encourages patients to obtain a trial amount for first fills on prescriptions for chronic conditions at a prorated cost.⁷ CMS Prescription Drug Event data for Medicare Part D suggest that approximately 32% of first-fill prescriptions for chronic conditions are not refilled by enrollees.^{8,9} Based on data such as these, proposed changes to Medicare Advantage and the Medicare Prescription Drug Benefit Program require that Part D sponsors create and utilize a cost-sharing rate, where an enrollee would be eligible to request a partial "trial fill" of a medication at a prorated cost equal to the days of supply dispensed, as recommended by the prescriber.⁹ The rationale for these efforts is to decrease environmental waste, discourage illegal drug diversion, replace samples given by physicians, allow patients to determine whether they will tolerate the medication, and promote savings to Medicare and Part D sponsors of more than \$1.8 billion by 2018, assuming 32% of first fills are discontinued as predicted.^{8,9}

Similar to the limit on days of supply issued through CMS, the Office of MaineCare Services, also known as Medicaid for the state of Maine, issued a 45-day supply limit on new narcotic prescriptions written for adults except those receiving cancer or human immunodeficiency virus infection/acquired immunodeficiency syndrome treatment, or hospice care. Patients receiving opioids for chronic pain due to other conditions for longer than 1 year are also subject to this restriction.¹⁰

Implementing a similar policy, private insurer Blue Cross Blue Shield of Massachusetts limits physicians to prescribing a 15-day supply of short-acting opioids with 1 additional refill within 60 days. For long-acting opioids, a cancer diagnosis must be present, the prescription must be written by an oncology prescriber, or the opioids must be used in end-of-life care. Outside of the aforementioned guidelines, prior authorization is necessary, by which physicians are required to certify an active treatment plan, acquire informed consent regarding the risks and benefits of opioid use along with an addiction risk assessment, and use a written agreement (ie, behavioral contract or pain contract).

Furthermore, patients are limited to obtaining opioid prescriptions from a single prescribing group and preferred pharmacy chain.¹¹

National Drug Take-Back Day events are 1 of the required actions set forth in the Prescription Drug Abuse Prevention Plan to increase proper disposal of prescription drugs, prevent diversion and abuse, and assist in reducing the introduction of drugs into the environment.² The Lake Erie College of Osteopathic Medicine (LECOM) School of Pharmacy partnered with the US Drug Enforcement Administration (DEA) for a National Drug Take-Back Day event for the purpose of obtaining data regarding unused first-fill prescriptions in Northwest Pennsylvania. A first-fill prescription was defined as a prescription filled by a pharmacy only 1 time but then not finished, refilled, or reacquired via a new prescription for the patient.

METHODS

A DEA National Drug Take-Back event was held in April 2012. This event was advertised nationally by the DEA and locally by law enforcement, the Erie County Department of Health, and the LECOM School of Pharmacy. Representatives from the LECOM School of Pharmacy collected medications, as permitted by the DEA, at 4 locations in Erie, Pennsylvania, and the surrounding area. In order to capture information regarding first-fill prescriptions, individuals were asked upon arrival if they would volunteer to participate in a research study regarding the medications they brought for disposal.

If individuals agreed to participate, they were asked if any of the returned medications were filled by a pharmacy only 1 time, but then not finished, refilled, or reacquired via a new prescription for the patient (ie, a first-fill prescription). In order to maintain anonymity

Figure 1. Voluntary 8-Question Survey Regarding First-Fill Prescriptions^a

First-Fill Prescription Survey

To be completed at the event by participant for EACH first-fill medication:

- Why was this prescription medication left unused? (please check the appropriate box)
 - ☐ Medical condition resolved or improved so prescribed drug was no longer needed
 - ☐ Another medication was prescribed that took the place of this medication
 - ☐ Inconvenience in dosing (eg, too many times a day)
 - ☐ Forgot to take the medication as prescribed
 - ☐ Had a reaction to the medication
 - ☐ Did not tolerate the medication
 - ☐ Medication was expired
 - ☐ Not sure what medication was for
 - ☐ Patient deceased
 - ☐ Other _____
- Did the patient specifically request the prescriber to prescribe this medication?
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
- What type of prescriber prescribed the medication (eg, family doctor, specialist, dentist, etc)? (please check the appropriate box)
 - ☐ Family physician
 - ☐ Specialist
 - ☐ Mid-level practitioner (eg, nurse practitioner, physician assistant)
 - ☐ Dentist
 - ☐ Surgeon
 - ☐ Other _____

To be completed at the event by faculty or students:

- Name of medication (as dispensed/purchased): _____
- How many units of the medication were dispensed? _____
- How many units remained (were not taken)? (Specify tablets, capsules, liquid, etc) _____
- Is this medication a controlled substance?
 - ☐ Yes
 - ☐ No
- Is this medication a branded product? (patented product/no generic available)
 - ☐ Yes
 - ☐ No

^aIf the individual agreed to participate in the survey, all information was de-identified. The study participants completed the first 3 questions of the survey; Lake Erie College of Osteopathic Medicine pharmacy faculty and students completed the remaining 5 questions.

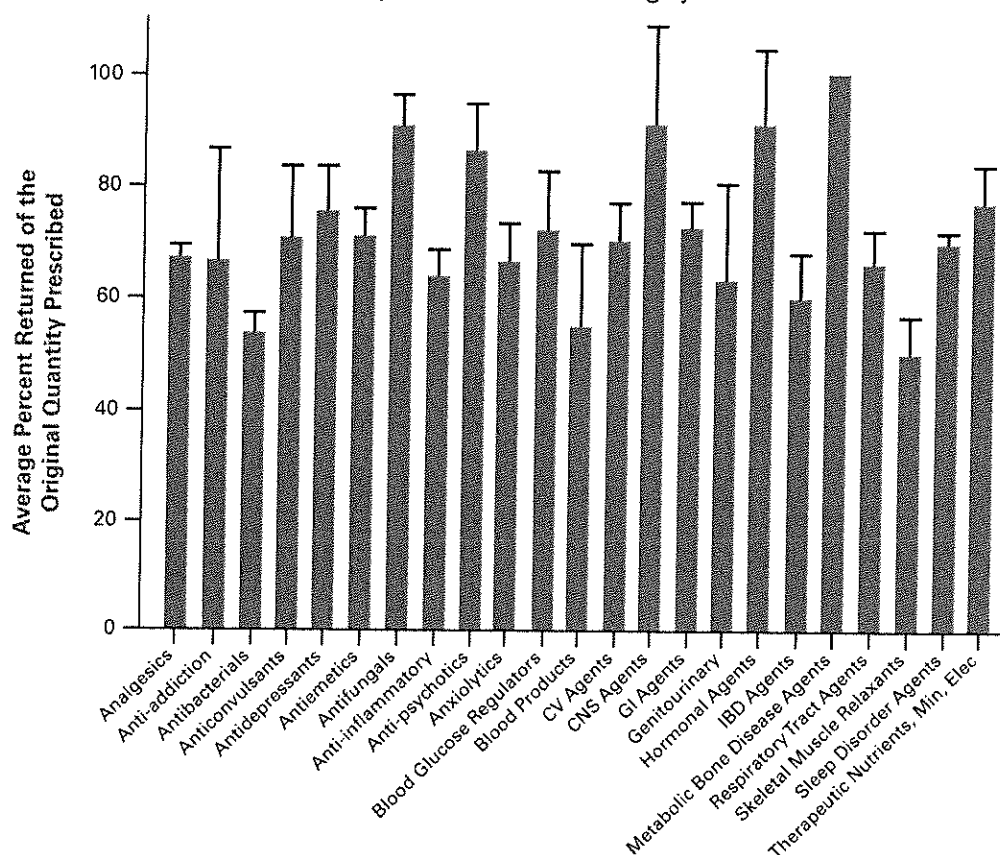
of patient information, any visible patient identifiers on prescription bottles (eg, name, prescription number) were blackened out before the participant was questioned using a survey as developed by 3 faculty authors (Figure 1). As a result of these practices, after a cursory review, the study received exempt status from full review by the Millcreek Health System Institutional Review Board.

For each prescription, study participants, with the assistance of pharmacy faculty and students, completed the first 3 questions of a printed survey. Pharmacy faculty and

students completed the remaining 5 questions based on their knowledge of the specific medication. This process was repeated for each medication that was identified as a first-fill prescription. Once the survey was completed, the medication was discarded in accordance with the National Drug Take-Back Day event protocol.

Medications were excluded from analysis and disposed of if the criteria were not met for unused first-fill prescriptions, the remaining quantity of the prescription was unable to be accurately determined (eg, otic drops, inhalers), the quantity of the original prescription was

Figure 2. Percent Returned of the Original Quantity Prescribed for Each Category*



CNS indicates central nervous system; CV, cardiovascular; Elec, electrolytes; GI, gastrointestinal; IBD, inflammatory bowel disease; Min, minerals.

*The data were plotted with SigmaPlot 12 as the percentage of medication returned \pm standard error of the mean for each category. Categories were not listed when there were 3 or fewer agents.

unknown, or the quantity of medication returned exceeded 100% of the total amount of the medication originally dispensed (which calls into question whether the medication was only filled once).

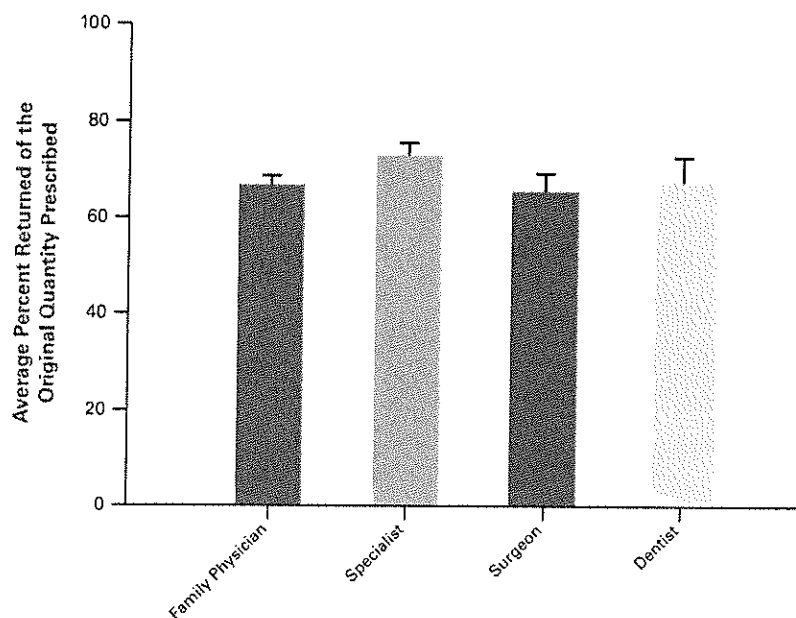
First-fill prescriptions were categorized according to the US Pharmacopeial Convention (USP) Model Guidelines version 5.0 (with example drugs).¹² For ease in reporting, all hormonal-agent categories were reported together. Also, because it was impossible to discern the intent of the prescriber in some cases, and to avoid resultant bias, agents belonging to more than 1 category as determined by USP were placed in each accordingly. Of the 56 medications placed in more than 1 category, we most often identified hydroxyzine, ibuprofen, and naproxen, each with 7 prescriptions returned. Data regarding the mean average percent returned of the original quantity prescribed (Figure 2) were plotted with SigmaPlot version 12 (Systat Software, Inc, San Jose, California) as the percentage of medication returned \pm the standard error of the mean. The average percent remaining of the initial

filled quantity by prescriber type (Figure 3) was analyzed using a rank-sum analysis of variance in SigmaPlot version 12.

RESULTS

A total of 531 first-fill prescriptions were collected. Of those, 15 (3%) prescriptions were returned with an amount greater than 100% of the original prescribed quantity and 41 (8%) prescription quantities were unable to be measured, leaving 475 first-fill prescriptions to be analyzed. The top 3 USP categories of unused first-fill prescriptions were analgesics (34%), antibacterial agents (13%), and cardiovascular agents (8%) (Figure 4). Upon analysis, the 3 categories with the highest average percent returned of the original quantity prescribed were metabolic bone disease agents (100%), hormonal agents (91%), and central nervous system agents (91%) (Figure 2). The most common reason cited for return of medication (by 52% of participants) was resolution of the medical condition.

Figure 3. Percent Returned of the Original Quantity Prescribed by Prescriber Type*



* The data were plotted with SigmaPlot 12 as the percentage of medication returned \pm standard error of the mean for each category: family physician ($n = 265$), specialist ($n = 95$), surgeon ($n = 47$), and dentist ($n = 27$). The data were analyzed using a rank sum analysis of variance and were not determined to be significantly different ($P > .05$), with the exception of the family physician group compared with the specialist group ($P = .047$).

The 2 most represented groups of prescribers of all P returned medications were family physicians (56%) and specialists (20%). The average percent returned of the original quantity prescribed was 65% for surgeons, 67% for family physicians, 68% for dentists, and 73% for specialists (Figure 3). The data were not determined to be significantly different, with the exception of the family physician group compared with the specialist group, as they related to the percentage of remaining medication compared with the original quantity ($P = .047$).

As previously stated, one of the purposes of the National Drug Take-Back Day is to prevent diversion of opioid analgesics; therefore, a further analysis of the first-fill prescriptions in the analgesic category was performed. This analysis revealed that 16% of analgesic returns were nonsteroidal anti-inflammatory drugs and 84% of analgesics were opioids. Opioids represented approximately 30% of all first-fill returns and were prescribed primarily by family physicians (34%). Among the opioid analgesics returned, 4% were long-acting agents and 96% were short-acting agents (Figure 5). Among the short-acting opioids, 100% of the original quantity prescribed remained in 13% of returns, 75% or more remained in 53% of returns, and 50% or more remained in 76% of returns (Figure 5). The majority (58%) of opioid prescriptions contained hydrocodone.

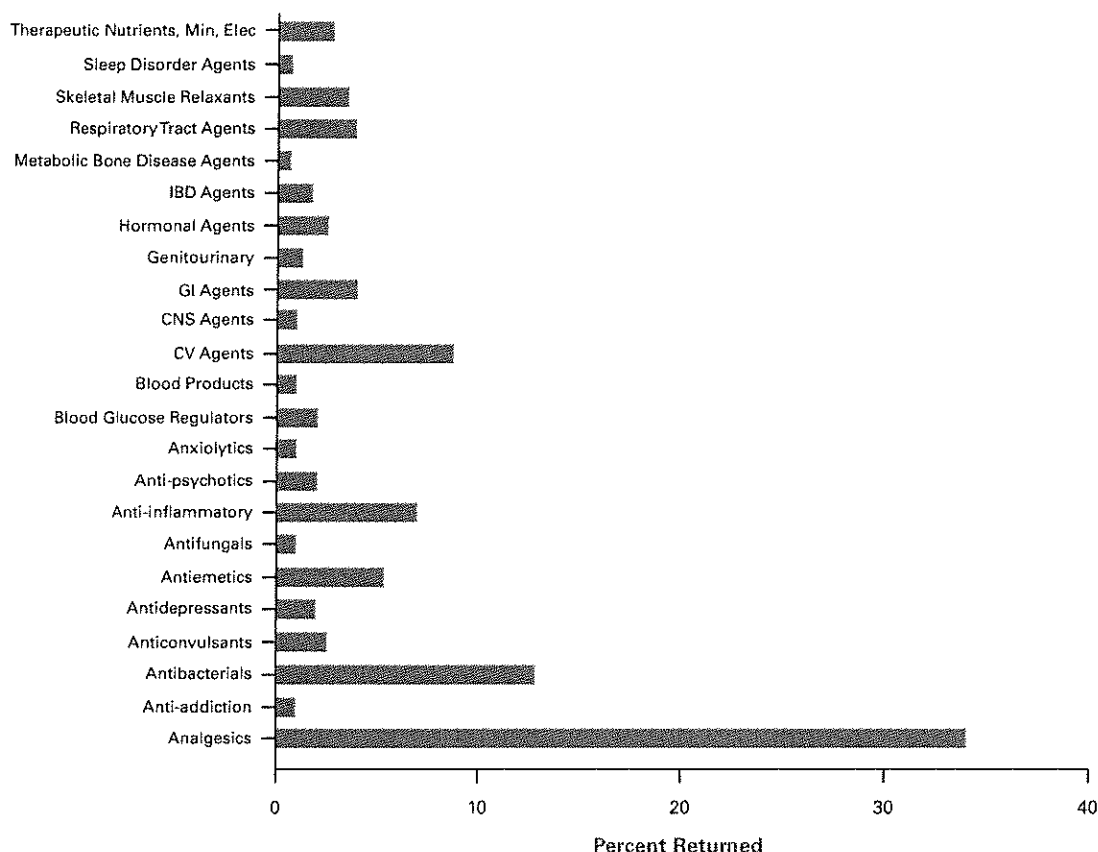
DISCUSSION

The results of our study demonstrate the amount of waste due solely to unused first-fill medications. The top 3 USP categories of unused first-fill prescriptions were analgesics (34%), antibacterial agents (13%), and cardiovascular agents (8%) (Figure 4). Among the analgesics returned, 84% were opioids, representing approximately 30% of all returned first-fill prescriptions. This result highlights the volume of the prescriptions written for opioids, their associated waste, and their potential for diversion.

Prescriptions for controlled substance medications have nearly doubled since 1994; since 2003, more overdose deaths have occurred from prescription opioids than from heroin and cocaine combined.^{13,14} The results of our study imply that opioid analgesics might comprise a large amount of the controlled substance medications remaining in medicine cabinets throughout this country, contributing to the aforementioned public health concerns. Limiting the quantity of first-fill medications might help decrease the amount of accumulated pain medications in households, restricting access by friends and relatives.

New Risk Evaluation and Mitigation Strategies are required by the US Food and Drug Administration (FDA) for extended-release and long-acting opioids.¹⁵ The FDA determined there is a greater safety concern with long-acting than with short-acting opioids due to the amount

Figure 4. Categories Returned^a



CNS indicates central nervous system; CV, cardiovascular; Elec, electrolytes; GI, gastrointestinal; IBD, inflammatory bowel disease; Min, minerals.

^aFirst-fill prescriptions were categorized according to the US Pharmacopeial Convention (USP) Model Guidelines version 5.0 (with example drugs). Agents belonging to more than 1 category as determined by USP were placed in each accordingly. Categories were not listed when there were 3 or fewer agents.

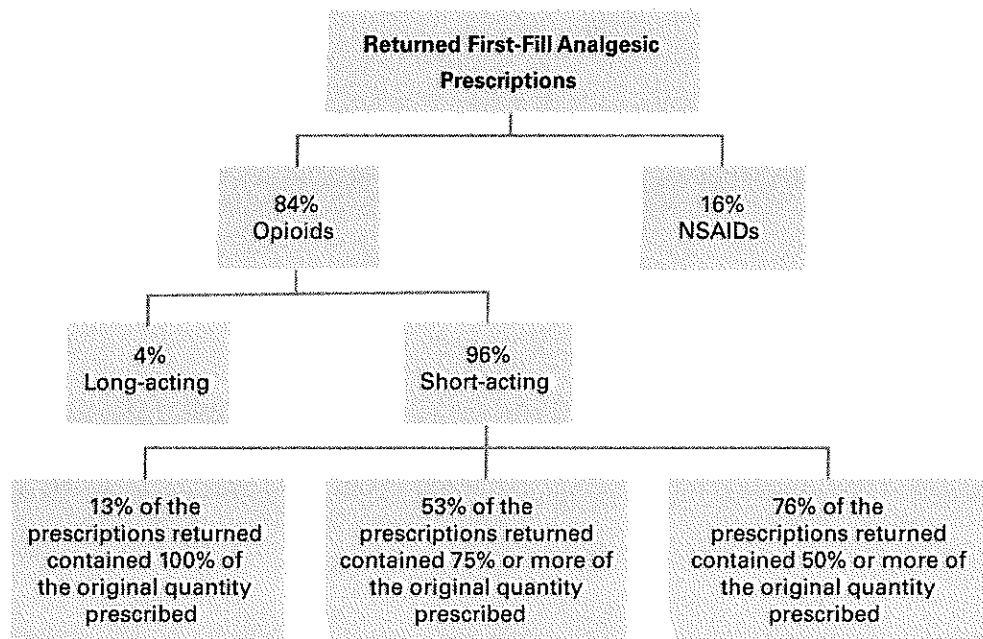
of drug in the extended-release formulations.¹⁶ Although this may be true when examining the immediate safety risk to an abuser, our data demonstrate that more short-acting opioids may be present in medicine cabinets, increasing the potential for access and resultant abuse by the population at large. For this reason, Risk Evaluation and Mitigation Strategies may need to be considered for short-acting opioids as well.

Hydrocodone, cited by the DEA as the most prescribed opioid with the highest rate of diversion and abuse, was found in a 2012 study to be returned at a higher rate than all other controlled medications at multiple-site DEA National Drug-Take Back Day events in rural Appalachia from 2009 to 2011.^{17,18} Our results are consistent with this finding, with 58% of the opioids returned containing hydrocodone. Given that acute pain is thought to be self-limited, and 76% of the returned short-acting opioid prescriptions in our study contained 50% or more of the original quantity prescribed, greater

emphasis on limiting initial fills of short-acting opioids for acute pain may be warranted.

Volkow and colleagues¹⁹ determined that the principal prescribers of opioid analgesics are primary care general practitioners. Our results are consistent with this conclusion, as 34% of first-fill opioid prescriptions returned in our study were written by family physicians. Although that might have been due to the prevalence of patient appointments with family physicians, it might be worthwhile for all prescribers to consider limiting the initial prescription quantity when possible.

Although opioid analgesics are certainly cause for concern and are an important medication class on which to focus, multiple medication categories were represented in the returns. More than 50% of participants claimed they returned their medications because their medical condition had resolved. Given that many returns were of medications typically intended for chronic use (eg, those for cardiovascular conditions), patients might require

Figure 5. Returned First-Fill Analgesic Prescriptions^a

NSAID indicates nonsteroidal anti-inflammatory drug.

^aAnalysis of first-fill prescriptions categorized as analgesics.

educational reinforcement a few days after initiation of therapy for each new medication received. A trial fill of medication, with a follow-up refill and counseling by the pharmacist or prescriber, might be a strategy to promote adherence. Additionally, when a medication is deemed intolerable or is not truly needed, use of a trial fill could avoid accumulation of medications in household medicine cabinets, result in cost savings for both patients and payers, and make it possible to identify preferable treatments earlier.

This study had a number of limitations. Although the study was conducted at 4 locations, additional sites were located in the region, limiting the collection capability and sample size. Furthermore, only 4 hours were allocated by the DEA for collection, which may have limited the ability of some individuals to bring medications for disposal. Unfortunately due to time constraints and workload, we were unable to determine the total amount of medications returned during this collection. Additionally, the number of individuals unwilling or unable to participate in the survey was not recorded. In regard to the participants, there is always the potential concern regarding their ability to both interpret the questions as written and to answer correctly because of recall bias. Also, if a study participant was not the person for whom the medication was prescribed, he or she might have more limited

information regarding the prescriber or why the medication was discontinued compared with the actual patient. Another study limitation might have been data entry and categorization of agents; however, it was controlled by having multiple individuals review the entered data.

First-fill prescriptions returned by participants, which were in several USP categories, imposed wasteful expenditures on patients and third-party payers and raised additional concerns regarding diversion, unintended poisoning, and environmental protection. State and federal agencies and insurance companies should continue to implement and enforce proactive measures against medication accumulation and the associated negative consequences. Continuing to address first-fill quantities may be one strategy to address this national concern.

Author Affiliations: From Lake Erie College of Osteopathic Medicine (KAB, JMM, MER, DPO, ALB, EF, MMM) School of Pharmacy, Erie, PA.


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Authorship Information: Concept and design (KAB, JMM, MER); acquisition of data (KAB, MER, DPO, ALB, EF, MMM); analysis and interpretation of data (KAB, MER, DPO, ALB, EF, MMM); drafting of the manuscript (KAB, MER, DPO, EF); critical revision of the manuscript for important intellectual content (KAB, JMM, MER, DPO, EF); statistical analysis (DPO, ALB, MMM); administrative, technical, or logistic support (DPO, EF); and supervision (KAB, JMM).

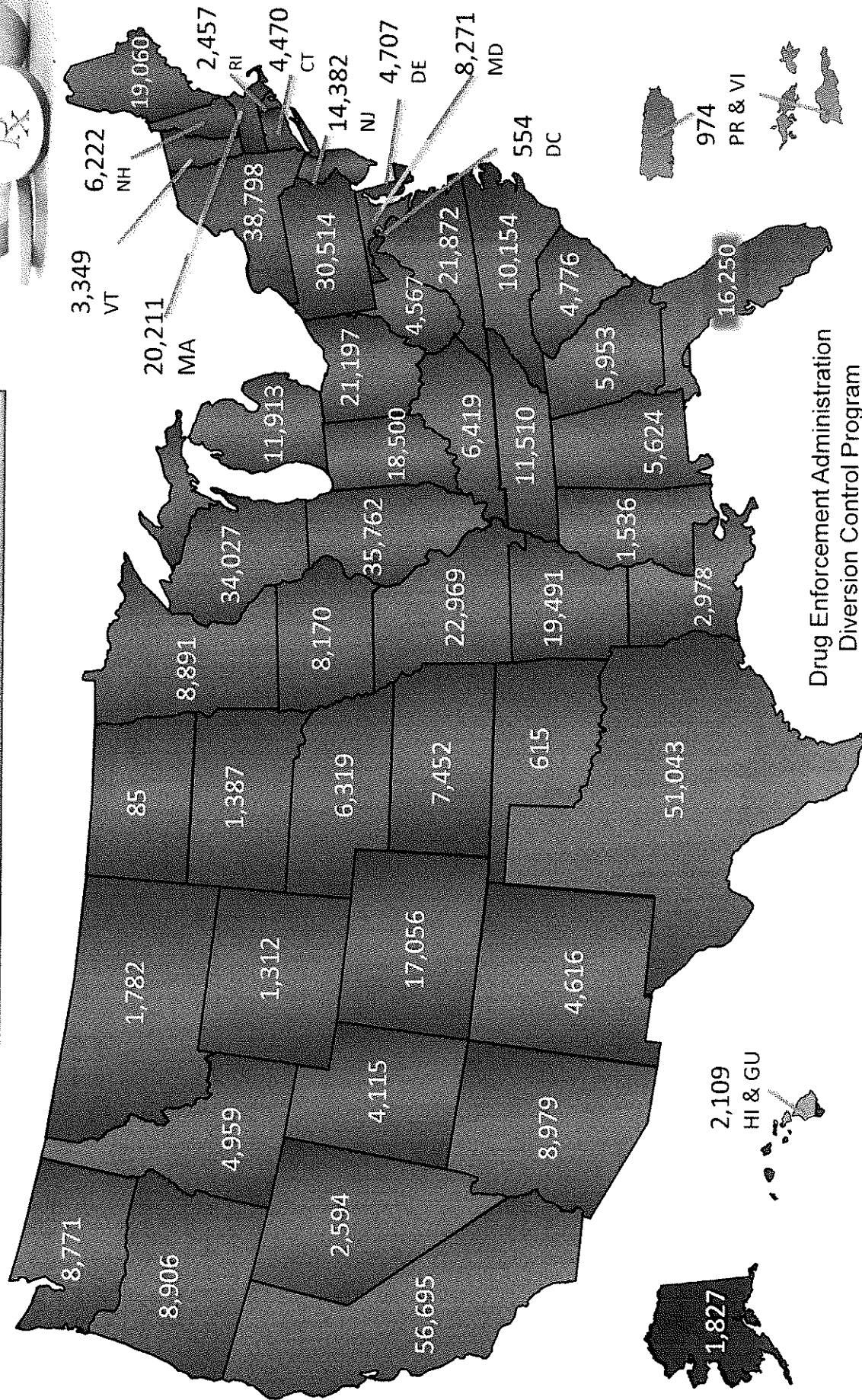
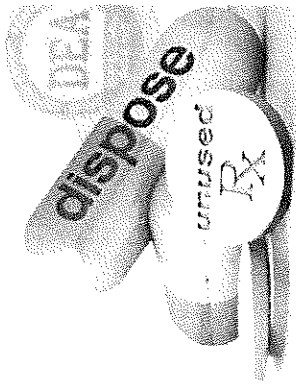
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National Take Back Day: September 27, 2014

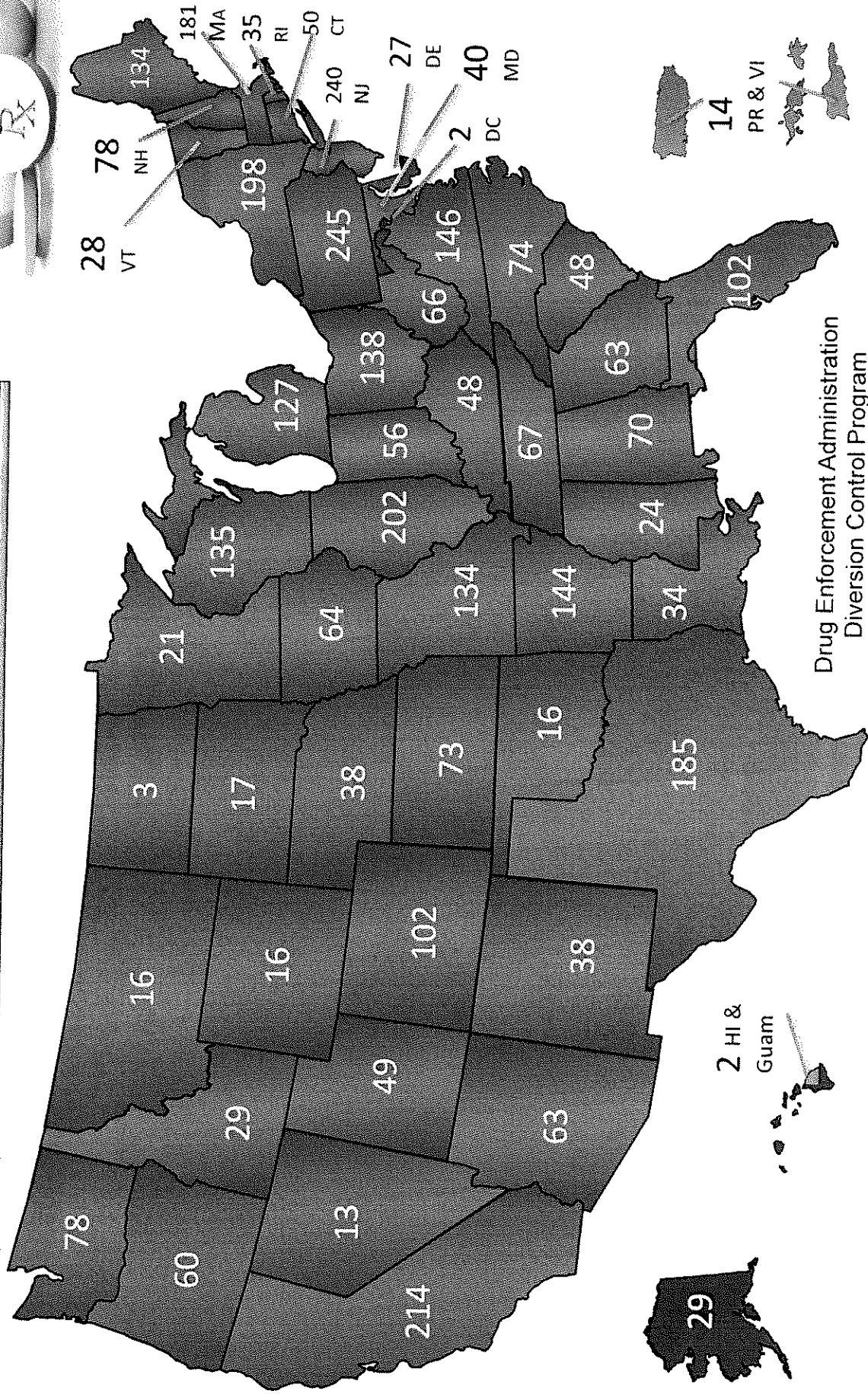
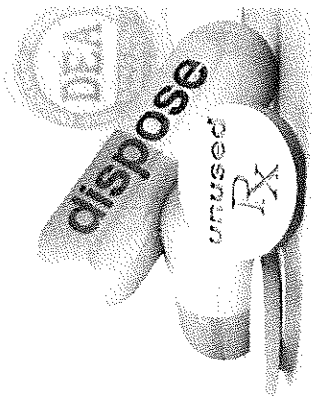
Total Weight Collected (pounds): 617,150 (309 Tons)



Drug Enforcement Administration
Diversion Control Program

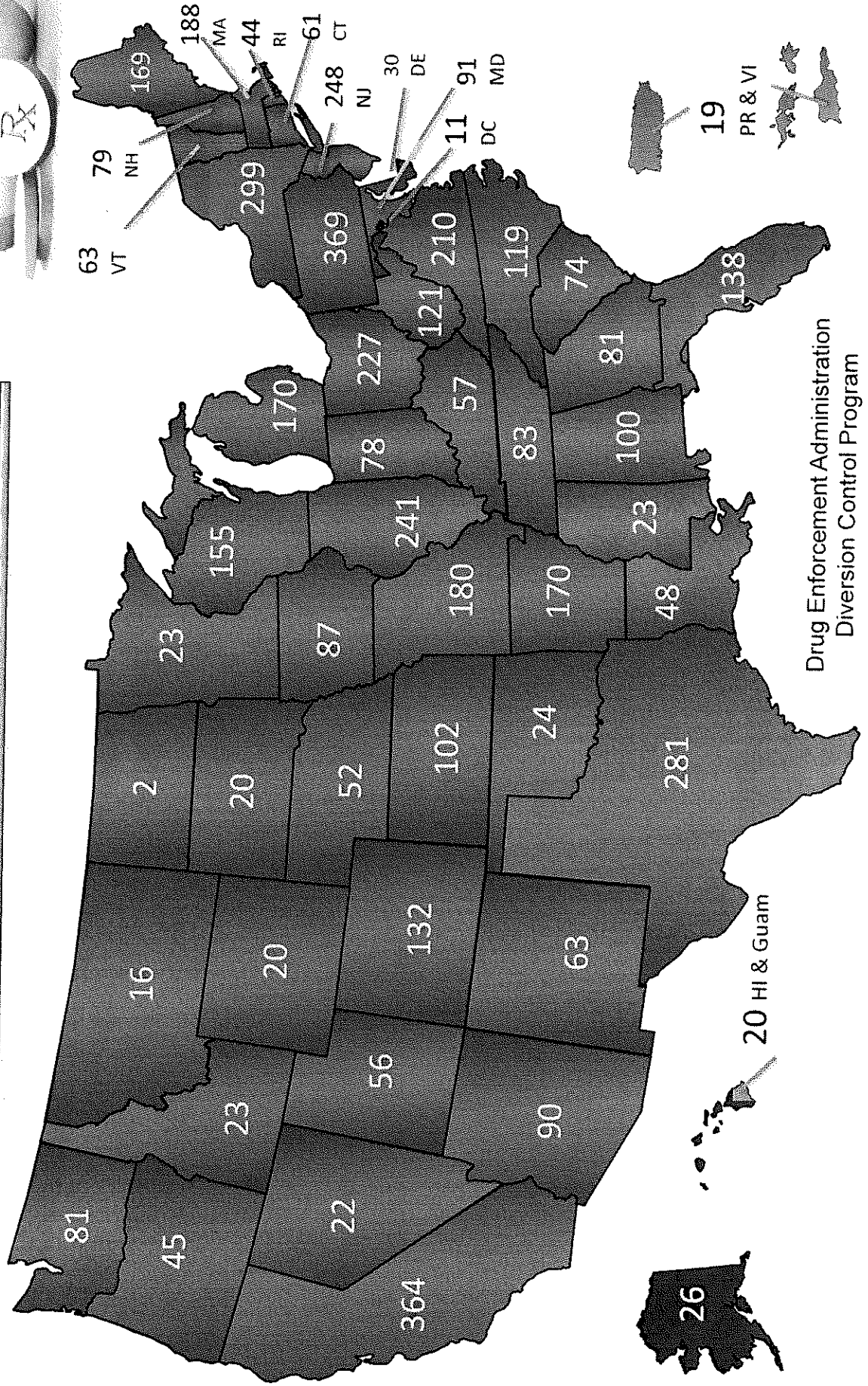
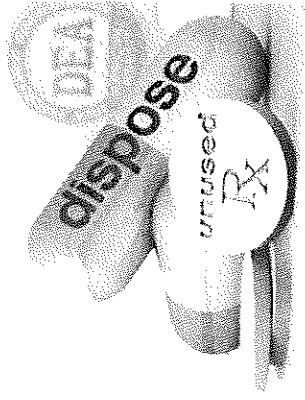
National Take Back Day: September 27, 2014

Total Law Enforcement Participation: 4,076



National Take Back Day: September 27, 2014

Total Collection Sites: 5,495



Pounds Collected

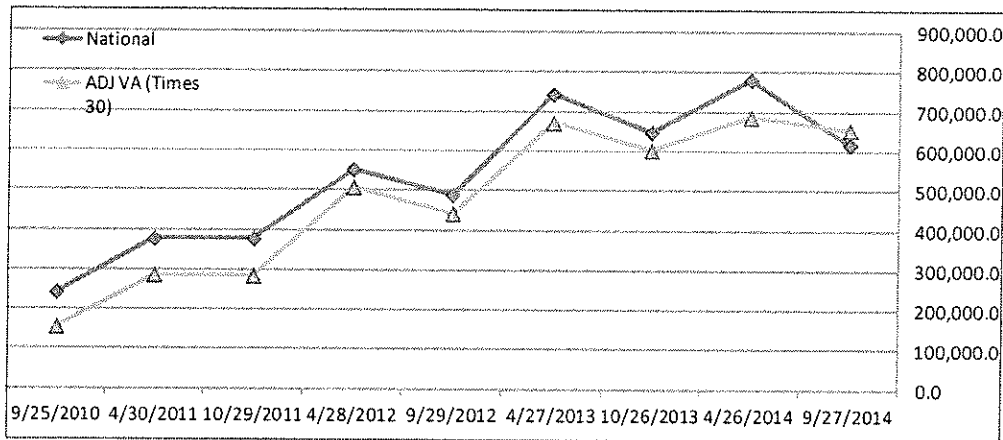
NTBI #	Date	National	VA	ADJ VA (Times 30)
1	9/25/2010	242,000.0	5,182.0	155,460.0
2	4/30/2011	376,593.0	9,516.2	285,486.0
3	10/29/2011	377,086.0	9,450.0	283,500.0
4	4/28/2012	552,161.0	16,899.2	506,976.0
5	9/29/2012	488,395.0	14,702.2	441,066.0
6	4/27/2013	742,497.0	22,352.8	670,584.6
7	10/26/2013	647,211.0	20,071.2	602,136.0
8	4/26/2014	780,158.0	22,855.3	685,659.0
9	9/27/2014	617,150.0	21,799.0	653,970.0
Totals		4,823,251.0	142,827.9	

DEA
Costs for MD, DC, + VA



Approximate Cost for VA
Collection

15,444.66 ~ \$11,031.90
18,834.50 ~ \$13,453.21
19,764.09 ~ \$14,117.21
22,609.33 ~ \$16,149.52
24,128.68 ~ \$17,234.77



Juran, Caroline (DHP)

From: Regina Whitsett [whitsett@chesterfieldsafe.org]
Sent: Tuesday, March 31, 2015 1:08 PM
To: Juran, Caroline (DHP)
Cc: reynoldsk@chesterfield.gov; sumnerd@chesterfield.gov
Subject: RE: Cost for take-back event

They are being transported by CCPD to the incinerator in Northern VA twice a year.

Regina Whitsett
Executive Director
SAFE, Inc.
P.O. Box 35413
North Chesterfield, VA 23235
1-804-694-7794 cell
whitsett@chesterfieldsafe.org
www.chesterfieldsafe.org
www.facebook.com/ChesterfieldSAFE
www.twitter.com/ChesterfldSAFE
www.youtube.com/SAFEChesterfield

From: Juran, Caroline (DHP) [<mailto:Caroline.Juran@DHP.VIRGINIA.GOV>]
Sent: Tuesday, March 31, 2015 12:55 PM
To: Regina Whitsett
Cc: reynoldsk@chesterfield.gov; sumnerd@chesterfield.gov
Subject: RE: Cost for take-back event

Thanks, Regina. How are the drugs being destroyed?

Caroline

From: Regina Whitsett [<mailto:whitsett@chesterfieldsafe.org>]
Sent: Tuesday, March 31, 2015 12:51 PM
To: Juran, Caroline (DHP)
Cc: reynoldsk@chesterfield.gov; sumnerd@chesterfield.gov
Subject: RE: Cost for take-back event

Hi, Caroline:

Chesterfield County Police Department covers the cost of personnel for the take backs. There were approximately 8-10 officers at the take back last week. The take backs usually last 4 hours. I believe the law enforcement rate is around \$30 per hour but you can double check with Lt. Sumner who is copied on this e-mail. SAFE provides lunch for the officers at approximately \$60-\$70. It cost roughly \$600 in 2013 and \$400 in 2014 to dispose of the medications.

I hope this information is helpful and please let me know if I can assist in any other way.

Regina Whitsett
Executive Director
SAFE, Inc.

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whitsett@chesterfieldsafe.org
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www.facebook.com/ChesterfieldSAFE
www.twitter.com/ChesterfldSAFE
www.youtube.com/SAFEChesterfield

From: Juran, Caroline (DHP) [<mailto:Caroline.Juran@DHP.VIRGINIA.GOV>]
Sent: Monday, March 30, 2015 2:00 PM
To: Regina Whitsett
Subject: Cost for take-back event

Regina,

Hope you're doing well.

I'm trying to pull together some figures for the upcoming Storage and Disposal Workgroup meeting. Can you tell me approximately how much it costs for you all to host a take-back event and what's the breakdown of expenses?

Thanks.
Caroline

Caroline D. Juran, RPh

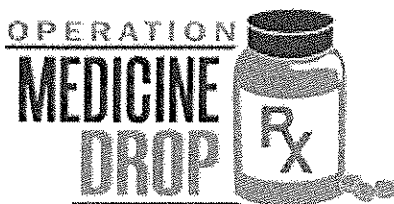
Executive Director, Virginia Board of Pharmacy
Perimeter Center, 9960 Mayland Drive, Ste 300
Henrico, VA 23233

o: (804) 367-4456 | f: (804) 527-4472

<http://www.dhp.virginia.gov/pharmacy> | caroline.juran@dhp.virginia.gov

Actions taken in other states to address disposal costs:

- PA -2013 – Drug and Alcohol Programming partnered with Commission on Crime and Delinquency and District Attorney Association; Grant funding approx. \$100,000 grant plus \$10,000 from non-profit to purchase 250 boxes for LE in 29 counties; have additional 100 from pharmacy-donated boxes
- NC - year-round boxes in law enforcement; also, Operation Medicine Drop, take-back campaign, turn in drugs during Poison Prevention Week; partnership of NC Dept of Insurance, Safe Kids North Carolina, State Bureau of Investigation; Riverkeepers Alliance and other agencies; SafeKids NC is one of 600 coalitions with SafeKidsWorldwide
- WV – AG's office granted 3 counties with grants from AG Public Health Trust to buy 3 collection boxes
- WI- AG announced 2/15 that DOJ will cover take back events; estimate \$20,000/year; approach appears contrary to recommendation in 2012 document *Wisconsin Household Pharmaceutical Waste Collection, Challenges and Opportunities*
- GA – informative central website, >180 drug boxes, 1 in LE agency in every county; \$100,000 from The Council on Alcohol and Drugs
- AK – incineration donated, police stations gather meds, national guard transports drugs; informative central website



NEWS

NC Department of Insurance/Safekids NC
Wayne Goodwin, Commissioner
www.ncsafekids.org

For Immediate Release: March 27, 2015

2015 Operation Medicine Drop a Success for North Carolina

RALEIGH -- Insurance Commissioner Wayne Goodwin is pleased to announce that the 2015 Operation Medicine Drop was the most successful medication take-back campaign held in North Carolina since coordinated take-back efforts began in 2010. From March 15 through March 21, people turned in more than 15.4 million doses of unused or expired medications for safe disposal at more than 220 events across the state.

"Approximately 17,000 pounds of medicines and prescription drugs will not end up in the wrong hands because of this year's Operation Medicine Drop," Goodwin said. "I applaud the agencies running this year's events, and I thank the public for helping prevent poisonings, drug abuse and water contamination by turning in medications for safe disposal."

Medications are the leading cause of child poisoning, with more than 67,000 children going to an emergency room for medicine poisoning each year, according to a study by Safe Kids Worldwide.

During Operation Medicine Drop events, people drop off over-the-counter drugs, prescriptions, samples and pet medications, and law enforcement partners help dispose of the medications in the same secure way they dispose of other drug items. Drugs should not be flushed or thrown away in the garbage because they may contaminate water sources.

A partnership of the N.C. Department of Insurance, Safe Kids North Carolina, the State Bureau of Investigation, Riverkeepers Alliance and other agencies, Operation Medicine Drop events have retrieved and destroyed approximately 90 million doses of medications at 2,000 events since 2010.

To help prevent poisonings when taking care of children, follow these tips:

- Store and lock all medicines and household cleaning products in cabinets out of the reach and sight of children.

21

- Keep children where you can see them at all times, even when you go to answer the door or telephone. Never leave young children alone.
- Do not leave poisons on a counter or in an unlocked cabinet.
- Never carry something that can be poisonous, such as a medicine, in a purse where children may find it.
- Place safety latches on drawers or cabinets, and child-resistant caps on bottles, to keep poisons out of the hands of children.
- Clean out your medicine cabinets of all unused and expired medications, and bring them to an Operation Medicine Drop event or permanent drop box near you for proper disposal.

To learn more about Operation Medicine Drop or find a permanent medication drop box near you, go to www.ncsafekids.org.

--NCDOI--

22



State to take over prescription drug take back program

FEBRUARY 19, 2015 8:45 AM • BY BILL NOVAK | MADISON.COM

The Wisconsin Department of Justice will take the lead on a prescription drug take back program abandoned last year by the federal Drug Enforcement Administration.

Attorney General Brad Schimel announced Wednesday that the DOJ will provide the personnel and logistics to local law enforcement agencies to continue the program.

"With the opiate epidemic devastating families and communities across our state, we must work together to remove unused prescription drugs from circulation," Schimel said in a news release. "They need to be collected and destroyed."

When the drug take back program started in 2010, the DEA worked with local agencies to get the ball rolling, including holding twice-yearly collections across the country. Many communities started their own collections, setting up drop boxes at police stations, but with the DEA ending its support, agencies and communities would be stretched budget-wise to continue on.

The DOJ effort will pick up where the DEA left off.

Schimel said the first collection day in 2015 will be in mid to late May, with a minimum of two collections a year.

"If a need for more frequent pickups and disposals is needed, we will work with our local partners to accommodate their requests, as we become more efficient in administering the program," the release said.

23



Excerpts
of

Wisconsin Household Pharmaceutical Waste Collection

Challenges and Opportunities

October 15, 2012

UW
Extension
Cooperative Extension



Prepared by:
The University of Wisconsin Extension with the
Product Stewardship Institute, Inc. for the
Wisconsin Department of Natural Resources

24



The University of Wisconsin Cooperative Extension

Since 1990 the Solid & Hazardous Waste Education Center (SHWEC) has worked to improve Wisconsin's environment and economy by providing quality environmental education, information and technical assistance to promote the protection and sustainable use of natural resources throughout Wisconsin.

As part of UW-Extension, SHWEC works with business and community leaders to exploit the economic and environmental benefits of increased efficiency in materials and energy use. This broad area includes recycling and residuals management, energy efficiency and green design, pollution prevention, resource conservation and bioenergy development. SHWEC technical assistance and educational programming that enables communities and businesses to maximize the triple bottom line; achieving economic, social, and environmental success through the implementation of sustainable practices and improved management.

For more information, visit UW-Extension at www.uwex.edu/ or the Solid and Hazardous Waste Education Center at www4.uwm.edu/shwec/.



The Product Stewardship Institute

The Product Stewardship Institute (PSI) is a national nonprofit organization dedicated to reducing the health and environmental impacts of consumer products. PSI brings together key stakeholders with conflicting interests to develop product end-of-life solutions in a collaborative manner, with a focus on having manufacturers assume primary financial and managerial responsibility. With a robust membership base of 47 state governments and over 200 local governments, as well as partnerships with more than 75 companies, organizations, universities, and non-U.S. governments, PSI advances both voluntary programs and legislation to promote industry-led product stewardship initiatives. For more information, visit PSI online at www.productstewardship.us. You can also follow PSI on Twitter at twitter.com/ProductSteward and on Facebook at facebook.com/ProductStewardship.

Acknowledgements

This report was commissioned by the Wisconsin Department of Natural Resources (DNR) to the University of Wisconsin Cooperative Extension and subcontracted in part to the Product Stewardship Institute, Inc. (PSI). The UW-Extension and PSI would like to thank the many individuals who provided input in the development of this report including Rachel Rose Belew, Barb Bickford, Ann Blake, Melissa Boehm, Alysa Bradley, Mimosa Burr, Kyle Connors, Sierra Fletcher, Kate Hagemann, Amanda Nicholson, Ginette Vanasse, Jennifer Volkman, David C. Wihry, and many others. For a full list of programs who kindly participated in the University of Wisconsin-Extension survey, see Appendix C.

Project Contact

For more information, please contact Steve Brachman, Waste Reduction Specialist at steve.brachman@ces.uwex.edu, 414-227-3160, or Scott Cassel, PSI Chief Executive Officer and Founder, at scott@productstewardship.us, (617) 236-4822.

IV. COLLECTION RATES

Unwanted Pharmaceuticals Collected in Wisconsin

The three types of take-back programs in Wisconsin collected an estimated 93,500 pounds of unwanted medication in 2011. This estimate was obtained from a study conducted in early 2012 by the University of Wisconsin-Extension Solid and Hazardous Waste Education Center (UW-Extension study). The study respondents included only those collections programs supported, in part or in whole, by Wisconsin municipalities. The survey data were limited by a lack of centralized state-wide information, non-response bias, variation in recorded data, and a lack of recorded data among some collection programs.^{3,4}

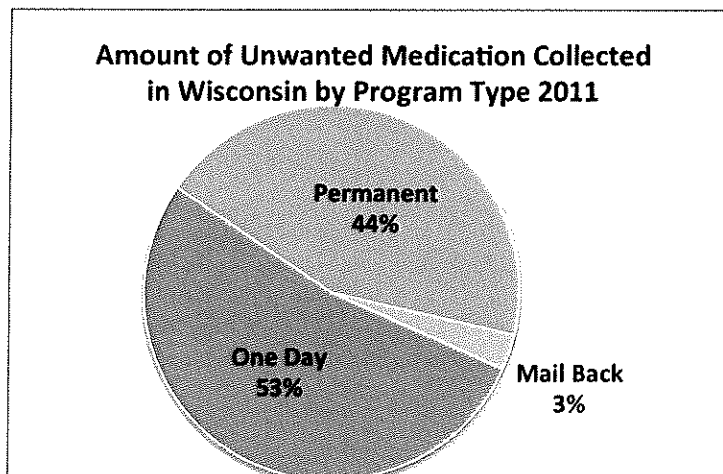


Figure 3: Percentage of unwanted pharmaceuticals collected by each program type in 2011 (UW-Extension).

Unwanted Pharmaceuticals Available for Collection in Wisconsin

The amount of unwanted pharmaceuticals available for collection is derived by estimating the percentage of pharmaceuticals sold that go unused:

$$\text{Amount available for collection} = \text{Amount sold} \times \text{Percent unused}$$

In Wisconsin, an estimated 118.8 million prescription and over-the-counter medicines were sold in 2010. Approximately 33 percent of those went unused. This results in an estimated 39.6 million household pharmaceuticals available for collection.

In order to derive these estimates, sales data were obtained from the Kaiser Family Foundation, IMS Health, the Consumer Health Care Products Association and the Nielsen Group. The estimated percentage of unused medicines is supported by data from in-home surveys conducted in the U.S. and in various foreign countries, estimates from U.S. organizations and by U.S. rates of patient adherence to prescriptions. These data are limited, however, due to assumptions about the ratio of sales between generic and brand name medications; variation in the total weight of pills versus ointments, creams, sprays, and liquids; and differences in medicine consumption and disposal rates between the U.S. and other countries.⁵

³For additional information on the amount of pharmaceuticals collected by Wisconsin municipal programs and limitations of available data, see *Section VII: Trends in Existing Wisconsin Take Back Programs* and Appendix D. A copy of the questionnaire used in the UW-Extension study can be found in Appendix B. A list of surveyed locations in Wisconsin can be found in Appendix C.

⁴Suggestions for improving upon existing data can be found in *Section X: Opportunities to Improve Future Estimates*.

⁵For additional information on methodology and limitations of the data, see Appendix E. Suggestions for improving upon existing data can be found in *Section X: Opportunities to Improve Future Estimates*. For more detailed information on the

Collection Rate

The rate of collection of unwanted pharmaceuticals is derived by dividing the amount of pharmaceuticals collected in a given year by the amount available for collection:

$$\frac{\text{Amount of unwanted pharmaceuticals collected}}{\text{Amount of unwanted pharmaceuticals available for collection}} = \text{Collection Rate}$$

In 2011, the amount of unwanted pharmaceuticals collected was roughly 93,500 pounds. The amount of unwanted pharmaceuticals available for collection was estimated at 118.8 million prescriptions, or 4.4 million pounds. As a result, the baseline collection rate in Wisconsin is 2 percent, which serves as a benchmark against which future program performance can be measured.⁶

III. COST OF TAKE-BACK PROGRAMS

Total Documented Program Costs

Wisconsin Permanent and One-Day Municipal Programs

To facilitate comparison with other existing programs, it was necessary to determine the average cost per pound, cost per prescription, and cost per capita for Wisconsin one-day and permanent municipal collections. The total cost for Wisconsin programs is estimated to be between \$8.05 to \$10.07 per pound, \$0.13 to \$0.17 per capita, and less than \$0.01 per prescription sold. All cost estimates for existing permanent and one-day take-back programs in Wisconsin were determined using data from the UW-Extension study⁷.

Get the Meds Out! Mail-Back Program

Costs for the research and pilot mail-back program, *Get the Meds Out!*, were \$7.80 per envelope, \$18.40 per pound, and \$1.64 per prescription. These costs were determined using data that the University of Maine provided to the University of Wisconsin Extension, which ran the program from August to December 2011. However, since *Get the Meds Out!* was primarily a research pilot, there were additional costs for data gathering, research, and analysis that would not normally be included in a standard mail-back program. Therefore, these costs should not be used to estimate the cost of a program designed purely for collection.

Foreign Programs

Currently, Wisconsin collection programs are more expensive per pound and per capita than take-back programs in France, British Columbia, and Australia. British Columbia, for example, collects twice as many pounds per capita at half the per-pound cost.^{xi} France collects 26 times the number of pounds of medicine per capita than Wisconsin programs collect, at just \$0.23 per pound.^{xii}

estimated amount of prescriptions and over-the-counter equivalents sold in Wisconsin, see Appendix E. For more detailed information on the percent of medications that go unused in Wisconsin, see Appendix F.

⁶ Details of this calculation and all accompanying assumptions, including the conversion rate between pounds and prescription equivalent units, can be found in Appendix G.

⁷ For more detail on the cost of one-day and municipal programs, see the following section, Derived Unit Costs, and Appendix H.

Costs per prescription can't be compared fairly to other programs because most programs record collections by weight. Likewise, average prescription weights in the U.S. can't be accurately converted to units of foreign medicines collected. Costs per capita are roughly the same for France and British Columbia at around \$0.10 per capita, while Wisconsin programs' per-capita cost— including the value of volunteer labor and donations—is approximately \$0.15.^{xiii}

Program Costs by Cost Category

One-Day and Permanent Collection Sites

The UW-Extension study of permanent and one-day municipal take-back programs categorized costs into the following groups: program operation; drug disposal; estimated value of donations and volunteer labor; and, for permanent collections, the purchase and installation of a drop box. The following estimates are presented as ranges, primarily due to the level of uncertainty in the data from the UW-Extension study. Data were obtained by surveying existing collection programs, and estimates were greatly affected by the exact operation of individual programs and by the type of collection.⁸

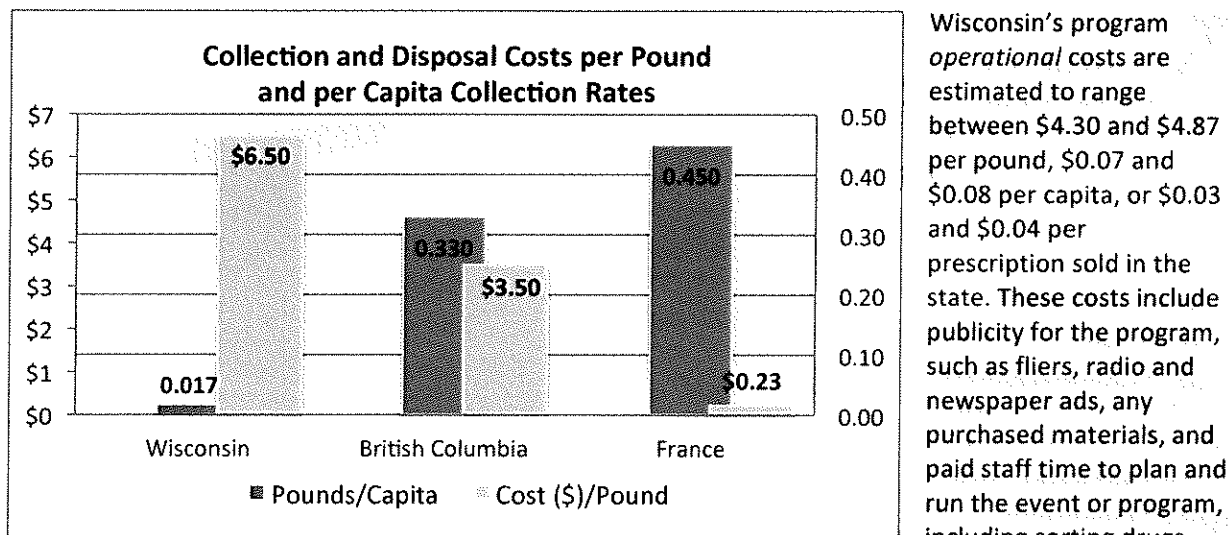


Figure 4. Comparison of per Capita Collection Rates and per Pound Costs among Three Programs (excluding Wisconsin-specific donations and volunteer labor).

Wisconsin's drug *disposal* costs are estimated to be between \$1.53 and \$2.27 per pound, \$0.03 and \$0.04 per capita, and \$0.01 and \$0.02 per prescription sold in the state. This includes the rates charged by the disposal company and some transportation of the drugs. It does not include programs with access to no-cost disposal since such options are not guaranteed to be available in the future.

Wisconsin's estimated value of *donations and volunteer labor* is \$2.22 to \$2.93 per pound. These costs equate to between \$0.04 to \$0.05 per capita and less than \$0.02 per prescription and OTC equivalent sold in the state. These costs include donated materials and volunteer time to run an event or program, including drug sorting.

⁸ For more detail on the variations in cost data, see Appendix H.

The costs to purchase and install a drop box average \$700, but can range from \$100 to \$2,000. Boxes are sometimes purchased and donated to the collection location by other local organizations.⁹

Mail-Back Programs

Another estimate for mail-back program costs may be the \$3.99 price that Walgreens and CVS charge for their consumer-financed program.^{xiv} Assuming these envelopes contain approximately a half-pound of medicine, the cost per pound would be approximately \$8.00.

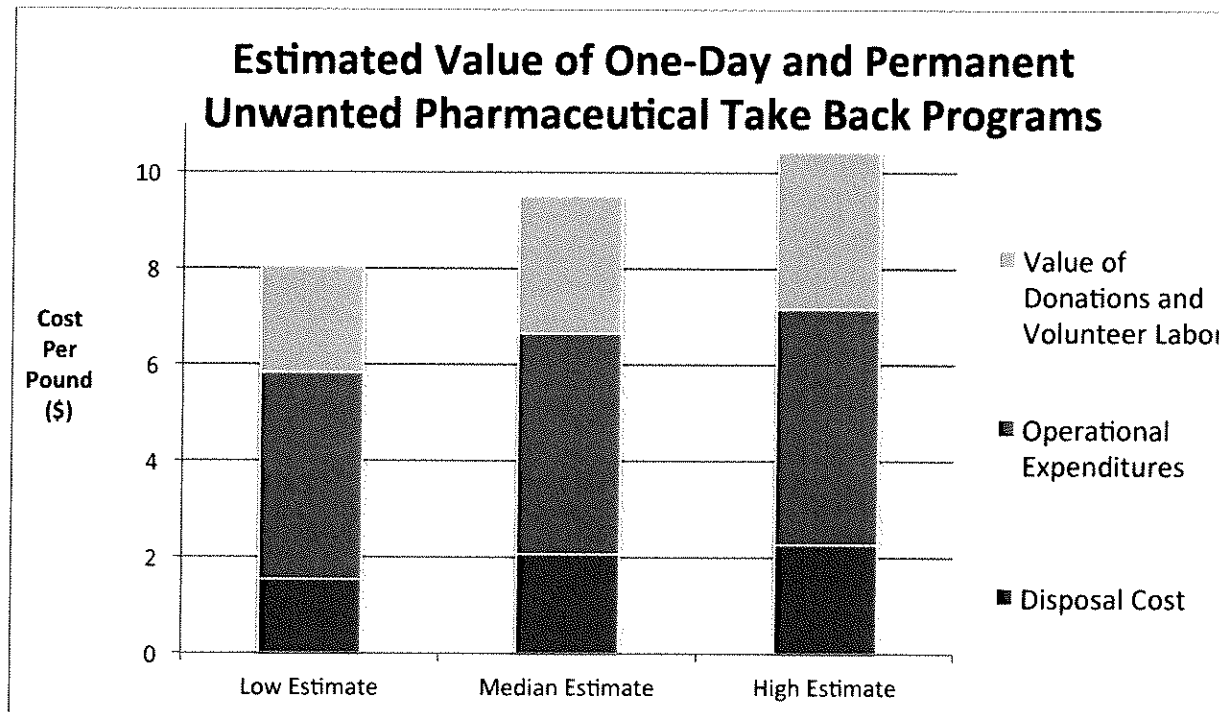


Figure 5. Estimated costs of one-day and permanent unwanted pharmaceutical take-back programs by cost category for 2010 and 2011 (UW-Extension).

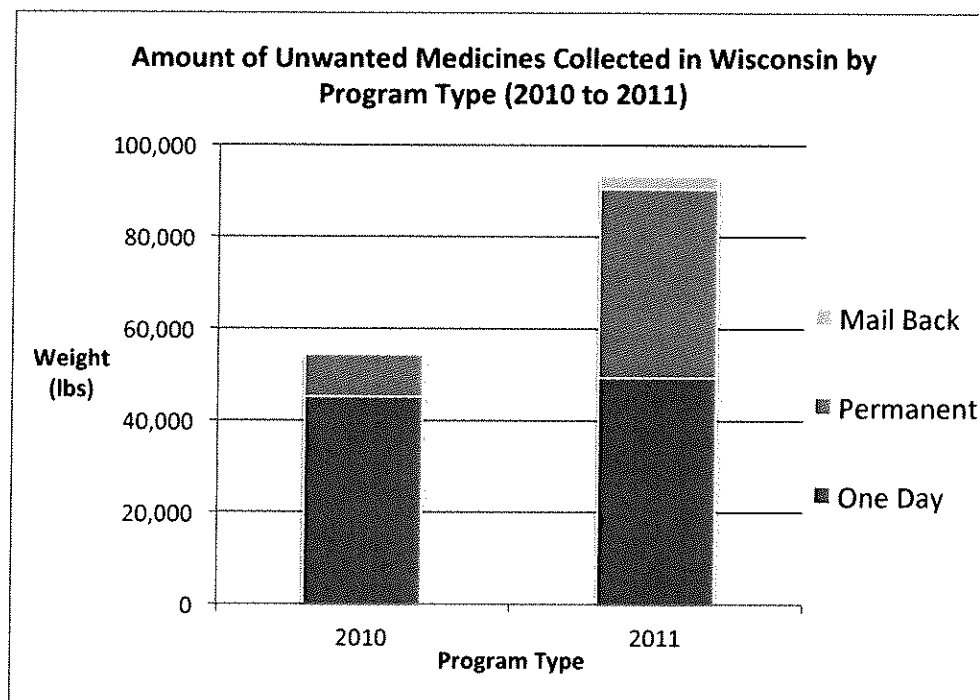
⁹ For more detail on costs, see Appendix H. Suggestions on how to improve these estimates can be found in *Section X. Opportunities to Improve Future Estimates*.

VI. TRENDS IN EXISTING WISCONSIN TAKE-BACK PROGRAMS

Both the amount of collected unwanted pharmaceuticals and the number of collection locations have increased dramatically over the past few years in Wisconsin. Permanent collection programs have seen a particularly large increase, likely due to the simplicity, convenience, and lower perceived cost of this type of collection.

Increased Amounts of Collected Unwanted Pharmaceuticals

Between 2010 and 2011, the amount of unwanted pharmaceuticals collected by municipally operated Wisconsin take-back programs increased approximately 70 percent—from roughly 55,000 pounds to 93,500 pounds. While one-day programs saw an increase of about 9 percent



(8,100 pounds), permanent collections saw a 340 percent increase—from roughly 9,260 pounds in 2010 to an estimated 41,100 pounds in 2011. The quadrupled collection amount may be partially explained by the dramatic rise in the number of permanent collection programs throughout the state.

Figure 6. Overall increase in the amount of unwanted medications collected by the three program types in 2010 and 2011 (UW-Extension).

Before disposal, unwanted medications are often categorized by collection programs into controlled and non-controlled substances. In 2011, the amount of controlled substances collected increased by 108 percent from 3,683 pounds to 7,675 pounds. The amount of collected non-controlled substances remained relatively stable, increasing from 48,885 pounds to 50,257 pounds, or 2.8 percent. The amount of medicine that went uncategorized in 2011 experienced a dramatic increase of 1,336 percent from roughly 2,497 to 35,862 pounds. This surge in the amount of uncategorized drugs collected is likely a result of the increased number of Wisconsin collection locations sponsored by the DEA's National Take Back Events, which do not require that drugs be separated before disposal.¹⁰

¹⁰ For more detailed information on the increase in amount of collected drugs in Wisconsin, see Appendix D.

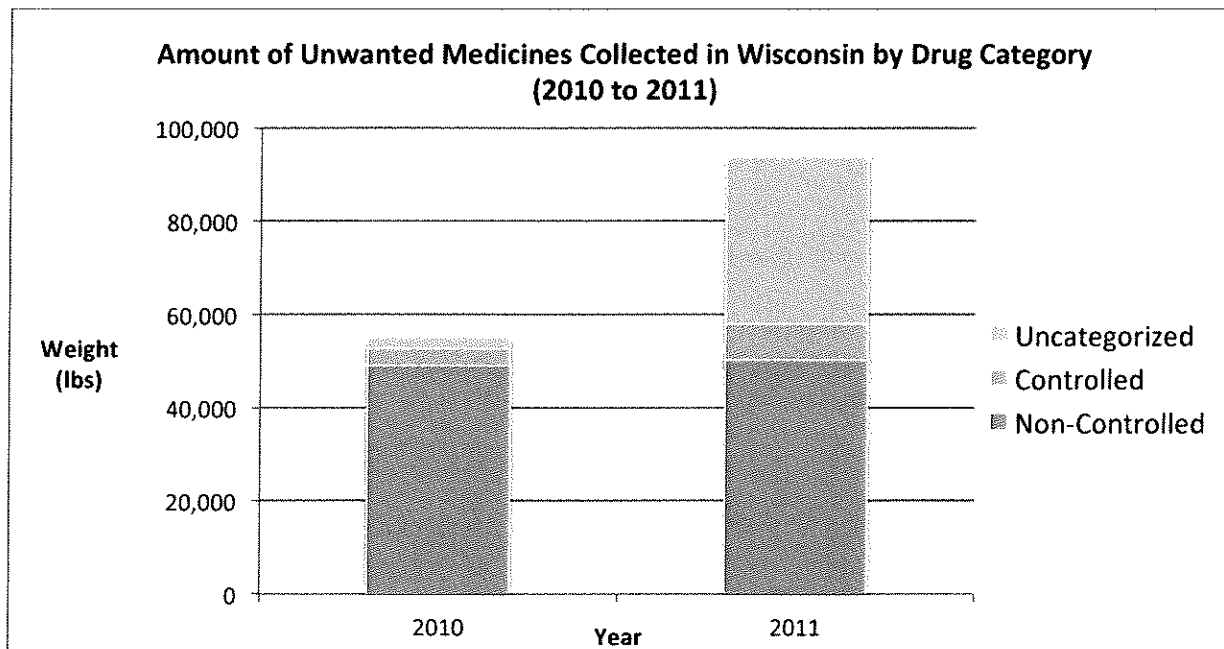


Figure 7. Overall increase in the amount of unwanted medications collected by substance type in 2010 and 2011 (UW-Extension).

Increased Number of Collection Programs and Locations

The number of both one-day and permanent collection locations grew steadily from 2010 to 2011, and continues to grow in 2012. Prior to 2010, there were only five permanent locations. By September 2012, however, 162 permanent locations had opened in 52 of Wisconsin's 72 counties.

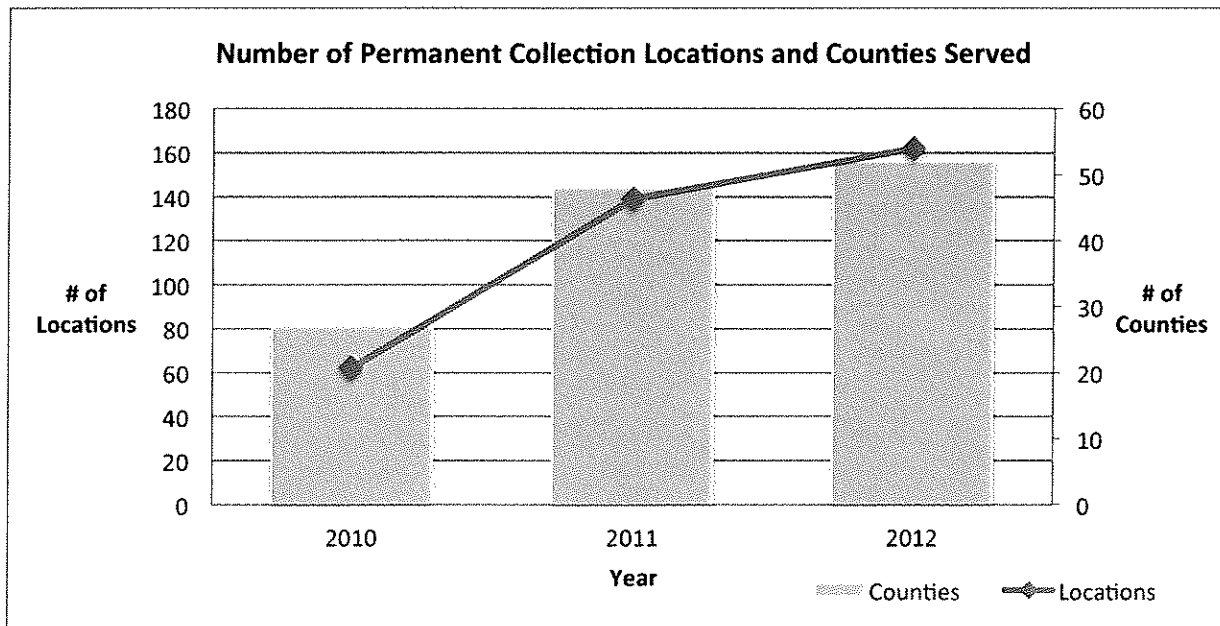


Figure 8. Increase in the number of permanent collection locations and in the number of Wisconsin counties served by those permanent locations from 2010 to 2012 (UW-Extension).

Similarly, in 2010, roughly 88 locations in 39 counties held a one-day collection; two years later, those numbers grew to at least 182 locations in 59 counties.

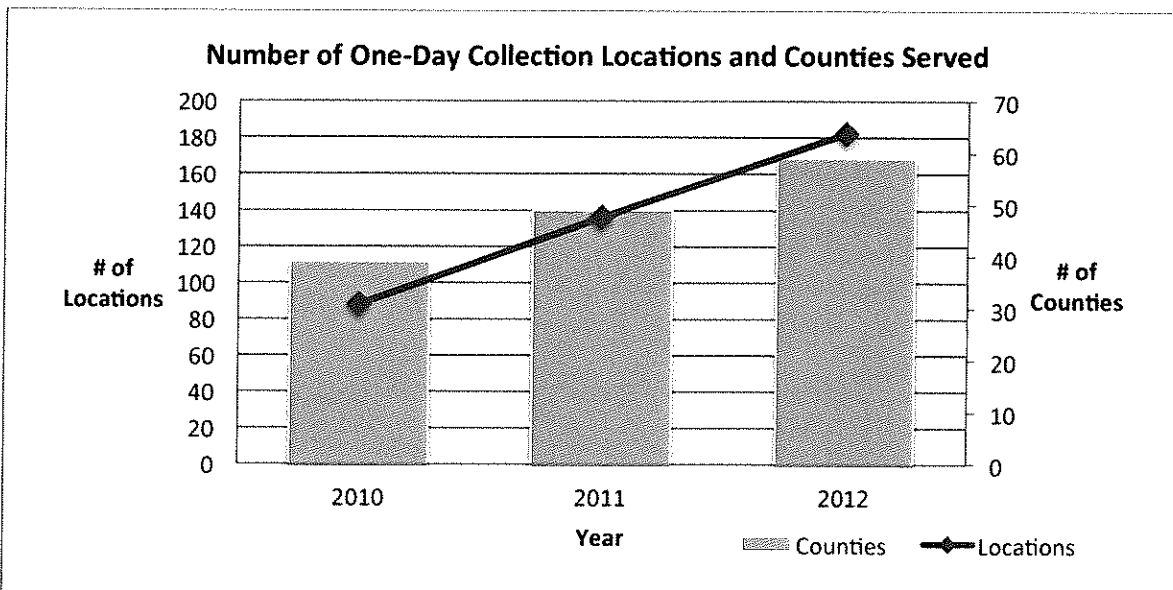


Figure 9. Increase in the number of one-day collection locations and in the number of counties served by those one-day locations in Wisconsin from 2010 to 2012 (UW-Extension).

Between 2010 and 2011, the total number of household pharmaceutical waste collection locations increased from at least 150 in 54 counties to at least 275 in 68 counties. By 2012, those numbers grew to 344 locations in 69 counties; however, they do not take into account the roughly 325 pharmacies, clinics, health departments, senior centers, and police departments in 36 Wisconsin counties that distributed envelopes for the duration of the *Get the Meds Out!* mail-back program in 2011.

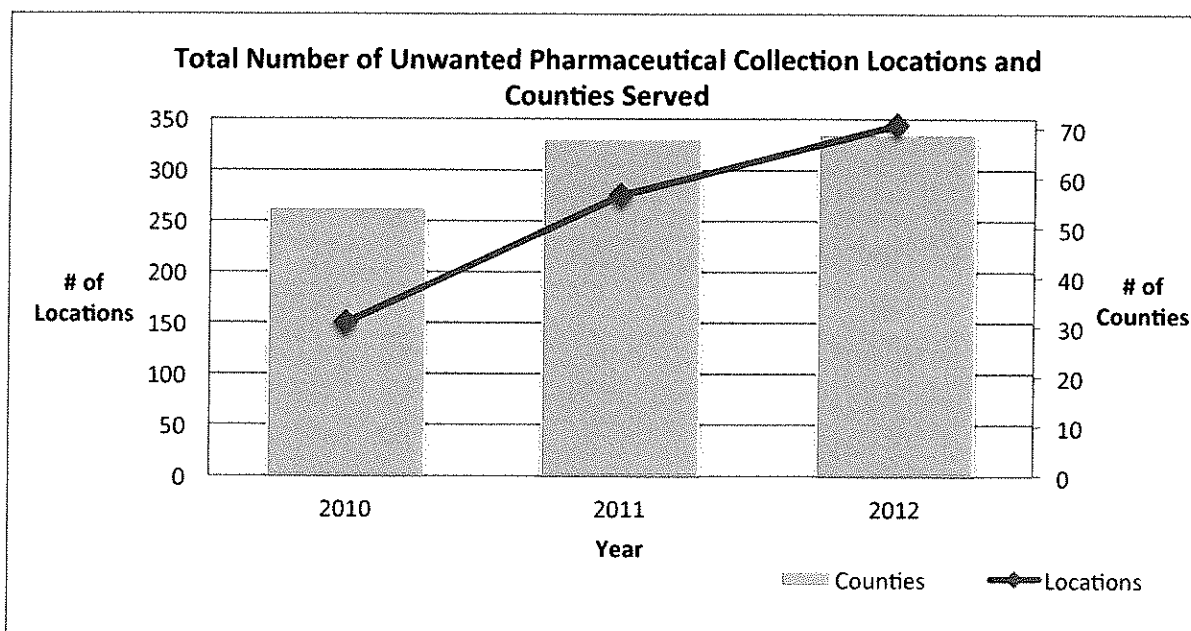


Figure 10. Increase in the total number of unwanted pharmaceutical collection locations and in the number of counties served in Wisconsin from 2010 to 2012 (UW-Extension).

Preference for Permanent Collections

In several cases, Wisconsin counties and communities now rely solely on their permanent locations, and seldom (if ever) host additional one-day events. The UW-Extension study found that the most common reasons for this shift were ease of operation, convenience for residents, and lower perceived cost of permanent collection locations. An additional benefit of permanent collections, albeit one not explicitly cited by any of the survey respondents, is the potential for reduced vehicle emissions when compared to one-day collection programs.

Ease of Operation

Permanent collection locations seem to be preferred over one-day take-back events primarily because of their simplicity. One-day collection programs require a great deal of planning, rely heavily on volunteer labor, and usually occur outside the normal hours of municipal business. Permanent locations require some initial setup if the location has a drop box, but normal operation, such as emptying the drop box and sorting drugs, is incorporated into routine business. This greatly reduces the need for volunteer labor and requires less additional planning and coordination.

The *Get the Meds Out* mail-back program required the least effort on the part of the hosting facility, who simply distributed envelopes to the public. However, this program was a research pilot and ended in December 2011.

Convenience

Permanent collection locations offer a greater level of convenience for the user than one-day take-back programs, mostly because of their consistent availability. Locations with a drop box available 24 hours a day, seven days a week offer the highest level of convenience, followed by those with a drop box available during business hours. Permanent collections without a drop box are less convenient than those with one, either having fewer collection hours available or requiring more time from law enforcement, but are still more convenient than one-day collection events.

Wisconsin permanent collections are mostly located at police and sheriffs' departments, which are unlikely to be on the normal errand-route of most residents. Consequently, although permanent collections offer a greater degree of convenience than one-day collections, they are not ideal.

The *Get the Meds Out* mail-back program offered the greatest convenience for the user, who simply placed their unwanted medicines in an envelope and sent it through the regular mail. This was the only program which offered convenience to home-bound residents.

Cost

The UW-Extension SHWEC survey found that permanent collection programs in Wisconsin were the least expensive of the three types of take-back program in 2011, costing roughly \$1.18 per pound less than one-day collections. These lower costs are primarily due to the utilization of existing staff resources to operate permanent collection programs, reducing the necessity of additional volunteers and other labor. Permanent collections located at law enforcement departments also eliminate the need to transport drugs for storage until disposal, reducing total transportation costs.

A comparable cost comparison with *Get the Meds Out!*, which was estimated to be over twice as expensive per pound as permanent collections, is not justified due to the nature of the program

as a research project. Data collection and analysis for *Get the Meds Out!* were more detailed and time-consuming, and thus more expensive, than if the program had been designed exclusively as a take-back collection.

Emissions

All take-back programs result in at least some green house gas (GHG) emissions, the bulk of which are associated with the transportation of unwanted medications, both to the collection site and to the disposal site. Though no data are available to enable a comparison of GHG emissions between Wisconsin programs, permanent locations are likely to have a lower impact on emissions associated with transportation to the collection site than one-day collections. One-day programs can require an automobile trip outside the user's normal routine, and cars often idle in line waiting to drop off their medicines. Permanent locations at or close to a high-traffic area could be visited along a user's normal errand route, reducing automobile emissions.

The *Get the Meds Out* mail-back program used the existing postal service infrastructure, significantly minimizing added green house gas emissions per pound of unwanted medication collected.

VII. BARRIERS TO INCREASED COLLECTION

Regulatory Hurdles

Regulations mandating that law enforcement be present for the collection of controlled substances reduce the flexibility and, thus, the effectiveness of take-back programs. They also increase the costs of operations and disposal. Some programs are unable to collect controlled substances due to lack of funding, lack of law enforcement cooperation, or both. Additionally, air quality regulations require expensive plan reviews for boilers and incinerators seeking permission to burn relatively small amounts of unwanted pharmaceuticals and are an obstacle to increased use of in-state facilities.

Lack of Sustainable Funding

Existing pharmaceutical collection programs in Wisconsin have been constrained by a lack of consistent and sustainable funding. The burden for funding falls on government and taxpayers, with many programs relying on government grants, private donations, and in-kind contributions. Thus, programs are sometimes canceled in years when funding is unavailable. For example, Buffalo County received Wisconsin Pharmaceutical Waste Clean Sweep grants in both 2010 and 2012, but not in 2011, and therefore was not able to hold a collection event in 2011.

Limited Capacity for In-State Destruction of Pharmaceuticals

There is limited capacity within Wisconsin for destroying unwanted pharmaceuticals. As of October 2012, none of the capacity is being used. Currently, only one Wisconsin facility, the Wisconsin Public Service (WPS) coal-fired Pulliam power plant in Green Bay, has asked the DNR to accept and burn controlled substance pharmaceuticals at an average rate of 300 pounds per month. The DNR approved the proposal and the facility burned controlled substances from local law enforcement until August, 2012, when the facility suspended this practice. WPS has indicated it would resume the practice after EPA clarifies its regulations about how burning pharmaceuticals might impact the facility's operations under forthcoming air regulations.

The Barron County municipal solid waste combustor is allowed to burn household pharmaceuticals that are discarded with other household wastes, but may not burn collected pharmaceuticals because the waste is not named in its air permit. Requesting a change in the permit could cost up to \$10,000, and so the County has been reluctant to request the change.

The Xcel Energy French Island Generating Plant, a waste-to-energy facility in La Crosse may be allowed to burn pharmaceuticals, but has not requested the state to modify its air permit to do so.

Inconvenience

Limited funding restricts the number of take-back programs available to the public and limits their frequency and hours of operation. When collection locations are not convenient, collection levels are low because fewer consumers can take advantage of the programs. For example, one-day collections are often held just once or twice per year and only for a limited number of hours. If a resident is unable to attend that event, that person must wait until the next event to drop off unwanted medications, reducing the likelihood that the medications will be safely discarded. Moreover, when programs are held in locations that are not on a resident's normal errand route, then the program is less convenient.

Low Levels of Public Awareness

Public awareness about pharmaceutical take-back programs in Wisconsin is low. This is due largely to a lack of consistent outreach, messaging, and promotion. Inconsistent messages about the proper disposal of unwanted medicines can cause confusion and consumers may retain unneeded medicines in their homes. Lack of outreach about existing programs leaves most consumers unaware that disposal options exist in their communities. Improved educational efforts and public outreach is essential to encouraging participation in take-back programs.

VIII. ALTERNATIVE OPTIONS

The most effective pharmaceutical take-back programs:

1. Do not place restrictions on the types of pharmaceuticals that can be collected, resulting in increased participation and greater quantities of collected medication.
2. Operate at no cost to consumers due to a consistent, reliable stream of funding.
3. Ensure a safe, healthful, and environmentally responsible means of discarding unwanted medicine.

Pharmaceutical Collection

Successful take-back programs are convenient for consumers to find and use, and they accept all or most of the following types of waste materials: non-controlled and controlled substances; dispensers and other devices for administering medication; and medical sharps and sharps containing medications, such as EpiPens®.

There are many programs in operation around the world that can serve as models for Wisconsin. For example, France, Sweden, and British Columbia have all implemented pharmacy-based collection programs, allowing consumers to drop off their unwanted medications while picking

GeorgiaATTORNEY GENERAL
OF GEORGIA

SAM OLDS

Home » 6. Disposal of Rx Drugs

6. Disposal of Rx Drugs

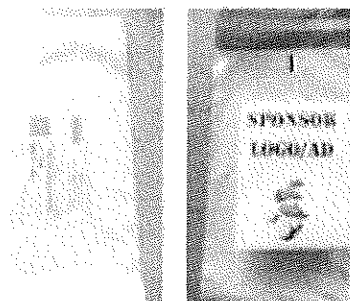
Disposal

An important component in protecting your children, family, friends and community from the risk of Rx drug abuse is **proper disposal**. Below are three ways that you can safely and securely dispose of your Rx and over the counter (OTC) drugs and at the same time protect your community, water supply and environment.



1) Drug Drop Box

The drug drop box is the most effective, efficient, secure, and environmentally friendly way to dispose of your out of date or unused Rx and OTC drugs. In Georgia drug drop boxes are located in Sheriff's and Police Departments across the state in 153 counties. Most of these drug drop off locations are in operation 24 hours a day, seven days a week. To view a complete list of the over 180 available drug drop box locations and hours of availability across the state, please visit the [Georgia Prescription Drug Abuse Prevention Initiative \(GPDAPI\) website](#). The GPDAPI is an Rx drug abuse prevention initiative directed and implemented by [The Council on Alcohol and Drugs](#). ONLY a certified law enforcement officer can handle and discard Rx drugs when they are collected from a drug drop box.



2) Mail-Back

Many mail back programs are provided by pharmacies, but for a price. The cost can average \$3.00-6.00 per envelope. The user simply discards the unwanted drugs into the envelope and places it in the mail.

36

Caution! – Do not use this option without using a legally approved envelope. You can only use a mail-back envelope that has been officially approved and certified by the Environmental Protection Agency (EPA), Drug Enforcement Agency (DEA), and the U.S. Postal Service.

3) Self Disposal: Flushing of Certain Drugs or Disposal in Household Trash

Do not flush Rx drugs down the toilet or drain unless specifically instructed on label or by accompanying patient guide.

- Information on drugs which can be safely flushed can be found on the here on the FDA website. However, state regulations vary.

If a drug is not approved for flushing, follow these federal guidelines for proper disposal.

1. Take Rx drugs out of original containers.
2. Mix drugs with an undesirable substance (e.g., used cat litter or coffee grounds).
3. Put mixture into disposable container with lid (e.g., empty margarine tub) or sealable bag.
4. Conceal/remove personal info, including Rx number, on empty container by covering with a permanent marker or duct tape, or scratch off.
5. Place sealed container with mixture and empty drug containers in trash.

Storage

37

Safe storage of Rx and OTC drugs is critical to reining in this epidemic. A federal government survey revealed that more than 70 percent of Americans who abuse prescription pain medications get them from friends or family members.

Accessibility is the number one contributing factor to all misuse and abuse of Rx and OTC drugs. It is time that you keep your Rx and OTC medications safe by locking them up so that only the people that are supposed to use them use them. Consider this, because of ease of access:

- Pharmaceutical drug overdoses in the U.S. have surpassed all illegal drug overdoses of methamphetamine, heroin, and cocaine combined.
- 90% of all teens who abused pharmaceutical drugs obtain their drugs from the medicine cabinet or from a friend (National Institute on Drug Abuse).

Click [HERE](#) to learn more about securing your Rx and OTC drugs. Have the peace of mind that comes with knowing that you have your Rx and OTC drugs behind lock and key.

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DRAFT



CONSIDER OF ADOPTION OF
NOIRA FOR DRUG
DISPOSAL

Ms. Juran reviewed with the Board the Drug Enforcement Administration's (DEA) final ruling regarding the disposal of pharmaceutical controlled substances. Ms. Juran stated that currently a pharmacy may collect and dispose of controlled substances under federal regulations, however, there is no direct authority for the Board to regulate this process or address issues of non-compliance. It was recommended that the Board adopt a Notice of Intended Regulatory Action (NOIRA) which would directly authorize the Board to regulate the drug disposal process in accordance with federal regulation.



MOTION:

The Board voted unanimously to adopt a NOIRA requiring compliance with the federal rules regarding the collection and disposal of controlled substances in accordance with the Controlled Substance Act, as amended by the Secure and Responsible Drug Disposal Act of 2010. (motion by S. Elliott, second by Li)

CONSIDER USE OF
CAMERA-FACILITATED
PRESCRIPTION
VERIFICATION PROCESS BY
PRACTITIONERS OF THE
HEALING ARTS TO SELL
CONTROLLED
SUBSTANCES:

Ms. Juran reviewed with the Board a request made by Virginia Oncology Associates that would allow their physicians licensed to dispense drugs to use a camera-facilitated prescription verification process. The process is somewhat akin to the Walgreens camera verification system that the Board previously deemed met compliance with regulation, albeit there are differences. Ms. Juran suggested that if the Board could not reach consensus on whether the verification process met compliance with current regulation, it could consider recommending that Virginia Oncology Associates apply for an innovative "pilot" program. Among the concerns voiced by the Board: lack of supervision of the person assisting the physician with the dispensing process; camera not interfaced with dispensing software; communications sent via email; lack of drug security; lack of process for ensuring correct drugs are placed in the correct patient's bag. No action was taken on the matter. It was recommended that Virginia Oncology Associates consider strengthening the intended verification process prior to possibly applying for an innovative pilot program.

STAFF REQUEST TO
CONSIDER PARTICIPATING
IN THE MULTISTATE
PHARMACY
JURISPRUDENCE
EXAMINATION (MPJE):

Ms. Juran requested that the Board consider moving from Virginia contracting to administer its own Federal and State Drug Law Exam (FSDLE) to participating in the NABP Multistate Pharmacy Jurisprudence Examination (MPJE). Currently, Virginia is one of three states that do not participate in the MPJE. The contract with the current testing administrator expires in June 2015 and can be extended for only one additional year prior to issuing a Request for Proposal (RFP) for a testing administrator. Ms. Juran explained that staff workload has steadily increased in recent years while resources remain limited. Overseeing the administration of the jurisprudence examination is labor-intensive and costly due to the number of meetings required for exam development. Staff has also noticed fewer companies have been bidding on the examination contracts, possibly due to the relatively small number of exams administered annually. She then provided a brief comparison between the MPJE and FSDLE.

Possible Methods of Destruction for Recommendation to Task Force

- Ongoing Collection Boxes in Law Enforcement (LE) Agencies
 - Identify current number collection boxes, set goal for state, and determine number of boxes needed to reach goal
 - Possible cost of collection box – free offer, or average \$800/box; bulk purchase rate possible
 - Method of destruction – free offer + transportation to incinerator, or ship to reverse distributor; ex: Sharps, MedSafe
- Statewide Biannual Take-Back Events
 - Marketing, ads, PSA, electronic signage to healthcare workers & community organizations (would need lead agency, e.g, public safety)
 - Temporary storage – LE, e.g., State Police; free?
 - Transportation by National Guard/LE to Covanta
 - Destruction - free
- Ongoing Collection Boxes in Long Term Care Facilities
 - Cost of collection box – example – MedSafe (\$55-\$400/month)
 - Quantity collected
 - Method of destruction (ship to reverse distributor)

Possible Sources of Funding for Collection Box and Disposal Expenses Not Covered through Free Offerings

- Grant for allowable equipment through DCJS
- OAG?, Medicaid Fraud?, Class Action Lawsuits?
- Sources used in other states, e.g., District Attorney Association, Rotary?
- State Appropriations?

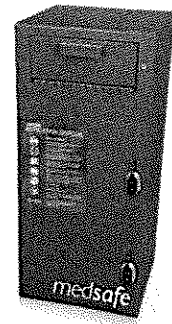


MedSafe Pricing

MedSafe Program plans are billed monthly at a fixed rate and dependent upon the frequency selected per location. Prices for the MedSafe System include outbound shipping charges (from Seller to the Customer) and include both a Collection Receptacle and Inner Liner as described in the marketing materials separately provided. Return shipping (from the Customer to Seller) of the Inner Liner component is also included in the MedSafe Program pricing. A Promotional Price is available for Customers who enroll in the program, as evidenced by a signed three (3) year contract acceptable to the Company, within six months of the issuance and effective date of the DEA rules related to the implementation of the Secure and Responsible Drug Disposal Act of 2010 which effective date is October 9, 2014. The monthly Promotional payment pricing model with the MedSafe Program Monthly Liner Shipment Options and associated monthly pricing follows:

18-Gallon MedSafe

Number of Liners per Year – Auto Shipped to Customer	Regular Monthly Price	Monthly Promotional Price (*)	Savings Over 3 Years with Promotion (*)
24	\$269.48	\$225.00	\$1,601.28
12	\$148.74	\$140.00	\$314.64
6	\$88.37	\$80.00	\$301.32
4	\$68.25	\$62.00	\$225.00
3	\$58.19	\$55.00	\$114.84



38-Gallon MedSafe

Number of Liners per Year – Auto Shipped to Customer	Regular Monthly Price	Monthly Promotional Price (*)	Savings Over 3 Years with Promotion (*)
24	\$447.16	\$400.00	\$1,697.76
12	\$241.08	\$225.00	\$578.88
6	\$138.04	\$130.00	\$289.44
4	\$103.69	\$100.00	\$132.84
3	\$86.52	\$82.00	\$162.72



SHARPS
Compliance, Inc.

9220 Kirby Drive, suite 500, Houston, TX 77054
800.772.5657 / www.sharpsinc.com

41

SHARPS
Compliance, Inc.

medsafe™
Safe Collection Proper Destruction

medsafe™

Safe Collection Proper Destruction

Cost-effective disposal of patient unused medications - including controlled substances

MedSafe is designed for retail pharmacies and long-term care facilities (LTCF), as well as drug treatment centers, licensed law enforcement, hospitals, and clinics with on-site pharmacies. A MedSafe offers collection that is safe and meets the requirements of the newly updated DEA Controlled Substance Act.

MedSafe Benefits:

- Cost-effective and easy to manage system that meets DEA regulations
- Utilizes a collection receptacle, which is the DEA-preferred method for collection
- Comingled collection of controlled and non-controlled pharmaceuticals
- A common carrier is used to transfer the inner liners - allowing easy compliance with the 3-day rule
- Uses the DEA-preferred method for disposal for unused pharmaceuticals - rendering the drugs completely in retrievable

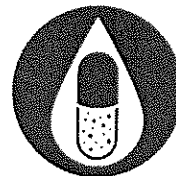
MedSafe Features:

- 14-gauge powder-coated steel collection receptacle
 - One-way medicine drop with locking door
 - Double-locked front door access
 - Secure fastening to a permanent structure
 - Available in two sizes dependent on volume collected
- Serialized inner liners with pre-paid return via common carrier
 - Unique identification number that enables tracking
 - Internal contents are not viewable from the outside when sealed
 - Available in two sizes: 18-gallon and 38-gallon
- Tested under the standards established by Underwriters Laboratories
 - Made in The USA

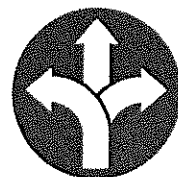




Accidental
Poisonings



Environmental
Contamination

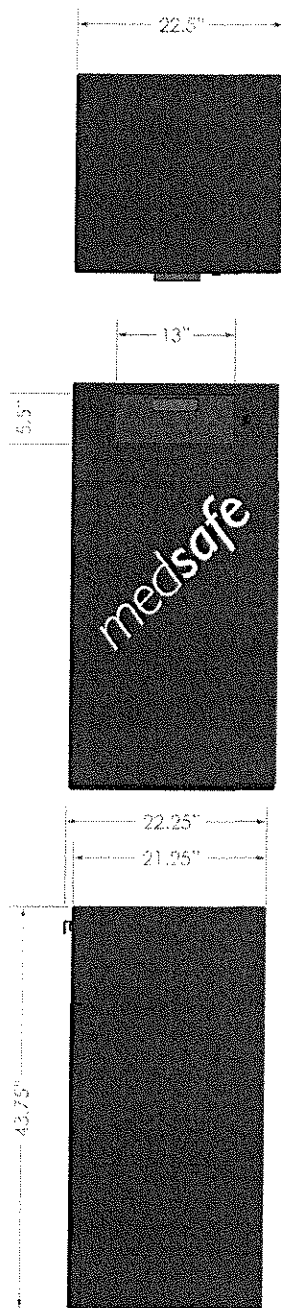


Diversion

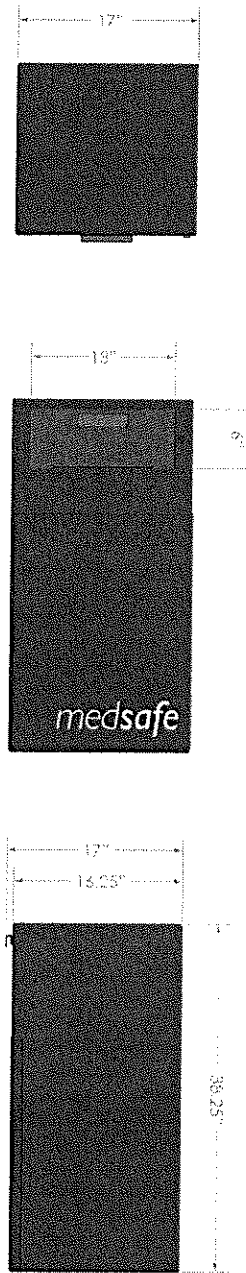
MedSafe meets all the DEA requirements and is an easy-to-operate program for registered collectors. Once registered with the DEA as a authorized collector, a collection receptacle can be installed in an approved location to begin collecting unused pharmaceuticals. Each MedSafe unit ships to the registered location or LTCF for use with one enclosed inner liner. The inner liner includes all materials for packaging and returning for disposal when full via common carrier. A replacement collection receptacle inner liner will auto ship on a predetermined schedule

for easy program management. Schedules can be adjusted to meet volume demands of the facility. All inner liners returned are treated per preferred method of disposal, incineration, which renders the pharmaceuticals non-retrievable. In addition, with incineration, unused medications are prevented from cycling back into our water.

MedSafe 38-Gallon



MedSafe 18-Gallon



MedSafe 38-Gallon Collection Receptacle Specifications:

- Overall Dimensions: 43.75" x 22.5" x 21.25"
- Top Opening Dimensions 5.5" x 13"

MedSafe 38-Gallon Inner Liner Specifications:

- Constructed of two (2), 200# Test Corrugated
- Outer Box Dimensions 18.25" x 18.25" x 27"
- Inner Box Dimensions 17.75" x 17.75" x 26.375"
- Two (2), 4 Mil Polyethylene Plastic Bags
- Eighteen (18), 4" x 6" Absorbent Pads
- Available in the following frequencies during a one-year period
 - 24 (bi-weekly)
 - 12 (monthly)
 - 6 (bi-monthly)
 - 4 (quarterly)
 - 3 (once every four months)

MedSafe 18-Gallon Collection Receptacle Specifications:

- Overall Dimensions: 38.25" x 17" x 16.25"
- Top Opening Dimensions 5.5" x 13"

MedSafe 18-Gallon Inner Liner Specifications:

- Constructed of two (2), 200# Test Corrugated
- Outer Box Size 13.5" x 13.5" x 22.5"
- Inner Box Size 13" x 13" x 22"
- Two (2), 4 Mil Polyethylene Plastic Bags
- Ten (10), 4" x 6" Absorbent Pads
- Available in the following frequencies during a one-year period
 - 24 (bi-weekly)
 - 12 (monthly)
 - 6 (bi-monthly)
 - 4 (quarterly)
 - 3 (once every four months)

Collection Receptacle Features:

- 14-gauge powder-coated steel construction
- Secure fastening to a permanent structure (floor or wall)
- Double-locked front door access to the removable inner liner
- Medicine-drop opening that allows one-way deposit to the inner liner
- Medicine-drop opening door lock to prevent content overfill
- Tested under the standards established by Underwriters Laboratories

Inner Liner Features:

- Waterproof, tamper-evident, and tear-resistant
- Removable and sealable immediately upon removal from the collection receptacle without emptying or touching the content
- Internal contents are not viewable from the outside when sealed
- Serialized with a permanent, unique identification number that enables tracking
- Size clearly marked on the outside of the liner
- Permanent, unique identification number that enables the liner to be tracked

medsafe™

Safe Collection Proper Destruction

9220 Kirby Drive, Suite 500

Houston, TX 77054

800.772.5657

sharps@sharpsinc.com

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USA
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Unused Medication Disposal Solutions



TakeAway Medication Recovery System 11" x 8" Envelope (USPS)
Starting at: \$249.00



TakeAway Medication Recovery System 11" x 8" Envelope (USPS) - Case of 25
\$124.50



1-Gallon TakeAway Medication Recovery System (USPS)
\$51.00



2-Gallon TakeAway Medication Recovery System (USPS)
\$69.00



1-Gallon TakeAway Medication Recovery System (USPS)
\$41.00



2-Gallon TakeAway Medication Recovery System (USPS)
\$59.00



3-Gallon TakeAway Environmental Return System
\$59.00



10-Gallon TakeAway Environmental Return System
\$89.00



20-Gallon TakeAway Environmental Return System
\$119.00



40-Gallon TakeAway Environmental Return System
\$169.00

46



COMMONWEALTH of VIRGINIA

Office of the Governor

Brian J. Moran
Secretary of Public Safety
and Homeland Security

January 14, 2015

Ms. Dana Schrad
Virginia Association of Chiefs of Police
1606 Santa Rosa Road
Suite 134
Henrico, VA 23229

Dear Ms. Schrad:

As you are aware, prescription drug abuse is now an epidemic and those who abuse these drugs often obtain them from the medicine cabinet of a friend or family member.

With the publication of new federal disposal regulations, the Drug Enforcement Administration does not intend to hold future take-back events. Therefore, an increase in the number of drug collection sites within the Commonwealth would facilitate the public's ability to get rid of unwanted or unneeded prescription drugs and reduce the supply of drugs that could potentially be abused. At the last meeting of the Governor's Prescription Drug and Heroin Abuse Task Force, the Task Force agreed to work to increase the number of law enforcement agencies participating as drug collection sites.

In 2015, the Task Force will be more fully developing this recommendation, along with many others. Meanwhile, the Task Force would like to alert you to a time-sensitive opportunity for law enforcement agencies to obtain a drug disposal box free of charge. To apply for a drug disposal box free of charge, click on the following link - http://www.cvs.com/content/safer-communities?stop_mobi=yes

Once the prescription drugs are collected in the drug disposal box, the law enforcement agency is responsible for ensuring the drugs are destroyed in both a legal and environmentally-safe manner to render them non-retrievable. Law enforcement agencies may choose one of the following ways to destroy the prescription drugs:

- 1) Transport the drugs to a solid waste incinerator in Virginia, or

There are 3 commercial incinerators in Virginia:

Covanta – Alexandria - This facility will incinerate collected drugs at no cost upon registration with them.

5301 Eisenhower Avenue, Alexandria, VA 22304

Covanta – Fairfax

9698 Furnace Road, Lorton, VA 22079

Wheelabrator Portsmouth, Inc.

3809 Elm Avenue, Portsmouth, VA 23704

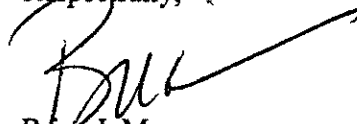
To incinerate drugs at a Covanta facility, register by contacting John Frotton at JFrotton@covanta.com or 862-345-5039. To incinerate drugs at Wheelabrator Portsmouth, contact Jeff Landrum at jlandrum@wm.com or 757-393-3105.

2) Utilize a reverse distributor

A current list of reverse distributors may be obtained from your local Drug Enforcement Administration field office. Note that smaller collected amounts could potentially be mailed in a prepaid container to a reverse distributor for disposal, e.g., www.Sharpsinc.com.

Questions regarding the offer for free drug disposal boxes should be directed to Jason Graveline, CVS Health, Director, Community Relations at Jason.graveline@caremark.com or 401-770-8877. General questions regarding law enforcement agencies participating as drug collection sites may be directed to the Board of Pharmacy at pharmbd@dhp.virginia.gov

Respectfully,



Brian J. Moran
Secretary of Public Safety
and Homeland Security

Co-Chairman of the Governor's Task Force
on Prescription Drug and Heroin Abuse

Possible information for central website or future communications to increase awareness:

- Lock Your Meds.org
- Safe Kids Worldwide – safekids.org
- AWARERx.org
- OAG Manual for *Hosting a Successful Prescription Drug Take-Back Event*
- Lock-up medicine PSA video on OAG's website
- Tips for Proper Disposal
- Collection box and take back event locator

Be Aware. Don't Share.
Take the Pledge (<http://www.lockyourmeds.org/spread-the-word/take-the-pledge-lock-your-meds/>)

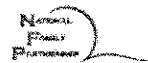


Lock Your Meds®

Lock Your Meds® is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the “unwitting suppliers” of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership® (NFP), the campaign includes a wide array of high-quality advertisements, posters, educational materials, publicity opportunities, interactive games and slide show presentations, and this website, where visitors can learn more and ask questions.



<http://www.lockyourmeds.org/spread-the-word/start-now/>



National Family Partnership® is the organization behind the Lock Your Meds® campaign. [Read More](#)

[Related Events](#)

[News](#)

50

Take the Lock Your Meds Pledge (<http://www.lockyourmeds.org/spread-the-word/take-the-pledge-join-the-lockyourmeds-campaign/>)

See why others have taken the pledge

- I am taking the pledge not only for my family but also for my students. I am a Kindergarten teacher and I want to help the parents who are immigrants to deal with this challenge. I speak their native language which is Haitian Creole. — Michaelle
- I Jennifer R. Thorpe hereby take the pledge to lock my medications. For my family, my neighborhood, my community, and my country. — Jennifer
- I like to dedicate this campaign to Corner Lakes Middle School by hosting a fun rollerskating celebration and maybe having all the kids sign the pledge. — Cathy
- Thank you for your wonderful campaign! — Barbara

Upcoming events to prevent prescription drug abuse.

Spread the Word

Resources you can use to become a Lock Your Meds® messenger.

Read and see the latest news releases and video clips from campaign coverage.

President's Message

By Peggy Sapp, The National Family Partnership® provides the perfect partner for this campaign.

Go to the NF Sto (stc

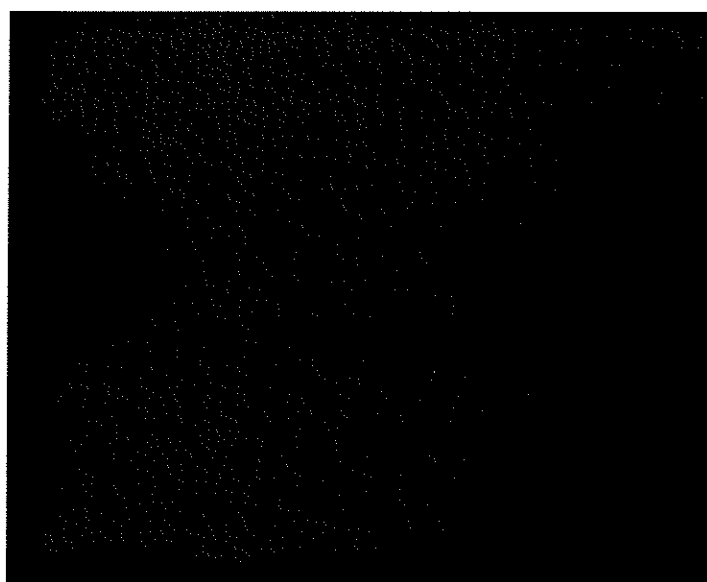
The Balancing Act



Lock Your Meds in the news



Lock Your Meds Campaign Promo



Campaign Overview

Lock Your Meds®, produced by National Family Partnership® (NFP), is a campaign that includes a wide array of high-quality advertisements, posters, educational materials, publicity opportunities, inter-active games and slide sho

Contact Us

2490 Coral Way
Miami, FL 33145
Phone: (305) 856-4886
Fax: (305) 856 4815
Toll Free: (800) 705 8997

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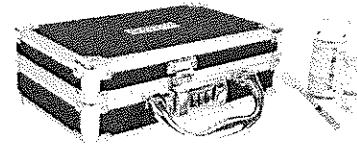
w presentations, with all roads leading to this website, where visitors can learn more and ask questions.

Email: info@nfp.org (<mailto:info@nfp.org>)

Retail Partner



LOCK IT UP!™



Y
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53

[ATTERS \(/WHY-IT-MATTERS\)](#)[ARE \(/WHO-WE-ARE\)](#)[DO \(/WHAT-WE-DO\)](#)[WORK \(/OUR-NETWORK\)](#)[S DAY](#)[WW.SAFEKIDS.ORG/SKD2015/](#)[SAFE KIDS](#)[WORLDWIDE](#)[KEEPING ALL™ \(/\)](#)[Global Road Safety \(/safe-roads-safe-kids\)](#)[Sponsors \(/supporters-sponsors\)](#)[Recalls \(/product-recalls\)](#)[Media Center \(/media-center\)](#)[Blog \(/blog\)](#)[Videos \(/listing/video\)](#)[Newsletter \(/newsletters\)](#)[Contact Us \(/contact-us\)](#)[WHO WE ARE \(/WHO-WE-ARE\)](#)[Home \(/\)](#)[OUR TEAM \(/OUR-TEAM\)](#)[JOIN OUR TEAM \(/JOIN-OUR-TEAM\)](#)[OUR HISTORY \(/OUR-HISTORY\)](#)[BOARD OF DIRECTORS \(/BOARD-DIRECTORS\)](#)[SPONSORS \(/SUPPORTERS-SPONSORS\)](#)[PARTNERS \(/PARTNERS\)](#)[FINANCIALS \(/FINANCIALS\)](#)[CONTACT US \(/CONTACT-US\)](#)

WHO WE ARE

The important thing to remember about preventable injuries is that they are preventable.



Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, the number one killer of kids in the United States. Around the world, a child dies from an unintentional injury every 30 seconds. And millions of children are injured in ways that can affect them for a lifetime.

When a child dies or is seriously injured, the lives of families and entire communities are changed forever. But these tragedies don't have to happen. The important thing to remember about preventable injuries is that they are preventable. They often occur in predictable ways and can be completely avoided with the right education, awareness and planning.

Safe Kids works with an extensive network of more than 500 coalitions in the United States and partners with organizations in 25 countries around the world to reduce injuries from motor vehicles, sports, drownings, falls, burns, poisonings and more.

Since 1988, when Safe Kids was founded by Dr. Marty Eichelberger of the [Children's National Medical Center \(/childrens-national-medical-center\)](#) with support from founding sponsor, [Johnson & Johnson. \(/johnson-johnson\)](#) there has been a 60 percent decrease in the unintentional injury rate among children 19 years and younger.

54

But losing one child is one too many, and we don't want any parent to have to endure the loss of a child. That's why we're calling on everyone to come together, to raise awareness and to get involved so we can ensure that all children around the world have the chance to grow up healthy and safe, and do all the great things kids were meant to do.

94

27

googleplus 9

7

10

Like 87

DID YOU KNOW?

*Seventy-three percent of car seats are not used or installed correctly. **Get the facts. » (<http://www.safekids.org/car-seat>)***

ABOUT US

[Mission \(/who-we-are\)](#)

[Programs \(/programs\)](#)

[Public Policy \(/advocacy\)](#)

[Research \(/research\)](#)

[Safe Kids Near You \(/coalitions\)](#)

[Join Our Team \(/join-our-team\)](#)

TOOLS

[For Parents \(/parents\)](#)

[For Safety Professionals \(/safetyprofessionals\)](#)

[For Educators \(/educators\)](#)

[For Press \(/media-center\)](#)

[Latest Videos \(<http://www.safekids.org/listing/video>\)](http://www.safekids.org/listing/video)

[Resource Center \(<http://members.safekids.org>\)](http://members.safekids.org)

GET INVOLVED

[Shout Out Team \(/join-shout-out-team\)](#)

[Safe Kids Day \(<http://www.safekidsday.com/>\)](http://www.safekidsday.com/)

[Take Action \(/get-involved\)](#)

[Partner with Us \(/partner-us\)](#)

STAYING SAFE

[Safety by Age \(/safetytips\)](#)

[Safety by Risk \(/safetytips\)](#)

[Safety Issues \(/risk-areas-we-work\)](#)

[Get Your Car Seat Checked \(/car-seat-events\)](#)

[Safety Tips \(/safetytips\)](#)

[Safety Laws \(/statelaws\)](#)

RESOURCES

[Library \(/library\)](#)

[FAQs \(/frequently-asked-questions\)](#)

[CPS Certification \(<http://cert.safekids.org/>\)](http://cert.safekids.org/)

[Safest Generation \(<http://www.safestgeneration.org/>\)](http://www.safestgeneration.org/)

[Countdown2Drive \(<http://countdown2drive.org/>\)](http://countdown2drive.org/)

[Español \(/espa%C3%B1ol\)](#)

55

Menu



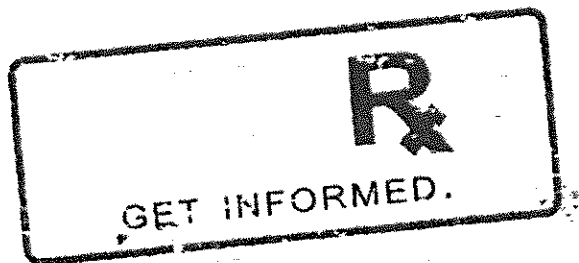
PHARMACISTS

CORPORATIONS

STUDENTS

RESOURCES

DI



HOME

GET
INFORMED

!



Mission Statement

The AWA_Rx_E Prescription Drug Safety Program is an information source (http://s3.amazonaws.com/awarx/rich/rich_files/rich_files/128/original/awarxe.pdf) providing authoritative resources about medication safety, prescription drug abuse, medication disposal, and safely buying medications on the Internet.

Inspiration for AWA_Rx_E: The Story of Justin Pearson

Justin Pearson's story was the inspiration for the AWA_Rx_E program. Justin Pearson, a resident of St Cloud, MN, died tragically at age 24 because of a prescription drug overdose. Justin died on December 25, 2006, after taking a mix of prescription drugs, which he ordered from an illegal website. Websites like these are illegal and sell prescription drugs without requiring prescriptions from the doctor. In Justin's case, he was able to easily order drugs from an illegal website and the drugs were mailed to him. Taking the drugs without a doctor's prescription, and mixing a high dose of different prescription drugs led to Justin's death.

For more information about Justin's story, please visit Justin's webpage at [jvp1.com](http://www.jvp1.com) (<http://www.jvp1.com/>).

AWA_Rx_E aims to prevent more tragic stories like Justin's by providing information that will raise awareness among consumers.

About the National Association of Boards of Pharmacy

Founded in 1904, the National Association of Boards of Pharmacy (NABP) is the impartial professional organization that supports the state boards of pharmacy in protecting public health. NABP aims to ensure the public's health and safety through its pharmacist license transfer and pharmacist competence assessment programs, as well as through its VIPPS, Vet-VIPPS, VAWD, and DMEPOS accreditation programs.

NABP's member boards of pharmacy are grouped into eight districts that include all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, eight Canadian provinces, and New Zealand. The Association is governed by its Executive Committee, whose officers and members are elected during the Association's Annual Meeting.

About the NABP Foundation

57

The NABP Foundation is the educational and developmental arm of NABP. Programs supported by the NABP Foundation include **NABPLAW** Online (<http://www.nabp.net/programs/member-services/nabplaw/>), the State Newsletter Program (<http://www.nabp.net/publications/state-newsletters/>), and the AWAReE consumer protection program.

[About Us](#) [Contact Us](#) [Privacy Policy](#) [Terms of Use](#)

The AWAReE prescription drug safety program is brought to you by the NABP Foundation™

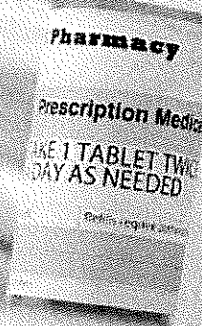
58

Search our site:

Search



Prescription Drug Abuse,
*It's Not What the
Doctor Ordered.*



HOME

ABOUT
US

EDUCATION

ADVOCACY

SAFE STORAGE
AND SECURE
DISPOSAL

ENFORCEMENT

HEALTH
PROFESSIONALSSTATEWIDE
COLLABORATIVEWhat's New &
Happening Now

VIEW NOW

2012

The State of Prescription
Drug Use in Georgia:
A Needs Assessment

VIEW NOW

Safe Storage and Secure Disposal

The topic of Safe Storage and Secure Disposal of prescription (Rx) drugs is complex and at the same time straight-forward. The complexity involves the many relationships and vague or missing laws or policies that govern these activities. The straightforward aspect of it is ultimately each adult has to take responsibility to lock up all Rx and over the counter (OTC) medicines and dispose of out of those drugs that are out of date or not needed.

Safe Storage

How do You Safeguard Your Rx and OTC Medications in the Home

Rx drug abuse is a public health and safety crisis across Georgia. **Accessibility** is the number one contributing factor to all misuse and abuse of Rx and OTC drugs. The number one action that all adults can take to address the misuse or abuse of Rx drugs is "lock up" Rx and OTC medications so that only the people that are supposed to use them "use them".

Consider this, because of the ease of **access**:

- Pharmaceutical drug overdoses in the U.S. have surpassed all illegal drug overdoses of methamphetamine, heroin, and cocaine combined.
- 90% of all teens who abused pharmaceutical drugs obtain their drugs from their home medicine cabinet or from a friend's medicine cabinet (National Institute on Drug Abuse)

So it is time **NOW** to **STOP** people, children, friends, spouses, neighbors, anybody from taking or stealing your Rx medications. Have the peace of mind that comes with knowing that you have your Prescription and (OTC) over the counter drugs secured where no one can get them in a storage safe.

Lock Your Meds®

Lock Your Meds® is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the "unwitting suppliers" of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership® (NFP), the campaign includes a wide array of high-quality advertisements, posters, educational materials, publicity opportunities, inter-active games and slide show presentations, with all roads leading to this website, where visitors can learn more and ask questions. To learn more about the Lock Your Meds Campaign click [here](#).

Safe Kids Worldwide

Safe Kids Worldwide published an in-depth look at "Keeping Young Children Safe Around Medicine" (March 2013). A publication that every parent will want to read as kids are getting into medicine at an alarming rate. (500,000 calls to poison control centers last year!) Medications are the leading cause of child poisoning. Every year, more than 67,000 children go to an emergency room for medicine poisoning. That's one child every eight minutes. To learn more about what you can do to keep your children safe from accidental poisonings by medicine please click [HERE](#) (issuu.com/safekids/docs/2013-medication-safety-report).

Secure Disposal

Rx and OTC medicines play an important role in treating many conditions and diseases, but when they are no longer needed it's important to dispose of them properly to avoid harm to others. Below, are a list of four disposal options for you to consider when discarding expired, unwanted, or unused Rx and OTC drugs.

1) Drug Drop Box

The drug drop box is the most effective, efficient, secure, and environmentally friendly way to dispose of your out of date or unused Rx and OTC drugs. In Georgia drug drop boxes are located in Sheriffs and Police Departments across the state in 153 counties. Most of these drug drop off locations are in operation 24 hours a day seven days a week. To view a complete list of the over 180 available drug drop box locations and hours of availability across the state, please visit the Georgia Prescription Drug Abuse Prevention Initiative (GPDAP) website. The GPDAP is a Rx drug abuse prevention initiative directed and implemented by The Council on Alcohol and Drugs. ONLY a certified law enforcement officer can handle and discard Rx drugs when they are collected from a drug drop box.

Benefits

- In most cases 24/7 access for residents
- Long term low cost or no cost

59

- Ease of disposal

Challenges

- Up front cost of box and signage
- Long term promotion

2) Community "Drug Take-Back Event"

Take Back Your Meds

Take Back Your Meds is a group of over 270 health organizations, police, drugstores, local governments, environmental groups, and others in Washington State who support medicine take-back programs to reduce access to highly-addictive drugs, reduce the risk of poisonings, and reduce environmental contamination. The 270 organizations support the creation of a secure, statewide medicine return program for unwanted medicines from households. Take Back Your Meds has a very informative website that includes some helpful information on "Medicine Disposal Myths and Facts" among other information sources such as "Why Participate in a Take Back Event?" and "What Can You Do?"

A Take Back Your Meds Day can be a great way to engage with the public and provide additional information on the benefits of safely disposing of unused or expired Rx and OTC medicines. These events can be very attractive to local businesses, industry, and healthcare partners which can greatly increase community participation.

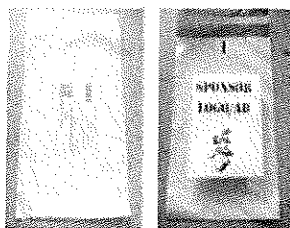
Benefits

- Support of a cleaner water supply
- Engaging one on one with the community to be the solution

Challenges

- Securing law enforcement to man the drug take back box
- Cost in people hours to promote the event

3) Mail-Back



Many mail back programs are provided by pharmacies, but for a price. The cost can average \$3.00-6.00 per envelope. The user simply discards the unwanted drugs into the envelope and places it in the mail.

Caution! – Do not use this option without using a legally approved envelope. You can only use a mail-back envelope that has been officially approved and certified by the Environmental Protection Agency (EPA), Drug Enforcement Agency (DEA), and the U.S. Postal Service (USPS).

Benefits

- Convenience to public
- Opportunity to provide additional information which is inserted in each envelope

Challenges

- Securing permits from EPA, DEA and USPS

4) Self Disposal: In Household Trash or Flushing of Certain Drugs

If no Drug Take-Back program is available in your area, consumers can follow these simple steps from the U.S. Food and Drug Administration (FDA) to dispose of a small number of drugs. This is an acceptable means to dispose of these drugs because they can be especially harmful and, in some cases, fatal in a single dose if they are used by someone other than the person for whom the drug was intended or prescribed. Please go to this website to see a list of drugs recommended for disposal by throwing in the household trash or flushing down the sink or in the toilet: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>. Below are directions to dispose of these identified drugs by either throwing them in the household trash or by flushing down the sink or toilet.

Disposal in the Household Trash

Step 1: Mix medicines (do NOT crush tablets or capsules) with an unpalatable substance such as kitty litter or used coffee grounds.

Step 2: Place the mixture in a container such as a sealed plastic bag.

Step 3: Throw the container in your household trash.

Flushing of Certain Drugs

There are a select number of drugs that can be disposed of by flushing them down the sink or toilet when they are no longer needed and when they cannot be disposed of through a drug take-back program. When you dispose of these medicines down the sink or toilet, they cannot be accidentally used by children, pets, or anyone else. You may have received disposal directions for these medicines when you picked up your prescription.

The information below describes the laws and policies in the state of Georgia that guide and govern the secure disposal of Rx drugs.

Attorney General of Georgia, Sam Olens

This web link provides helpful information about secure disposal of prescription drugs in Georgia.
http://law.ga.gov/00/article/0,2086,87670814_177825814_177904764,00.html

Secure and Responsible Drug Disposal Act of 2010

The authority to address each states prescription drug disposal needs and programming was given to the Attorney General by the Secure and Responsible Drug Disposal Act of 2010. In Section 1 (5) and (6) it reads: "(5) This Act gives the Attorney General authority to promulgate new regulations, within the framework of the Controlled Substances Act, that will allow patients to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner consistent with effective controls against diversion. (6) The goal of this Act is to encourage the Attorney General to set controlled substance diversion prevention parameters that will allow public and private entities to develop a variety of methods of collection and disposal of controlled substances, including some pharmaceuticals, in a secure, convenient, and responsible manner. This will also serve to reduce instances of diversion and introduction of some potentially harmful substances into the environment.

http://www.deadiversion.usdoj.gov/drug_disposal/non_registrant/s_3397.pdf

Home / FAQs / Collection Site Search

ARKANSAS TAKE BACK



HOME

Start Here

ABOUT US

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LEARN MORE

FAQ's, Facts, Info

RESOURCES

News, Video, Links

COLLECTION SITES

Drop Off Locations

CONTACT

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Locate a Collection Site Near You

Arkansas Take Back has over 150 collection sites around the state, chances are there is one close to you

[Find a Site](#)



Resources/News

Make sure you check out the resources section of our website for helpful and educational information about the growing problem in our state.



FAQ's

Our FAQ section of this website has answers to common questions you may have. Keep checking back, we update them regularly!



Myths & Facts

What are some of the common disposal myths? Find out the facts here.



Partners

Businesses and Organizations that have partnered with us on this initiative.



Helpful Links

Helpful links to other websites and information. Keep checking back, we are adding more links on a regular basis.



Media & Videos

Commercials, PSA's, and more about the Take-Back can be found here.

Latest from the AR Take Back

Saturday, April 25, 2015 -
Arkansas Prescription Drug
Take Back 10

📅 19-Mar-2015



We have a problem in
Arkansas

📅 24-Apr-2013

Our teenagers are dying from recreational prescription drug abuse

★ Our Mission

🔍 Q&A

By returning your expired or unused medications to Drug Take Back programs, you help Take Back Our Health, Our Environment, and Our Communities!

Prescription Drug Facts

"More than four in 10 teens (42 percent) who have misused or abused a prescription drug obtained it

"64% of teens (2 have abused pr relievers say th from friends or

- ✓ Prevent Youth Prescription Abuse
- ✓ Minimize Dangers
- ✓ Reverse These Consequences
- ✓ Control Pollution

- ✓ Eliminate Contamination
- ✓ Protect the Natural State

from their parent's medicine cabinet."

Want to Know More?
read more

Want to Know More?
read more facts

Our Partners



About Arkansas Take Back

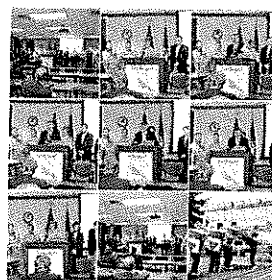
In 2010, a coalition led by State Drug Director Fran Fleher, Attorney General Dustin McDaniell and both Arkansas districts of the U.S. Attorney's Office launched an ongoing educational program to encourage everyone to "Monitor, Secure and Dispose" of their prescription medications. Numerous partners have made the success of this program possible.

📍 #1 State Police Plaza Drive
Little Rock, AR 72209
☎ 501-618-8693
✉ info@artakeback.org

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