

Vermont Permanent Prescription Drug Disposal System

Background

In 2014 through ACT 75, the Departments of Health and Public Safety were directed to provide recommendations on the design and implementation of a voluntary statewide drug disposal program. The need for a timely directive arose from numerous public health concerns including an increase in home burglaries, overdose by children and adolescents, and increased environmental contamination issues. The final legislative report provided guidance for current disposal options including 24 hour drop-offs, mail back programs, and law enforcement pick-up.

In 2016, within ACT 173, the legislature provided funding and support to develop and implement a state-wide drug disposal system. Through the pharmaceutical manufacturers fee, funds were directed to aid in drug disposal initiatives, prevention, and treatment. It also created a full-time position within the Vermont Department of Health to manage the development and implementation of the system while overseeing two state-wide media campaigns on the safe use of prescription drugs and the safe disposal of pharmaceuticals.

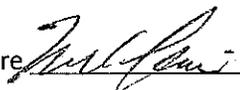
Methodology

In December 2016, the Drug Disposal Stakeholder Workgroup was formed to provide recommendations for the development of a state-wide prescription drug disposal system. The stakeholder group consists of a range of partners including prevention coalitions, law enforcement, independent and chain pharmacies, and Long Term Care Facilities. The workgroup has met on a biweekly basis to discuss and provide insight into barriers, assets, and resource gaps (see appendix B) that would need to be addressed to create a state-wide system. These recommendations were synthesized from the ongoing conversations and open discussions that occurred at the biweekly stakeholder meetings.

Recommendations

The stakeholders identified the need to work with existing disposal programs to create a statewide effective prescription drug disposal system. Until recently, the Drug Enforcement Administration (DEA) regulations prohibited other entities from collecting unused or unwanted medication. Law enforcement agencies have historically participated in prescription drug disposal through permanent drug disposal kiosks and/or by participating in the DEA National Take Back Days. Pharmacies, hospitals, and long term care facilities (LTCFs) have recently been provided guidance by the DEA to start collection activities through permanent on-site collection units. Law Enforcement, pharmacies, and others through the stakeholder meetings provided barriers encountered while developing disposal programs. Barriers included: space utilized by disposed pharmaceuticals in evidence lockers, security concerns, and financial resources to implement disposal activities.

The following recommendations provide guidance for aiding pharmacies, law enforcement, hospitals, and LTCFs for engaging in disposal activities or continue disposal programs.



Vermont Permanent Prescription Drug Disposal System

1) Law Enforcement: Support and evaluate the Law Enforcement Drug Disposal Pilot Project through the Lamoille County Sheriff Department.

The Drug Disposal Law Enforcement Pilot Project aims to reduce the barriers for law enforcement agencies to participate in drug disposal. The Lamoille County Sheriff Department (LCSD) will coordinate a statewide effort to ensure all law enforcement agencies, both local and state, have access to LCSD to dispose of unused or unwanted medications. LCSD will provide training on proper handling and transportation of disposed pharmaceuticals. The thirteen sheriff departments will work with local law enforcement in their region to collect disposed medication that will be handed off to the Lamoille County Sheriff Department monthly. The LCSD will collect and weigh medication and provide the state with monthly metrics reports. On the biannual DEA take-back days, the LCSD will coordinate handoff of medication stored within LCSD. LCSD will also phase in collection of mail-back envelopes from communities around the state to ensure all Vermonters have access to safe prescription drug disposal options.

2) Law Enforcement: Support funding opportunities through the state and non-state partners.

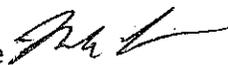
Many law enforcement agencies in the state have existing prescription drug disposal kiosks. However, in some rural communities with limited funding opportunities there is a need to expand disposal kiosks to rural law enforcement. The Drug Disposal Stakeholder Group supports the CVS grant initiative that provides disposal kiosks to law enforcement.

3) Pharmacies, Hospitals, and LTCF: Provide technical assistance and training to pharmacies, hospitals, and long-term care facilities.

Pharmacies, hospitals, and Long Term Care Facilities must adhere to DEA rules for prescription drug disposal. For many of these facilities, there are concerns and questions about safety and security, but also logistics of purchasing and disposal of pharmaceuticals after they are collected. They have also identified cost of disposal options as a concern for implementing or expanding their disposal program. Through the full-time program manager, the stakeholder group suggests ongoing technical assistance and ongoing training for pharmacies, hospitals, and long term care facilities. This will provide guidance and needed support to limit perceived barriers for addressing drug disposal in their communities.

4) Pharmacies, Hospitals, and LTCF: Provide financial resources to expand or implement disposal initiatives.

One concern facilities have expressed when implementing a drug disposal program or have considered implementing a program is the ongoing financial burden associated with disposal. Purchasing a disposal kiosk as a one-time purchase can cost up to \$1,000. A compounding issue is the lack of disposal container companies that provide the DEA compliant kiosks. After inner liners of disposal kiosks are full, they must be transported to a reverse distributor (a category of registration for persons handling controlled substances per the DEA) for ultimate destruction. Transportation costs for destruction of a single box's full inner liner ranges between \$100-\$150.



Vermont Permanent Prescription Drug Disposal System

The Drug Disposal Stakeholder Group recommends providing financial assistance to facilities for purchasing kiosks and up to one year of financial assistance for disposal costs. If there are opportunities for financial assistance, the stakeholder group suggests tiered support from the pharmacy and/or community for sustainability of the disposal program, gradually tapering to increased local responsibility for kiosk and resource funding.

5) Drug Disposal Tools: Sustain the Prescription Drug Disposal Map.

Through the Vermont Department of Health Prevention Consultants, Regional Prevention Partnership grantees, and 211, an interactive prescription drug disposal map was created and launched on the Vermont Department of Health's (VDH) website. This map was created to fill the identified gap that individuals and communities needed guidance to find and access disposal options in their regions. The Drug Disposal Stakeholder Group recommends ensuring the interactive map and webpage provide up-to-date information and is updated on a regular basis to ensure any changes within the community are reflected on the map. Ongoing maintenance and updating will be done through VDH.

6) Sharps Disposal: Support VT efforts in exploring opportunities for sharps disposal initiatives.

Whereas safe syringe disposal is an increasing public health and environmental concern, the Drug Disposal Stakeholder Group recommends researching best practices for syringe disposal programs and possible integration into the state-wide drug disposal system. The Drug Disposal Stakeholder workgroup will continue the syringe disposal conversation as the Sharps Disposal Workgroup.

Conclusion

Given the current opioid epidemic in Vermont, there has been increased interest from stakeholders across the state to invest in creative solutions. Although drug disposal initiatives are one piece to the puzzle, there are many areas of opportunity within a drug disposal system to fold in non-traditional partners.

These recommendations will provide a framework for the state to implement a state-wide disposal system that is effective and accessible for all Vermonters. The Drug Disposal Stakeholder Workgroup will continue meeting on a quarterly basis to provide guidance and support for ongoing disposal activities.

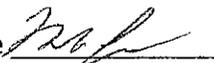


Vermont Permanent Prescription Drug Disposal System

Appendix A

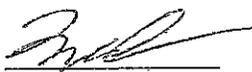
Drug Disposal Membership List

Barbara Cimaglio	VDH, Deputy Commissioner
Cindy Thomas	VDH, ADAP, Division Director
Lori Tatsapaugh Uerz	VDH, ADAP, Director of Prevention
Mariann White	VDH, ADAP, Prescription Drug Disposal Program Manager
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Ryan Mitofsky	VDH, ADAP, Prevention Consultant
Daniel Daltry	VDH, HIV/AIDS/STD/Hepatitis Program Chief
Song Nguyen	VDH, Viral Hepatitis Specialist
Nicole Rau	VDH, ADAP, CDC Manager
Hannah Hauser	VDH, ADAP, VPMS Manager
Mia Roethlein	DEC, Waste Management and Prevention Division, Solid Waste Program, Environmental Analyst
Debra Pierce	DEC, Waste Management and Prevention Division,



Vermont Permanent Prescription Drug Disposal System

	Environmental Engineer
Camille George	DAIL, Deputy Commissioner
Sheriff Roger Marcoux	Lamoille County Sheriff Department
Sergeant Thomas Mozzer	Vermont State Police, Drug Diversion Unit
Chief Paul Doucette	Chief of Police, Town of Bennington
Captain John Merrigan	Vermont State Police
Emily Marchinkowski	Rutland Pharmacy
Mike Leake	The Pharmacy, Inc
Kimberly Kaycee	South Western Vermont Health Care
Scott Tucker	Rutland City Police, Project VISION
Tina Van Guilder	Rutland Area Prevention Coalition
Traci Moore	Rutland Health Foundation; Rutland Project VISION
Mariah Sanderson	Director, Burlington Partnership for a Healthy Community
Cheryl Chandler	Regional Prevention Partnership Coordinator, Northeastern Vermont Regional Hospital
Barb Morrow	Director, Northeast Kingdom Justice
Maryann Morris	Executive Director, The Collaborative
James Marmar	VT Pharmacy Association
Peter Jacobsen	Executive Director, VT Cares
Gayle Finkelstein	Northern New England Poison Center
Sarah Hutchins	Director of Nursing, Wake Robin



Vermont Permanent Prescription Drug Disposal System

Heather Shouldice	William Shouldice and Associates
Sherry Callahan	Vermont Health Care Association
Devon Green	VAHSS
Jamie Feehan	Government Relations Director, Primmer Piper Eggleston & Cramer PC, Representing CVS



Vermont Permanent Prescription Drug Disposal System

Appendix B

Assets, Barriers, Gaps for Drug Disposal Program

ASSETS

- RPP Grantees
- Previous experience (Takeback Days)
- Partners (waste management, Law Enforcement, pharmacy board)
- Federal Partnerships (DEA), including incineration through drug takeback days
- Program manager
- Community support – highly utilized disposal
- Burlington Police – clear messaging
- Network of pharmacies (getting support from long-term care, hospitals, etc..)

BARRIERS

- Pharmaceutical drop box barriers
- Financial sustainability of disposal boxes/liners
 - Contract for 3 liners/year – Rutland needed 6- money doubled. Found co-host – cost share
- Laws for federal government (DEA Regulations)
- Security – need coverage
- Placement: large unit – staffed location, where to place it - liability (LEA and pharmacies)
- Housing meds in evidence lockers/pharmacy back-rooms

GAPS

- Funding to purchase boxes
- Readiness to install drop boxes
- Doctor, pharmacy and community education
- “Throwaway culture” – ownership of medication
- Big pharmaceutical is not at VT state table
- Transportation
- Education on where available sites are located (communication social campaign)
- Sharps disposal incorporation
- Location

Vermont Permanent Prescription Drug Disposal System

Appendix C

Relevant Webpages

Vermont Department of Health, Drug Disposal Webpage

<http://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal>

CVS Law Enforcement Grant

<https://www.cvs.com/content/prescription-drug-abuse/law-enforcement>

