

Program seeks to quell flushing of medications

By Joe Truini

BOSTON — The federal government still recommends flushing some prescription medications down the toilet, much to the chagrin of those concerned about keeping excess pharmaceuticals out of the water supply.

Addressing leftover medication is a complex issue. Dealing with the chemistry of various drugs, financing a recovery system and developing a program that is convenient, cost-effective and secure presents significant challenges.

"Pharmaceuticals will make electronics look like kids' stuff," said Scott Cassel, executive director of the Product Stewardship Institute during last week's Product Stewardship Forum in Boston.

The PSI is nearing the second phase of an initiative with the pharmaceutical industry to develop a system to recover leftover medications.

But even if they do, some medications will still be unrecoverable, and the federal government's best advice is old advice — flush them down the toilet.

The U.S. Drug Enforcement Agency prohibits the collection of Schedule II prescription drugs — medications the agency deems most addictive and most commonly abused: codeine, morphine, methadone, oxycodone and others.

"The way it's written, it seems to say that the only people who can take back a prescription drug after it goes out the door are law enforcement [personnel]," said Dave Galvin, manager for the King County, Wash., Department of Natural Resources hazardous waste program. "All we need is to have the law open the door a little bit."

The Schedule II drugs represent only about 5 to 10 percent of the medications prescribed in the United States, but this still throws a monkey wrench into collection efforts, Galvin said.

It has become more common for termi-

nally ill people to receive hospice care at home, and part of that care includes pain and other medications containing Schedule II drugs. In many states, even medical examiners can't legally handle those medications after a person dies.

That distinction makes it impossible, not to mention illegal, for local or national prescription drug take-back programs to recover those medications. Hence, the federal government still recommends disposing of those drugs the old-fashioned way, Galvin said.

"It's just this amazing thing, the only thing they can do with them is flush them down the toilet," he said.

Galvin was instrumental in developing a prescription drug take-back pilot program in Washington working with several pharmacies. Collectors under the Washington pilot program advertise that they are not allowed to accept Schedule II drugs, but they still receive a tiny amount, Galvin said. When they do, they must call law enforcement to come pick up the material.

They have asked the federal government for a waiver to be able to collect and properly dispose of the medications but were denied permission, Galvin said.

"The DEA employees that we were involved in discussions with seemed to be very supportive, but their attorneys said the law did not allow them to even issue a waiver," he said. "So we were stuck."

Galvin and the PSI are pursuing the matter with members of Congress, the DEA and the U.S. EPA to try to change federal regulations to allow take-back programs to accept Schedule II medications.

"If we could get a general agreement about what a change might look like, then it might be relatively straightforward to get that through," Galvin said. ■



Galvin

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