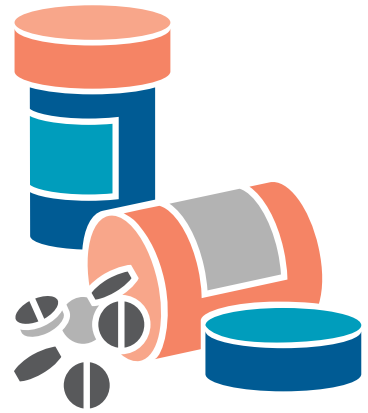


SAFE DRUG DISPOSAL

A Guide for Communities Seeking Solutions



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INTRODUCTION

*Prescription drugs have changed American health care. Today, almost half of all Americans use at least one prescription drug, and more than 10 percent use five or more.*¹

In 2014, more than 4 billion retail prescription drugs were filled by pharmacies in the United States.² This abundance of modern medicines has allowed many people to live longer, healthier lives.³



These benefits come with costs and tough questions: When a drug is no longer needed, wanted, or useful, how do consumers get rid of them safely? Why does it matter that they do? Why should your community be concerned about this issue?

The proper disposal of drugs is important because some contain powerful chemicals that can be used accidentally, leading to overdoses. Some can be abused intentionally to get high. Others can damage the environment. This is an issue for communities because they bear the cost of law enforcement, health care, and environmental protection.

In short, just as prescription drugs are prescribed carefully, they must be disposed of carefully.

BACKGROUND

Drug take-back programs have existed for more than a decade. However, many were hampered by the inability of pharmacies to accept the return

of controlled substances, which are drugs that have some potential for abuse.

Congress passed the Secure and Responsible Drug Disposal Act of 2010 in response to non-medical prescription drug use and the overdose epidemic. This law directed the Drug Enforcement Administration (DEA) to develop rules and regulations that would make it easier for communities to organize take-back events and easier for consumers to participate in these programs. Before this, it was illegal to collect controlled substances.

On September 8, 2014, the DEA issued a final rule regarding the disposal of pharmaceutical controlled substances. The new rule opens up options for disposal, to include expanded use of the mail, secure drop boxes, and other disposal systems. DEA has held drug disposal or “Take-Back” days approximately every six months that have resulted in millions of pounds of prescription drugs being properly disposed. Pharmacies, state and local governments, and other non-profit organizations now have an opportunity to build upon DEA’s efforts and develop ongoing disposal programs. Local communities are best positioned to develop disposal programs that can best meet their needs and be in compliance with local environmental regulations.

ABOUT THIS GUIDE

This guide is intended to be an introduction to the issue of safe drug disposal programs. It is written to help community officials and organizers design a safe drug-disposal program for their community. This is a complex issue and this guide is not intended to be comprehensive. However, it should provide a solid start for those who are concerned about this issue and wish to act to protect their community.

The DEA’s final rule does allow certain health care providers to participate in take-back programs, such as long-term care facilities and narcotic treatment programs. However, this guide will focus on participation by pharmacies, law enforcement and consumers.

WHY DOES SAFE DRUG DISPOSAL MATTER?

Some consumers may ask – why should I get rid of prescription drugs that I've paid for? What if I need them someday?

The simple answer is that unneeded prescription drugs create risks to the people who possess them, their loved ones, and their community. Here are some common risks:

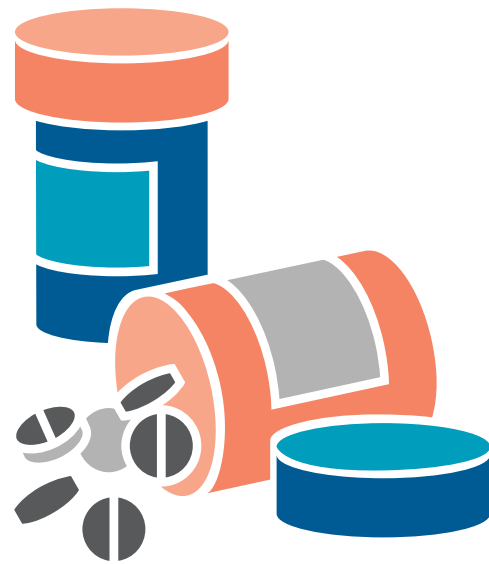
ACCIDENTAL USE

Accidental drug overdose is one of the most common sources of household injury. In 2009, 824 U.S. children died and an additional 116,000 were treated in hospital emergency departments due to poisoning. In 2008, U.S. poison control centers received more than 1.6 million calls for children younger than 20 years of age. Almost 80 percent of these calls were for children younger than 5 years old. Young children are especially at risk for unintentional exposure to prescription and over-the-counter medications. The number of poisoning deaths among children has doubled since 2000. Nearly all of the additional deaths occurred among teens. Poisoning was second only to motor vehicle crashes as a cause of unintentional injury death among teens 15 to 19. The rise in teen poisonings is partly due to the recent dramatic increase in unintentional prescription drug overdose deaths among this age group.⁴ All drugs should be safeguarded. An important part of safeguarding is getting rid of them when they are no longer needed.

INTENTIONAL MISUSE

Prescription drugs – especially controlled substances, such as pain medications – can be intentionally misused to get high. Drug use by teens is especially concerning as it can lead to the development of a chronic substance use disorder. In 2013, findings from the Partnership Attitude Tracking Study, sponsored by MetLife Foundation, show that one in four teens has misused or abused a prescription drug at least once in their lifetime. Teens' primary source for the medicines

they misuse isn't a drug dealer – it is friends, their home medicine cabinet or their friends' home medicine cabinet.⁵



HEALTH RISKS

Keeping drugs in the home beyond the time when they are needed or wanted poses health risks. Expired drugs may not only be ineffective, they can be harmful to the user. Sharing medicines can lead to dangerous health consequences. For example:⁶

- **Different doses:** Drugs are prescribed in different dosages with different instructions based on the individual. So even if a person has a prescription for the same drug you planned to share with them, their doctor may have them on a different dose or medication schedule.
- **Serious side effects:** All medications can have side effects, which doctors take into consideration when they choose a certain medicine for their patient. Medications will have different results for each person, based on their health needs and how they interact with other medicines.
- **Drug safety:** The medications dispensed by licensed pharmacies are subject to strict regulations for quality and safety. When medicine is shared, the user cannot always confirm its safety or ingredients.



What is an Ultimate User?

An “ultimate user” is the term that the DEA uses for “a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or a member of his household.” Only “ultimate users” can dispose of drugs through safe drug-disposal programs.

A person may become an “ultimate user” of drugs if they inherit them from a relative who has passed away. Also, a long-term care facility may dispose of a current or former resident’s pharmaceutical controlled substances.

However, individuals or groups cannot collect drugs on behalf of their friends and neighbors and bring them to a safe drug-disposal program.

SAFETY RISK

The presence of prescription drugs can make your home a target for burglary or home invasion. A recent study found that half of the burglars interviewed said that once inside a home, they are on the lookout for prescription drugs.⁷

ENVIRONMENTAL DAMAGE

Medicines that enter the environment can have a negative impact, especially on fish and amphibians (such as frogs and toads). This in turn can have an effect on other species. Most wastewater treatment facilities cannot filter out many drugs. Scientists at the University of Wisconsin-Milwaukee recently measured concentrations of pharmaceuticals in Lake Michigan. They had thought that any drugs that were present would be highly diluted and not measurable. To their surprise, they found evidence of 32

pharmaceuticals and personal-care products in the water, and 30 in the lake’s sediment. Of these, 14 were measured at concentrations considered to be of medium or high risk to the ecosystem.⁸ For all of these reasons, safeguarding medications in the home and disposing of them properly is extremely important to protecting families and communities.

WHAT IS A SAFE DRUG-DISPOSAL PROGRAM?

Safe drug-disposal programs – sometimes called drug take-backs – give consumers (“ultimate users”) ways to safely remove unwanted prescription drugs from their homes.

“Disposal” means that the drug can no longer be used and it is disposed of in a way that it is safe for the environment.

According to DEA standards, proper, safe disposal requires controlled substances to be rendered “non-retrievable.” This means that it is impossible for the controlled substance to be reconstituted and misused. Additionally, the method used must not be able to be reversed. The DEA has not established a single method for the destruction of controlled substances, but the way that the drug is destroyed must render the controlled substance non-retrievable.

A safe drug-disposal program has three elements:



1



2



3

1). Collection: The way that drugs are delivered from the consumer to the DEA authorized collector;

2). Destruction: The way that drugs are moved from the DEA authorized collector to the destructor and are destroyed; and

3). Promotion: How communities are educated about the importance of drug disposal.

COLLECTION

There are two primary ways that drugs can be collected at the community level:

1). Stationary drop boxes can be located on-site at pharmacies that are authorized DEA registrants and where allowed by state law or law enforcement agencies. (A registrant is any person or entity that is authorized to handle controlled substances.)

Drop boxes must:

- Be securely fastened to a permanent structure
- Be securely locked and built with substantial materials
- Have a small opening so that materials deposited in the box cannot be removed by a member of the public (similar to a mailbox)

They should be indoors and within the line of sight of a pharmacy employee or law enforcement official. To participate in a safe drug-disposal program as a collector, pharmacies must modify their DEA registration. This can be done online at <http://deadiversion.usdoj.gov/>



Please note that the DEA registrant must place the receptacle and is totally responsible for its operation and maintenance. Community groups or other non-registrants cannot place receptacles in a pharmacy and manage it.

2). Take-back events can be held at any location in a community that is convenient to the public. Law enforcement must be present at the take-back event and must maintain custody and control of the controlled substances collected. Collected controlled substances should be secured in a locked room prior to their transportation or shipment to a waste facility.

In both situations, there should be a representative of the collector who can interact

with the consumer before they can reach the receptacle (such as a law enforcement officer or pharmacy employee). They can explain the program and prevent improper materials from being placed in the receptacle.

It is important to note that eight states (Delaware, Georgia, Hawaii, Minnesota, Missouri, Nevada, New York, and Oklahoma) prohibit the return of prescription drugs to pharmacies.



What are Controlled Substances?

Controlled substances are drugs that have some potential for abuse or dependence. These drugs are regulated by the federal Controlled Substances Act (CSA), which helps the U.S. government fight against the misuse and abuse of these drugs. Before a drug can be prescribed it must be approved by the Food and Drug Administration, but the DEA is responsible for placing the drug on one of five schedules, from Schedule I, which consists of illegal drugs, to Schedule V, which may lead to limited physical dependence or psychological dependence. Cough medicines with codeine are examples of Schedule V drugs. Schedule I controlled substances – illegal drugs – cannot be collected through safe drug-disposal programs.

State and local laws, as well as the policies of reverse distributors (companies hired to pick up and transport drugs to a waste facility) and disposal facilities, may require controlled substances to be handled differently than non-controlled substances.

More information about controlled substances is available on the DEA website (www.deadiversion.usdoj.gov/schedules).

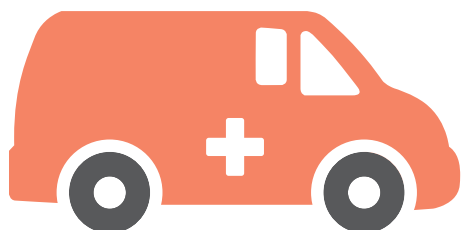
DEA registrants – for example, a pharmacy – cannot add their own stock or unused inventory to collection receptacles. The receptacles are intended for the disposal of drugs from ultimate users only.

- The receptacle you use should have a special, DEA-approved liner.
- The liner should be waterproof, tamper-evident and tear-resistant.
- It should be removable and sealable without needing to empty or touch the contents.
- Contents should not be viewable from outside when sealed.
- Liner size should be clearly marked on the outside (e.g., 5-gallon, 10-gallon).
- The outside of the liner should have a unique identification number.

When the liner is removed for disposal, two employees of the collector must be present to ensure that the contents are secure and the liner must be sealed immediately. Registrants must keep a record of the employees who remove, secure, and transport the liner. All required federal and state paperwork must be completed.

DESTRUCTION

Collected controlled substances must be transported to an entity that can properly destroy them. EPA recommends incinerating collected pharmaceuticals but allows other methods of disposal. State and local governments may also establish their own recommendations or requirements for disposal of pharmaceuticals.



Pharmacies and other DEA authorized collectors can work with a reverse distributor to achieve this goal. A reverse distributor is a company



Which Drugs to Collect?

One important consideration when you design your program is to decide which drugs you will collect. DEA regulations allow you to collect both prescription drugs and over-the-counter (OTC) drugs in the same receptacle. Co-mingling of controlled and non-controlled prescription drugs and OTC drugs makes the process much easier for consumers. However, if drugs are co-mingled, they must all be treated as controlled substances.

Most medical products and equipment should not be collected, such as syringes, thermometers (which may contain mercury), aerosol products, and products that contain a high amount of alcohol. Illegal drugs (including marijuana) should also not be collected.

that is hired to pick up and transport controlled substances to a waste facility. Reverse distributors must be registered with the DEA. Waste management facilities and reverse distributors both charge for their services. Some charge by weight, while others charge by the number of liners used in a given period of time.

Another approach is to wait for a DEA-sponsored Take-Back Day. The drugs that are collected can be transported by law enforcement to a DEA designated site, where the DEA will manage the transport to an incinerator for the drugs to be properly destroyed. The challenge with this approach is that DEA Take-Back events only occur twice a year (at most) and collected controlled substances must be securely stored between Take-Back events. DEA may discontinue these events in the future. Thus, the best course of action is to develop a program that will work for your community.



Finding a Solution for Your State

To date, safe disposal programs have been implemented at the municipal level, often by county governments. All of the municipalities in your state are governed by the same state laws and, of course, the same federal laws.

Therefore, when designing a community-based program, it may be worthwhile to partner with your state officials, other municipal governments, and non-profits to develop a model that can work for most of the communities in your state. You can involve representatives from your governor's or attorney general's office, members of your legislature, state departments of health and environmental protection, association of law enforcement agencies, boards of pharmacy, association of counties, and non-profits that work on environmental or substance use issues. Working together, you can identify common obstacles to implementation and develop ways to overcome them. You may also find the need for changes in state laws or policies to help you take advantage of the DEA's final rule on drug disposal.

Another consideration is to form a small working group that can investigate the issue and find what is already working in your state. The working group can share its findings with stakeholders so that people that are implementing programs can take advantage of knowledge and insight from across their state.

PROMOTION

One of the most important aspects of a safe drug-disposal program is educating consumers about its availability and importance. Any program should be promoted effectively in your

community. Learn more about promotion in the **Promoting Safe Disposal Programs** section below (p. 11).

OTHER WAYS TO DISPOSE OF DRUGS

Mail-back: Mail-back programs allow consumers to put their unwanted medications in a special package that is shipped back to a DEA authorized collector, which then processes the destruction of the drugs on site. If a pharmacy makes mail-back packages available, it does not need to modify its DEA registration (unlike providing a drop-box, which does require modifying registration). A drawback of this approach is that the consumer often bears the cost of the mail-back package.

Neutralization: Another approach is the use of specially designed packages that a consumer can use to neutralize the drugs and render them non-retrievable. An advantage of this approach is that it can be implemented by consumers directly.

The next two approaches are not recommended, but are preferable to simply putting unwanted medicines in the garbage or keeping them in the home. However, the downsides of these approaches make the need for an effective, community-based safe drug-disposal program all the more pressing.

Mixing: If a take-back program is simply not feasible in your community, consumers can dispose of unwanted drugs through the following steps:

- Remove labeling from the pill bottle.
- Do not crush the pills or open capsules.
- Mix the drugs with an unpleasant substance, such as kitty litter or coffee grounds.
- Put the drugs and unpleasant substance in the garbage separate from the pill bottle.

Flushing: For most drugs, flushing is not recommended. Flushed drugs – especially controlled substances – can damage the environment when they hit the water supply. As with mixing, consumers should remove their personal information from pill bottles before they are thrown out.

The federal regulations have been written to allow innovations in the way that drugs can be collected and destroyed. However, any method of destruction used to destroy collected controlled substances must render the controlled substances non-retrievable.

WHO IS INVOLVED IN SAFE DRUG-DISPOSAL PROGRAMS?

Safe drug-disposal programs sit at the intersection of several public safety concerns: public health, the environment, product safety, law enforcement, transportation, and others. The following are the Federal agencies involved in regulating safe drug disposal and the websites where you can find more information about their role:

DRUG ENFORCEMENT ADMINISTRATION (DEA)

The mission of the DEA is, in part, to enforce the controlled substances laws and regulations of the United States. The DEA regulates safe disposal programs in order to limit access to controlled substances so they are not misused and to prevent the development of a substance use disorder, overdose, and illicit trafficking of these drugs. Any person or entity that handles controlled substances – from manufacturers to prescribers to pharmacies – must register with the DEA. The DEA has more information at www.deadiversion.usdoj.gov/drug_disposal/

FOOD AND DRUG ADMINISTRATION (FDA)

The FDA is the federal agency that is entrusted with protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA has developed guidelines on drug disposal that can be found at www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm

ENVIRONMENTAL PROTECTION AGENCY (EPA)

The mission of the EPA is to protect human health and the environment. The EPA governs waste-disposal facilities, waste-treatment programs, and takes other actions to protect the environment. The EPA has published guidance on drug-disposal programs at www2.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines

DEPARTMENT OF TRANSPORTATION (DOT)

The U.S. Department of Transportation is responsible for ensuring a fast, safe, efficient, accessible, and convenient transportation system. This role includes ensuring that potentially hazardous materials – which include unwanted medications – are moved across the nation's transportation system in a manner that is safe for individuals and the public at large. The DOT's guidance on compliance with hazardous materials transportation can be found here: www.fmcsa.dot.gov/regulations/hazardous-materials/how-comply-federal-hazardous-materials-regulations

In addition to Federal agencies, states and territories have laws and regulations that may affect the design of your safe drug-disposal program.

States can adopt laws that are more protective than federal law, but not less so. Counties and municipal governments may have their own laws as well. Some of the entities you may encounter at the state level include the office of the state attorney general, your state environmental agency, board of pharmacies, department of health, state drug enforcement agencies, and other law enforcement agencies. Your community's drug-disposal program must follow state law as well as federal law.

Finally, your safe drug-disposal program may be challenged in the courts. Implementation of safe drug-disposal programs is a relatively new area of law, so a stakeholder that feels that its

interests are threatened by your program may take legal action. Alameda County, California, and King County, Washington, sought to implement programs that would be funded through a “stewardship” program that would be financed by pharmaceutical manufacturers.

This resulted in a lawsuit against Alameda County, but Federal District and Circuit Courts upheld Alameda County’s ordinance. This year, the U.S. Supreme Court refused to hear an appeal on the matter, suggesting that this model may be useful for other locales interested in funding disposal programs. Alameda County, King County, and other local governments are now working toward implementing stewardship drug disposal programs.

The number of government agencies that can be involved in drug-disposal programs should not be seen as an obstacle. Each has its own role to play in protecting the public, and all are committed to ultimately helping to implement a program that promotes community health and safety.

HOW CAN COMMUNITY OFFICIALS AND ORGANIZERS BUILD SUPPORT FOR SAFE DRUG-DISPOSAL PROGRAMS?



Most members of your community have drugs in their home and every member of your community

is affected by the environment. Therefore, you should cast a wide net to bring in all the stakeholders who can support your safe drug-disposal program. Participants can include, but are not limited to:

- Pharmacies, including both locally owned and chain pharmacies
- Representatives of local government: A consideration is the geographic scope of your program. Will it be for your town or city, or for your whole county?

- Representatives of the state agencies listed earlier: Your state may have different agencies that may also have jurisdiction over safe disposal programs.
- Your community’s public health department
- Members of your medical community
- Representatives of law enforcement
- Non-profit organizations that work on environmental issues
- Organizations that treat persons with substance use disorders and provide other recovery services
- Local Drug-Free Community Coalitions: These federally funded community-based coalitions organize to prevent youth substance use but also participate in drug disposal programming
- Representatives of senior citizens groups, nursing homes, and hospice care providers: Senior citizens have a disproportionate number of medications in their home. Helping seniors understand how to properly dispose of medications can make a big difference in the success of your program. Hospice programs can help family members understand how to properly handle the medications they inherit when a loved one passes away.
- Waste management agencies and companies
- Your municipality’s attorney: A city or county attorney can help make sure that your program is in compliance with state and federal law.

After you gather your stakeholders, you may wish to form smaller committees that can tackle components of your program. Then you can come together on a regular basis to push your program toward implementation.

By creating a group with diverse perspectives you will be able to anticipate many concerns or questions that arise. It is likely that you will have a range of opinions about the best course of action. You may wish to bring in an impartial entity who can mediate any disputes that may arise. Facilitating agreements early in the process is preferable to launching a program that lacks broad-based support.

PROMOTING SAFE DRUG-DISPOSAL PROGRAMS

You can design the best possible disposal program, but it will only succeed if the public is aware of it and motivated to participate.

Your communications strategy should have three components: audience, message, and means.

1). Audience: Who are you talking to? Clearly, anyone who has prescription medications in their homes can be part of your audience. Some members of the community may have more prescription medications in their home than others; may need the information more than others; and may be more motivated than others. One group you may wish to target is senior citizens, who are more likely to have medicines in their homes. Another is parents of children living at home.



2). Message: What message do you wish to communicate? The essential components of your message are who, what, when, where, why, and how. You audience will want to know who is involved in the program, what kind of drugs they can return, and when and where drugs can be returned. You should also communicate how drugs should be disposed of. Are you collecting both prescription and OTC drugs? Should they be packaged in a special way? Are you using a fixed receptacle or a mobile take-back program? Think of the details that the consumer needs to know to participate. The “why” may differ depending on your audience: The “why” for a PTA group may differ from the “why” for senior citizen group or an environmental organization. Which “why” will motivate each segment of your audience to participate?



3). Means: What means do you have to communicate your message to your audience? Which will be most effective?



■ **Online:** Safe disposal programs can be complex,

and it is worthwhile to have one website where your audience can go to learn more about your program. Websites can be relatively inexpensive to build. You may be able to find a government partner who will allow you to put your information on their site. Web addresses should be short and memorable; and the web address should be repeated every time you are communicating your message.

- **Public service announcements (PSAs):** An effective radio or television message can reach a wide audience. If you have little or no budget to pay for advertising, you can ask media organizations in your community to play the message as part of their mandate to serve the public. Some media outlets may even help you create a PSA.
- **Government communications:** Most municipalities and school districts have websites, newsletters, and other forms of communication. Work with the professionals who manage these communications tools to include information about your program.
- **“Earned” media:** Earned media usually means news stories or editorials. It is called “earned” because you need to work with the news department of your local media to get the story placed.
- **Community presentations:** Many community organizations provide opportunities for guest speakers. This can be a chance to deliver information about your program in greater detail than you would be able to in an article or television news story. It also provides you with the opportunity for you to hear and respond to questions from the public, which can help you identify any misconceptions about your program.
- **On-site messaging:** Participating pharmacies and law enforcement agencies may also be able to promote the program through signage. Pharmacies can include information about disposal when a prescription is filled.

The ways in which you can communicate with members of your community are limited only by your resources and creativity. An important point to remember is that you are trying to inform

and motivate the people in your community – the communications plan for a big city will be different than the plan for a rural county. Your communications plan should not be the last thing you work on after you’ve designed your program. It should be something you work on from the beginning.

SUMMARY

There is no single solution to the disposal of the billions of drugs in America’s medicine cabinets. Each community will help develop its own answers and be part of the solution.



As you work to design your community’s program, here are some key issues to consider:

- Determine the most important audience for your messages about safe disposal.
- Identify who should be at the table when you develop a plan.
- Research to see if another community in your state developed a successful program. What elements of their program can you emulate?
- Determine the geographic scope of your program.
- Find out what the state and local laws are that govern your program.
- Ask how the program will work. Will you use drop-boxes, take-back days, mail-back programs, or some combination of these? Please note that only DEA registrants and law enforcement may utilize drop boxes to collect controlled substances.
- Determine who can authorize your program.
- Outline when your program will start. How will it be maintained?
- Create goals. How will you measure the success of your program?
- Help the public understand the importance of your program and their participation.

These are just a few of the issues to consider when starting the program, but answering them will put you on a path toward making your community healthier and safer for generations to come.

If you have any questions or comments about this guide, please e-mail webmail@drugfree.org and include ‘Safe Drug Disposal’ in the subject line.

RESOURCES

For more information, visit the White House Office of National Drug Control Policy at www.whitehouse.gov/ondcp

FEDERAL AGENCIES



Drug Enforcement Administration
http://deادiversion.usdoj.gov/drug_disposal/

Food and Drug Administration
www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm

Environmental Protection Agency
www2.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines

Department of Transportation
www.fmcsa.dot.gov/regulations/hazardous-materials/how-comply-federal-hazardous-materials-regulations

GENERAL

- **Aware Rx.** This is a program of the National Association of Boards of Pharmacies Foundation: www.awarerx.org
- **Dispose My Meds.** Developed by the National Community Pharmacists Association and Foundation: www.disposemymeds.org/
- **American Medical Chest Challenge.** This is a community-based public health initiative with law enforcement partnership. It is



designed to raise awareness about the dangers of prescription drug abuse and provide a nationwide day of disposal – at a collection site or in the home – of unused, unwanted, and expired medicine that will be held on the second Saturday of November each year in communities across the country:

www.americanmedicinechest.com/

- **Rx Drug Drop Box.** Developed by the National Association of Drug Diversion Investigators: <http://rxdrugdropbox.org/>

STATEWIDE INITIATIVES

The following are examples of programs that are working to establish statewide solutions for safe drug disposal.

- **Washington State's Take Back Your Meds:** www.takebackyourmeds.org/
- **Arkansas Take Back:** www.artakeback.org/
- **Oregon Drug Take-Back and Disposal:** <https://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/SourceWater/Pages/takeback.aspx>
- **Indiana Bitter Pill:** www.in.gov/bitterpill

SUBSTANCE ABUSE

The Partnership for Drug-Free Kids has developed a website dedicated to the issue of reducing teen medicine abuse. This site can be very helpful in making the case to your community that unwanted drugs should be removed from homes:

www.drugfree.org/MedicineAbuseProject

ENVIRONMENT

Great Lakes Clean Water Association promotes the collection and disposal of unused/unwanted drugs in a safe and approved manner to keep harmful effects of drugs out of ground water, surface water, and municipal water systems in Michigan and the Great Lakes region:

www.greatlakescleanwater.org/who-we-are/

The Product Stewardship Institute (PSI) is a national nonprofit committed to minimizing the negative health, environmental, and economic impacts of consumer products and packaging:

www.productstewardship.us

IMPLEMENTATION

National Conference of State Legislatures (NCSL) has developed a report on state laws governing prescription drug return, reuse, and recycling: www.ncsl.org/research/health/state-prescription-drug-return-reuse-and-recycling.aspx

END NOTES

- ¹ National Center for Health Statistics. "Health, United States, 2014: With Special Feature on Adults Aged 55-64." Hyattsville, MD. 2015. www.cdc.gov/nchs/data/abus/abus14.pdf#085
- ² The Henry J. Kaiser Family Foundation. "Total Number of Retail Prescription Drugs Filled at Pharmacies." <http://kff.org/other/state-indicator/total-retail-rx-drugs/>
- ³ National Institute on Aging. "Living Long & Well in the 21st Century: Strategic Directions for Research on Aging." www.nia.nih.gov/about/living-long-well-21st-century-strategic-directions-research-aging/introduction
- ⁴ Centers for Disease Control and Prevention. "Protect the Ones You Love: Child Injuries are Preventable." www.cdc.gov/safekids/NAP/background.html
- ⁵ Partnership for Drug-Free Kids. "The Partnership Attitude Tracking Study: Teens and Parents 2013." <http://www.drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>
- ⁶ A Healthier Michigan. "The Dangers of Sharing Medicine." February 1, 2015. www.ahealthiermichigan.org/2015/02/01/the-dangers-of-sharing-medicine/
- ⁷ The University of North Carolina at Charlotte Department of Criminal Justice & Criminology. "Understanding Decisions to Burglarize From the Offender's Perspective." December 2012. <http://airef.org/understanding-decisions-to-burglarize-from-the-offenders-perspective/>
- ⁸ The Scientist. "Drugging the Environment." August 1, 2015. www.the-scientist.com/?articles.view/articleNo/43615/title/Drugging-the-Environment/

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