



# NASCSA

National Association of State  
Controlled Substances Authorities

NASCSA CONFERENCE  
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## Issues for Drug Take- Back Programs

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# OVERVIEW

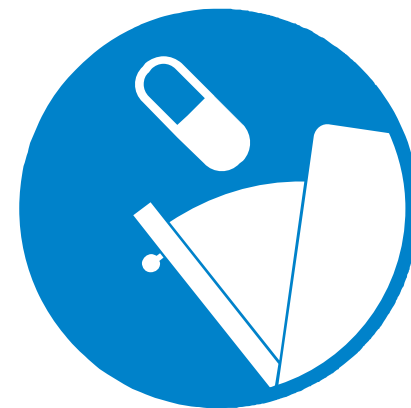


- Current Federal Landscape
- Current State/Local Regulatory and Legislative Landscape
- What are the real and perceived challenges to take back programs?
- Where do we go from here??
- Questions



# Current Federal Landscape

- EPA - Original issues were environmental impact (2002)
- DEA Regulations
  - DEA regulations effective September 2014
  - DEA does not approve destruction methods
  - Guidance documents provided in Fall 2014
  - No new guidance since
- Federal Opioid Abuse Legislation and ongoing Bipartisan Support
  - Sweeping Extended Producer Responsibility (EPR) legislation not likely to go through in this political climate
  - Medicaid monitoring helps to decrease opioid prescribing
- Most of the activity at State/Local levels



# Current Federal Landscape



## Opioid Commission Overview:

- March 29<sup>th</sup> White House announced creation of the *President's Commission on Combating Drug Addiction and Opioid Crisis*
- Lead by NJ Governor Christie
- Commission continues to move forward slowly
- Aug 10<sup>th</sup> Trump declared "national emergency" – National Emergency Declared –there has been no documents drafted or issued to make it official or to identify plan
- Draft report was issued during the second meeting on July 31<sup>st</sup> - final report due out November 2017
- Draft - Does not discuss take back programs – final report will likely
- Letter from Senator Grassley and Ernst urged commission to add take back programs to the commission report
- GAO was asked to conduct study on effectiveness of take back programs – that report on take back programs are due out in October 2017

# Current State/Local Regulatory and Legislative Landscape

- Original state/local legislation started with protecting environment – water ways
- Today legislation centered around drug abuse and prevention
- Allows for safe take back programs and handling
- Changing of regulations/legislation to allow for healthcare facilities/pharmacies to be able to take back drugs (BOP)
- Defining liabilities and responsibilities
- Providing for funding for programs

# Current State/Local Legislative Landscape

## State Legislative activities for 2017: Total Bills 70

- Failed: 6
- Final/Pending Signature: 19
- Pending/Conference: 32
- AZ SB 1134 – pending: requires anyone managing drugs must have a BOP permit.
- CT HB 5077 – 7/6/17: 50 retail locations set up drug disposal services and 50/yr after
- CT HB 7052 – 6/30/17: LTCF staff/nurses can destroy CS for the patient
- CT SB 844 – 7/1/17: provide syringes/disposal for pregnant women
- FL SB 474 – 7/1/17: LTCF/hospice nurses/staff to destroy CS for patient
- IL HB524 – 8/22/17: allows city to have take back receptacle and requires them to provide public education and outreach
- IL HB 706 – 8/25/18: Nurse can dispose of CS at death scene without liability so long as it is done in good faith
- IA SF 484 – 7/1/17: updates to include provider: BOP can contract with other providers for take back programs
- NE LB327 – allocates \$300K for drug disposal programs

# Current State/Local Legislative Landscape

## State Legislative Activity Continued:

- NV SB91 – 5/26/17: drug donation program
- NV SB 171 – 10/1/17: pharmacies must display drug disposal options
- NJ AB 837 – pending approval: hazardous drug safety handling act – requirements for the safe handling of hazardous drugs; requires full program
- NJ SB 2970 – 10/19/17: hospitals can accept controlled substances from patients but requires programs and policies to be developed
- NY AB3004 – 4/17: \$1M allocated to drug collection programs
- NC HB 243 – 6/30/17: hospice can dispose of controlled substances
- NC SB 257 – 6/22/17: by 12/1/17 DHHS provide report of options for safe disposal of drugs in the state
- SC HB 3827 – pending approval: collectors can apply; DHEC to develop guidance
- TX HB 2561 – 9/1/17: Donation programs

# Current State/Local Regulatory Landscape

## State Regulations

- CA Board of Pharmacy – Pending: Provides for overall requirements for take back programs including what the pharmacies/hospitals/clinics/skilled nursing can do; stipulates how to conduct programs, manage mail back and collection receptacles
- CO Department of Public Health and Environment– Effective 7/1/2016: Provides for definitions, standards for participants, collectors/transport/destruction operations, sets standards for collection methods, receptacle requirements, liner requirements; very specific and thorough and most comprehensive from a cradle to grave responsibility outline
- CO Board of Pharmacy – Effective 11/14/2016: Provides definitions and identifies for pharmacies more specifically how drugs are to be returned, storage of drugs, packaging and labeling.



# Current State/Local Regulatory Landscape

## State Regulations

- GA Department of Public Health – Effective 3/6/2017: Defines how donated drugs will be managed by pharmacies including criteria, distribution, and recordkeeping amongst others
- ID Board of Pharmacy – Pending: Removes the restriction of drug take back programs in pharmacies
- MO Board of Pharmacy – Effective 3/3/2017: allows pharmacists to collect medication for destruction and allows for collection programs (specifies that they are voluntary only)



# Current State/Local Regulatory Landscape

- OH Board of Pharmacy – Final 2/1/2017 – 3/1/2017: Several provisions and sections of the regulations were modified for pharmacies; updated definitions, procedures and documentation, but most significant was allowing for medication to be returned to the pharmacy
- OK Bureau of Narcotics and Dangerous Drug Control – Final 9/11/2016: Updated to be consistent with federal regulations
- OR Board of Pharmacy – Final 2/23/2017: Updated to come into compliance with DEA; requires that any drug take back program, donation center or dispensary notify BOP
- WV Board of Pharmacy – Final 7/1/2016: Updated to be consistent with federal regulations and removed prohibitions to allow pharmacies to conduct take back programs



# Current State/Local Regulatory Landscape

- Alameda County – Extended Producer Responsibility (EPR) ordinance
- Several counties in CA and WA now have EPR laws (Examples: Santa Barbara, Santa Clara, LA County ongoing, etc.)
- Most recent Rockland County in NY – Requires EPR; requires pharmacies that have three or more stores in the US
- MA passed statewide legislation for EPR for controlled substances - VT followed with similar legislation
- **Laws and ordinances vary greatly**
  - **Creates patchwork of requirements**
  - **Increases cost**
  - **Difficult for national companies (both the pharmacies and disposal facilities)**
  - **Some require incineration at a hazardous waste destruction facility**

**In in all currently there are 13 counties, two cities, and two states that require pharmaceutical manufacturers EPR to fund and/or manage drug take-back programs**

# What are the real and perceived challenges to take back programs?

- Three main challenges at the program level for facilities:
  - Non-Retrieveable definition
  - Risk and Fear
  - Cost
- Overcome regulatory challenges
  - DOT Special Permit required
  - EPA house hold exemption regulations – states may not accept
  - Challenges with patchwork of regulations state by state
  - Final Destruction location concerns
- Reality of Costs



# Where do we go from here??

- Continue to provide education to the public
- Work more closely with law enforcement
- Ongoing National Take Back Programs
- Re-evaluate what is working/what is not with take back programs
- Approach DEA with recommendations based on the changes in the rule from 2014
- Further clarify definition of Non-Retrieveable
- Model legislation for States and Local governments to establish consistent laws to make it easier for chain or regional pharmacies, regional hospital and healthcare facilities to participate and transport/treatment facilities to have more options





**Thank you.**

QUESTIONS????

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