



Oregon

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DATE: March 20, 2019

TO: House Committee on Health Care

FROM: Abby Boudouris, Legislative Analyst

SUBJECT: HB 3273 Drug Take Back

This testimony is presented in support of HB 3273.

Medicine take-back programs are the most secure and environmentally sound way to dispose of leftover or expired prescription and over-the-counter medicines. If not properly disposed, medications can lead to abuse by persons other than the intended patient, accidental poisonings and can contaminate Oregon's waterways. Washington, New York and California passed statewide drug take-back programs in 2018. HB 3273 would establish a safe and convenient statewide program for the safe disposal of unused medications in Oregon.

HB 3273 uses a product stewardship model to require drug manufacturers to provide drug take-back programs. The program would be similar to Oregon's successful Electronics and Paint Product Stewardship Programs that were established in 2007 and 2009 respectively. Product stewardship is an environmental management strategy for minimizing a product's environmental, health, safety and social impacts throughout all stages of the product's life. Product stewardship shifts the primary responsibility for minimizing these impacts to producers, who design products and have the greatest ability to reduce impacts across their full life cycle. Suppliers, retailers and consumers also play a role ensuring the product is managed properly.

HB 3273 requires manufacturers that sell pharmaceuticals in or into Oregon to develop, fund, implement and promote a convenient statewide system to collect and safely dispose unwanted drugs from households. Manufacturers must join a stewardship organization that will develop a stewardship plan that meets state approved performance requirements that include convenience, DEA compliance, disposal, promotion and evaluation. DEQ will review and approve submitted plans, review substantive program changes and annual reports. DEQ and the OR Board of Pharmacy will work together to ensure the program is operated safely.

Estimates of unwanted medications indicate that about one-third of medicines sold go unused. Flushing medicines or throwing them in the trash contributes to the problem of pharmaceutical pollution in our waterways and in our water supplies. Medicines are not effectively treated or degraded by wastewater treatment systems. Trash disposal is not secure for dangerous and addictive medicines, which has resulted in messy, confusing and difficult advice about mixing pills with kitty litter or coffee grounds before hiding them in the trash. Unwanted medicines thrown in the trash retain their chemical and biological activity and may move untreated through landfills. Numerous scientific studies have shown that active pharmaceutical ingredients are present in landfill leachate. In many lined landfills, the leachate is collected and sent to a wastewater treatment plant. In contrast, the same mixture of waste medicines from hospitals, pharmacies and other business sources must be sent to permitted disposal facilities and cannot be put in landfills.

Currently there are some voluntary take-back programs operating in some communities in Oregon, and they are popular with the public. But, they are not available in all communities and they do not have long-term or adequate funding, putting the financial burden on law enforcement and local governments, and in some cases pharmacies. Many more communities cannot afford to start up and operate medicine take-back programs.

It is estimated that a statewide drug take-back program for Oregon proposed in HB 3273 will cost about \$3.2 million each year which is less than 0.1% of annual sales of medicines in Oregon. These estimates are based on the cost of a MED-Project program in Washington State. The bill says that drug manufacturers will finance the drug take-back program directly, and manage their own funds. Manufacturers can pass the program costs through the supply chain to purchasers of drugs, like insurance companies, healthcare organizations, and consumers.

One of the barriers to having more comprehensive medicine return programs was resolved in 2014 when the DEA issued a rule to implement a change in the federal Controlled Substances Act. The DEA Rule made it easier to expand drug take-back programs beyond law enforcement offices to pharmacy and hospital collection sites. The DEA Rule also defines security protocols for take-back programs, and authorizes easier ways for collected medicines to be transported by licensed companies to final destruction at permitted facilities. Now pharmacies, hospitals and other DEA licensed entities can also host secure drop boxes for controlled substances, along with all other medicines as proposed in HB 3273.

Drug take back is recommended by the FDA, DEA, and EPA as the best method for safe and secure disposal of unused medicines.

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