

Preventing Prescription Drug Diversion

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THE FACTS

In 2013, more than 43,900 Americans died from drug overdose. Prescription drugs contributed to most of those deaths. Opioid pain relievers like oxycodone, hydrocodone, and methadone were involved in more than 16,000 of those deaths (Centers for Disease Control and Prevention [CDC], 2015). Approximately 46 Americans die every day from drug overdoses (Jones, Mack, & Paulozzi, 2013). Opioid overdose is now the second leading cause of unintentional deaths in the United States, second only to motor vehicle collisions. The scope and urgency of this problem has reached such a level that the CDC labeled prescription drug overdose an epidemic (CDC, 2012).

Americans are 4.6% of the world population and consume 80% of the global opioid supply, 99% of the hydrocodone supply, and two thirds of the world's illegal drugs (Lev, 2012). Prescription medications are the second most abused drug after marijuana. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month (CDC, 2011).

Although most of these pills were prescribed for a medical purpose, many ended up in the hands of people who misused or abused them. Nearly 53% of people misusing prescription pain relievers report getting them from a friend or relative the last time they misused these drugs. This is how many new nonmedical users of prescription medications initially obtain these drugs (Substance Abuse and Mental Health Services Administration, 2014). In 2013, nearly two million Americans aged 12 years or older either abused or was dependent on opioids (CDC, 2011). Twenty-three percent of teens report having abused prescription medications at least once in their lifetime thinking that these medications are safer than illegal drugs because they are obtained by prescription (Partnership for Drug Free Kids and MetLife Foundation, 2014).

ENVIRONMENTAL IMPACT

Patients and their families are either given no information on how to properly dispose of their medications or are told to flush or toss their medications in the trash by healthcare pro-

viders. In the past, home health and hospice agencies assisted patients with the disposal of controlled and noncontrolled prescription medications by pouring liquids down the sink and flushing pills down the toilet to get them out of the home. This was the standard of practice in many healthcare facilities as well. In 2007, the U.S. Geological Survey reported that 80% of U.S. streams had measurable levels of medications (U.S. Geological Survey, 2002). This raised serious concerns with consumers over the safety of the water supply especially in drought years. Healthcare facilities have stepped up their efforts and have instituted policies to safely dispose of pharmaceuticals. Most consumers are unaware of what to do with their unused or expired medications. A brief survey conducted on the students at our university showed that almost half of our students were not aware of how to safely dispose of their prescription medications.

WHY PROPER DISPOSAL IS IMPORTANT

From October 2010 through September 2014, the Drug Enforcement Administration (DEA) and local partner agencies hosted nine separate national “drug-take-back” days to encourage drug abuse and diversion prevention efforts. The final national drug-take-back effort on September 27, 2014, took 309 tons of unused and expired medications off the streets and out of landfills and the water supply (DEA, 2014). Sacramento County alone collected 10,692 pounds on that 1-day effort. Consumers want to do the right thing for the environment and public safety when given the appropriate resources.

In California, nonprofit organizations like the Rose Foundation and the California Product Stewardship Council (CPSC) promote community-based advocacy to protect the environment, public health, and consumers. In July 2013, the CPSC established a medication collection program in Sacramento and Yolo counties. The resulting program, called “Don’t Rush to Flush,” established six permanent medication sites available to the public free of charge in Sacramento and Yolo counties. More information on the CPSC and the “Don’t Rush to Flush” programs can be found at www.CalPSC.org and www.dontrushstoflush.org.

HOW TO GET INVOLVED

Unfortunately, limited sites are accepting expired medications and controlled medications because of out-of-pocket disposal costs. The debate over who should be responsible for these disposal costs is currently a hot topic in several California counties, which has led to several hearings in the State Supreme Court. The DEA decided in July 2015 to host one more national take-back day in September to try to encourage

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communities to establish on-going efforts. However, the DEA is no longer regularly hosting take-back-days. As healthcare providers, we can have an impact on this problem. We can take a leadership role and work with our facility's administration to partner with local law enforcement agencies to host drug-take-back events for our communities. The DEA guidelines for drug-take-back programs can be found on the DEA Drug Disposal Information Webpage at www.deadiversion.usdoj.gov.

Medication disposal programs clearly provide an easily accessible option for prescription drug disposal. The offending medications are taken safely out of the home to prevent prescription drug abuse and diversion. In conclusion, this simple measure along with education for both healthcare providers and consumers can make a huge impact on this growing public health concern.

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