

**REPORT ON IN-STORE PILOT
CVS MILL CREEK, SOUTH PORTLAND, MAINE
Saturday, February 5, 2005¹
9 – 5**



BACKGROUND

The Northeast Recycling Council, Inc. (NERC) was awarded an Innovative Solid Waste Grant by the U.S. Environmental Protection Agency (EPA) in order to develop environmentally sound and legal strategies for managing unwanted medications, as well as to develop best management practices for the disposal of plastic medication containers. See Attachment 5 for a description of the project.

This collection event was designed to test one approach to collecting unwanted medications from the general public - a one-day in-store (pharmacy) collection event. Thanks to the generous cooperation and support of CVS, we were able to successfully develop and test this aspect of the project.

In order to develop the pilot NERC worked in cooperation with the following companies and agencies:

- CVS headquarters legal and government relations offices
- South Portland Maine Police Department
- Maine Department of Environmental Protection
- Clean Harbors
- PharmEcology, LLC
- Pharmacy Supervisor for CVS Mill Creek, South Portland, Maine

In addition, guidance was provided by the U.S. Drug Enforcement Agency (DEA). We also consulted with the Maine Drug Enforcement Agency to seek their involvement. They requested that we work with the South Portland Police Department; which we did.

¹ Weather – it was a clear, warm day.

The Law

Federal Drug Law

The DEA prohibits the transfer of dispensed controlled substances from an individual to a pharmacist, or to any other entity registered with the DEA to handle or manage controlled substances. The only exceptions are for drug recalls or a dispensing error.² Examples of controlled substances include:

- Oxycontin
- Codeine
- Valium
- Darvocet

The sole exception is that controlled substances may pass into the control and custody of law enforcement officials.

Thus, in order to legally collect unwanted controlled substances it is *an absolute necessity* that law enforcement officials be on-site, participate in the collection, and take physical control and custody of all controlled substances.

The same restrictions do not apply for non-controlled substances; but federal law makes it illegal to transfer possession of any prescribed medication to someone other than the person to whom it was prescribed. The sole exception to this is for the purpose of disposal.

In addition, the DEA has made clear that reverse distributors – the industry that manages out-of-date and unsalable pharmaceuticals – may not accept already dispensed controlled substances.

When a controlled substance is ready for disposal it must be incinerated or otherwise rendered non-recoverable in a process approved by the DEA. The incineration must be witnessed by the law enforcement agency, the DEA, or its authorized agent. The DEA recommends that the disposal method be incineration.

Federal Hazardous Waste Law

The US EPA Resource Conservation and Recovery Act exempts household waste, including consumer prescription and over-the-counter medications, from hazardous waste regulation. This exemption applies at the federal level even if an organization collects these items from consumers for disposal as long as they are not commingled with waste generated by the organization in the normal course of its business.

Some prescribed and over-the-counter medications are known to require management as a hazardous waste when they come from an entity other than an individual.

² 21 CFR 1307.21

Hazardous waste may not be disposed of in solid waste facilities (landfills, incinerators, or waste-to-energy facilities). Hazardous waste disposal facilities are the sole legally acceptable destination for this type of waste.

In addition, the U.S. Environmental Protection Agency has made clear that reverse distributors – the industry that manages pharmaceutical waste for pharmacies – may not accept already dispensed medications as part of that waste stream. It would be a violation of federal hazardous waste laws.

State Law

State Unwanted Medication Law

The State of Maine has a law that provides for the mail-in take back of unwanted prescription medication. This law was adopted in 2004 and was scheduled to be implemented in January 2005, but due to a lack of funding and unresolved administrative issues the law has not yet been implemented.

State Hazardous Waste Law

The State of Maine's hazardous waste laws are stricter than federal law. When an individual disposes of a material that would be considered a hazardous waste under federal law (when it comes from a business) it is required to be managed as a hazardous waste.

It may not be disposed of in a solid waste landfill or combustor. It must be disposed of at an authorized hazardous waste facility.

Not all unwanted medications are hazardous waste but in the absence of specific knowledge, the Maine DEP has expressed the policy position that when unwanted medications are combined for disposal, the presumption shall be that they are hazardous waste.

Each state has the right to make this determination. It is not known at this time what the position of other states may be on this issue.

LOGISTICS

The EPA grant to NERC includes several tasks critical to this pilot:

- a) Identify strategies for collection and end-of-life management that comply with state and federal solid waste, hazardous waste, and drug laws.
- b) Determine and implement best management practices for disposal of unwanted medications.
- c) Test various collection strategies.

Each of these were carefully researched and implemented for this pilot. There were three key elements to the legal and safe success of this pilot:

1. *By Segregating Controlled From Non-Controlled Substances It Was Possible To Comply With Federal and State Law*

The strategy designed and implemented under this pilot was **to rely on the expertise of a pharmacist** to determine which medications are regulated as controlled substances and to separate those from the other medications.

2. *The Best Management Practices for Disposal of Unwanted Medications Is Dedicated Collection & Incineration in a Licensed Hazardous Waste Facility*

Underlying this grant project is a multi-stakeholder Advisory Committee that includes individuals with extensive experience in the management and disposal of medications, as well as solid waste and environmental professionals. The Committee has determined that the best management practice – and in fact the only acceptable disposal practice – is to collect this waste stream through dedicated collection (versus flushing or throwing it in the garbage) and then incineration in a licensed hazardous waste facility.

Among the reasons for this determination were:

- 1) Decreasing ready access to medications that might otherwise go in the trash, thus preventing diversion and inappropriate usage of medications.
- 2) More secure destruction with greater environmental controls on air emissions than in a solid waste combustor.
- 3) The presence of medications with hazardous waste characteristics in the waste mix, and the lack of information about the hazardous characteristics in the solid waste stream of most medications.
- 4) Physical destruction of the medications for the purpose of rendering them unrecoverable, as required by federal drug law, is considered to be essentially a practical impossibility in most settings.³ One technique that has been used in other programs is the dissolve the medications in a dilute solution of hydrochloric acid. According to the DEA a “determined” person could still recover drugs.⁴
- 5) Sending a message about the importance of safe end-of-life management of these materials.
- 6) Avoiding potential leachate contamination from medications in landfills.

3. *Test Various Collection Strategies, Including Senior Centers, Household Hazardous Waste Events, and in Retail Settings.*

NERC has already implemented a pilot in a Senior Center and is currently working to implement a pilot at a household hazardous waste event. This report chronicles only the pilot that focused on a retail setting.

³ Conversation with Vicky Seeger, DEA, October 2004

⁴ Id.

In several other countries there are well established unwanted medication collection opportunities – and they are all through pharmacies.⁵ In the United States this is not a legally acceptable solution. Nevertheless, many people have an active relationship with their pharmacist and often turn to them for advice, including how to dispose of their unwanted medications. Because of the association in the public's mind between pharmacies and medical advice, and because drug stores are a frequent shopping destination, it was determined that one model to test would be based on ease of access: a convenient location based on regular errands, and an expectation that the pharmacist can provide advice about all aspects of medication; including proper disposal of unused medication.

In addition, there is growing interest in involving the pharmaceutical industry in paying for the end-of-life management of unwanted medications. Retail pharmacies are one of the players in that industry.

On-site Details

A great deal of time and effort went into thinking through the on-site staffing, traffic flow, security, equipment, and publicity in advance of the event. The CVS Pharmacy Supervisor contributed approximately 40 hours of her time to this process, including discussions with CVS corporate personnel.

Among the planning steps that were taken were conference calls between CVS legal counsel, government relations staff, Maine DEP hazardous waste staff, Clean Harbors (hazardous waste professionals), PharmEcology, and the U.S. DEA. These calls focused on ensuring that all pilot details would be:

- 1) In full compliance with federal and state laws;
- 2) Would maximize site safety;
- 3) Ensure the safe disposal of the medications;
- 4) Minimize CVS's legal exposure;
- 5) Provide adequate insurance coverage;
- 6) Secure contractual arrangements for hazardous waste disposal;
- 7) Securing an EPA I.D. number as a small quantity generator of hazardous waste;
- 8) Agreeing to cost allocation for non-disposal related items (see details below under Costs); and
- 9) Event outreach.

Patty Dillon, Dillon Environmental Associates, is a consultant to the NERC EPA grant for the best management practices for the disposal of plastic medicine containers. In order to develop an understanding of the types of materials that are disposed, Patty participated in the event and catalogued each container that came in. A summary of that information is in Attachment 2.

⁵ Australia, Poland, Canada. Add citations.

In Advance of the Event

The following steps were taken in advance of the event itself:

- 1) NERC contacted the Maine DEA to discuss the pilot, its details, and the involvement of the Maine DEA. They asked that NERC work with the local police department rather than their agency. Thus, NERC contacted the South Portland, Maine Police Chief and discussed this project with him. He agreed to provide extra duty officers on site, as well as to transport the controlled substances to the police station, to maintain locked and secured storage of the controlled substances, and to dispose of these materials as part of his evidence destruction program. The only cost to the pilot was the overtime for the police officers.
- 2) CVS hired a relief pharmacist and an extra pharmacy technician for the duration of the event.
- 3) CVS corporate headquarters entered into a contract with Clean Harbors for the hazardous waste disposal of the non-controlled substances.
- 4) Clean Harbors provided CVS corporate with insurance coverage (in the form of "additionally insured").
- 5) Clean Harbors secured a temporary EPA ID number for CVS Mill Creek for the day of the event.
- 6) Clean Harbors delivered 5-gallon and 16-gallon containers to the CVS Mill Creek the day before the event.
- 7) A pick-up by Clean Harbors was scheduled for one-hour after the event closed to the public.
- 8) A press release was written by NERC, reviewed by CVS corporate and the local pharmacy staff. It was distributed to the local network affiliates in the Portland, Maine market, radio stations, and newspapers. See Attachment 8.
- 9) A newspaper advertisement was designed by NERC and placed in the Portland Herald; running three times in the week preceding the event (Sunday, Wednesday and Saturday the 5th).
- 10) In-store signage, posters, and handouts were designed by a volunteer in collaboration with the Pharmacy Supervisor and NERC.
- 11) CVS Mill Creek had a color sign made and posted at the entrance of the store.
- 12) CVS Mill Creek copied bag stuffers and the Pharmacy Supervisor distributed these to CVS stores in the Portland area. The various stores – and especially CVS Mill Creek – put the stuffers in every purchase for the week preceding the event. According to the Pharmacy Supervisor, the retail staff reported that cutting up the bag stuffers and providing them to people had a minimal impact. No one complained and several staff expressed interest in the collection.
- 13) CVS Mill Creek put up an 8.5 x 11 black and white desktop sign at the pharmacy counter publicizing the event.
- 14) A survey was written in cooperation with CVS Mill Creek staff, CVS public relations staff, and Advisory Committee members. 100 copies of the survey were produced by CVS Mill Creek. See Attachment 6.
- 15) A fact sheet explaining what to do with unwanted medications was prepared in cooperation with the Maine DEP, CVS Mill Creek staff, and Advisory Committee members. The fact sheet was intended as a handout for the event itself and also

for individuals who might ask what to do after the day of the event. CVS Mill Creek produced 200 copies of this flier. See Attachment 4.

- 16) NERC staff met on-site with the Pharmacy Supervisor and pharmacist the day before the event to finalize site configuration, traffic flow and operation details.

On the Day of the Event

1. NERC staff and the CVS pharmacist arrived at 7:30 a.m. to prepare for the event, including putting up signs to direct people to the drop-off versus regular pharmacy business.
2. The pharmacy opened at 8 a.m. Although the event began at 9 several people had dropped off medications by 8:30 a.m.
3. The police officer arrived at 8:30 a.m. (as was pre-arranged). His duties and responsibilities were explained to him. He was provided with a 5-gallon container in which to place the controlled substances.
4. At 8:30 a.m. Patty Dillon, Dillon Environmental Associates, arrived to begin the process of cataloguing containers.
5. At 8:30 a.m. Athena Bradley, Franklin County (MA) Solid Waste Management District, arrived to survey participants.



6. At 9 a.m. the extra pharmacy technician hired for the day arrived (as was pre-arranged).
7. CVS dedicated an intake window to that is usually used for prescription drop-off.
8. Behind the counter were four people working on this project in addition to the regular number of CVS pharmacy employees for a Saturday. They were:
 - a. CVS Pharmacist
 - b. CVS Pharmacy Technician
 - c. NERC staff person
 - d. NERC consultant
9. In front of the counter were two people:
 - e. Police Officer

- f. "Greeter"/survey taker.
10. A simple sign was placed at the drop-off windows indicating which was for prescription drop-off and which for the unwanted medication collection. Athena Bradley, FCSWMD, staffed the intake



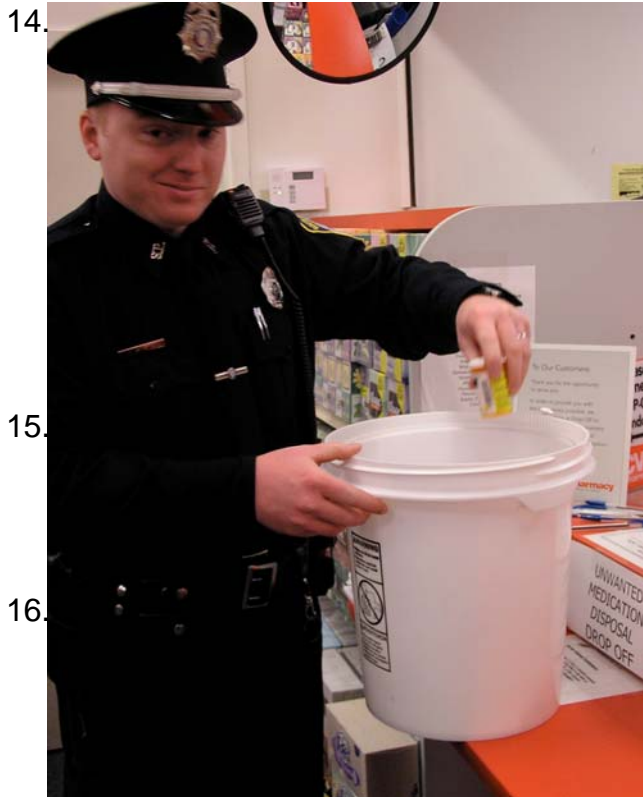
window; greeting people, answering questions, providing information fliers to customers, and surveying each participant.

11. Either the CVS technician or NERC employee took the bag of materials from the participant and brought it behind the counter.



12. At times the amount of material that was arriving exceeded the space available behind the counter and in these instances they were placed on a chair in front of the Police Officer until they could be moved behind the counter.

13. Every item that was brought in was evaluated by the pharmacist or technician. Each item was counted or assessed for weight or fluid measure. They also determined which items were controlled. Any patient information was blacked-out by the pharmacy staff with the use of a Sharpie® pen, including over-packaging that was sent for confidential destruction.



14. The information was provided to NERC staff who typed it into an Excel spreadsheet on a laptop. Each item that came in was identified by medication name, dosage, and amount that came in. See Table 2 below for a sample. Controlled and non-controlled substances were inventoried separately. Data was consolidated for like items after the event. See Attachment 3.

15. The container (if it was a non-controlled substance) was then given to Patty Dillon for cataloguing by container type. See Attachment 1 for form used.

16. If it was a controlled substance the container stayed in the physical control of the pharmacist or technician and simply shown to Patty for analysis and data entry.

17. If the item was a controlled substance, after it was catalogued by NERC and Patty, it was then handed to the South Portland Police Officer. The Police Officer then placed it in a 5-gallon container provided by Clean Harbors. The container stayed in his physical control at all times.
18. There was a steady flow of participants from 9 – 5, which a particular rush between 2 and 3.
19. In all, there were 52 participants including a homeless shelter that had pre-arranged with the Pharmacy Supervisor that it could bring in the medications that people regularly drop off at the shelter, presuming (mistakenly) that the shelter will be able to dispense the drugs.
20. At the end of the event NERC staff prepared a controlled substance inventory to be kept with the drugs taken by the Police Officer for secure storage. A detailed inventory of controlled substances is required by federal law to stay with the drugs at all times. The inventory was dated, printed out and signed by the pharmacist as a witness to the contents of the container and by the Police Officer acknowledging receipt of the materials. Three originals were prepared:
 - a. South Portland Police Department
 - b. CVS Mill Creek
 - c. NERC
21. The Police Officer opted to transfer the controlled substances to a paper bag which was taped closed with the inventory attached to the outside. He then took the materials to the South Portland Police Department for secure storage in the evidence locker.
22. Clean Harbors arrived at 6 p.m., completed the manifests and other necessary paperwork, the CVS pharmacist signed the paperwork, and the hazardous waste containers were removed with the use of a store handcart. The excess 5- gallon pails and 16-gallon drums were also removed. This took approximately 30 minutes.

Staffing

CVS Pharmacist (7:30 – 6:30)

CVS Pharmacy Technician (9 – 5)

Athena Bradley, FCSWMD – surveys (9 – 5)

Patty Dillon, Dillon Environmental Associates (8:30 – 5)

South Portland Police Officer (8:30 – 5:30)

NERC staff (7:30 – 6:30)

Table 1: Costs Total \$8,790

	NERC (EPA GRANT)	CVS Corporate	CVS Mill Creek	FCSWMD
South Portland Police Department (9 hours)	\$315	--	--	--
Hazardous waste disposal (Clean Harbors)	--	\$1,150 (\$900 disposal \$250 transportation)	--	--
Advertising	\$1,000	--	--	--
Printing/copying	--	\$75	--	--
Pharmacist & Pharmacy Technician	--	--	\$600	--
Athena Bradley, FCSWMD	--	--	--	\$500
Patty Dillon, Dillon Environmental Associates	\$850	--	--	--
NERC Staff	\$4,300	--	--	--
Unassigned/Unspecified	Advisory Committee Time	CVS Corporate Staff Time	<ul style="list-style-type: none"> • Pharmacy Supervisor • Solid Waste Disposal (30 gallon bag) • Secure paper destruction (15 gallon bag) 	
TOTAL KNOWN COSTS:	\$6,465	\$1,225	\$600	\$500

Lessons Learned/Observations

1. Items under pressure – specifically inhalers – need to be kept separate and shipped in their own container.
2. Mercury-based antiseptics, such as Mercurochrome, need to be kept separately from other medication. If it goes for hazardous waste destruction it would require its own 5-gallon container or it could be managed through a mercury recycling program. Mercury containing preservatives, a more common manifestation of mercury in medications is its use as a preservative, such as Thimerosal. Items containing this types of preservatives do not require separate handling and can be included in the commingled hazardous waste container.
3. Be prepared to accept mercury thermometers. If there is a local mercury recycling program, this may be an appropriate partnership to establish before the event. Consider offering digital thermometers in exchange.
4. Be prepared for sharps. Several companies now offer cardboard mail-back containers for home sharp collection. Have one available for the collection. The sharps are then shipped separately, by mail, for proper end-of-life management.
5. Have informational handouts available about proper unwanted medication management
6. Plan to remove over-packaging, such as paperboard boxes, as a way to minimize the hazardous waste volume shipped and to send for recycling.
7. Be prepared to recycle paperboard rather than manage as a trash stream. This event generated approximately 30-gallons of waste paperboard and plastic bags.
8. CVS had a separate container available for confidential information destruction, so we were able to take off cardboard packaging with patient information and put it in there. We generated approximately 15- gallons of this material.
9. Be sure that there is access to a printer for printing the controlled substance inventory.
10. We received two handheld electronic devices for blood sugar testing. Be prepared for electronics recycling.
11. Based on the survey experience, the decision was made to revise it for future events. The revised version is attached.
12. It was important to CVS that we find out if people were regular customers. We all suspect that many people “fibbed” about their answers. Body language, etc., indicated that several people were defensive about the question; perhaps fearing that they had to be regular customers.
13. CVS wanted the Police Officer in front of the counter for several reasons:

- a. For safety purposes – the risk of someone coming in to the store targeting the event for criminal purposes – the appearance of an armed law enforcement official visible to the public was preferable.
 - b. Although we were careful that CVS never took possession of dispensed controlled substances, it was important to CVS that there not be the appearance of such activity. If the Police Officer had been behind the counter with the controlled substances this might have created such an impression to the public.
 - c. Space behind the counter was very limited. Having another person and container behind the counter would have been difficult without directly interfering with the flow of regular pharmacy business.
14. The in-store promotion (including in surrounding area CVS's) was very successful.
15. The amount of material per person is skewed upwards due to the receipt of materials (pre-approved by CVS) from a homeless shelter.
16. Staff should wear gloves at all times when handling the materials.
17. Do *not* pour the medications out of their original containers. This creates a health hazard risk to workers as well as the remote possibility of an interaction in the drum.
18. Hand cream non-latex gloves, instant/dry hand sanitizer, and access to hand washing were essential.
19. The Police Officer was positioned in such a way that he was essentially in a corner. The Police Officer commended this so that he never had to be looking behind him and could always monitor the container and possible people approaching them.
20. People traveled up to 60 miles for this event.

Table 2: Participant Travel Distance

Town of Residence	Distance to South Portland, ME (miles)
Cape Elizabeth	7
Cumberland	14
Dayton	20
Falmouth	10
Gardiner	52
Peaks Island	(15 minute ferry to Portland)
Portland	3
Pittston	53
Saco	17
Scarborough	6
Topsham	30
Turner	50
Westbrook	9
Winthrop	60

21. While we are very grateful to the South Portland Police Department for taking custody of and responsibility for the destruction of the controlled substances, some Advisory Committee members caution that relying on public sector financial support and goodwill should not be considered a sustainable model.

Table 3: Sample Medicine Inventory

Non-Regulated Materials			Federally Controlled Substances		
Drug	Dosage	Amount	Drug	Dosage	Amount
1 daily multivitamins		100	Acetaminophen with codeine #3		10
Aceon	4 mg	84	Acetaminophen/cod # 3		4
Acepromazine	5 mg	6	Acetaminophen/cod #3		24
Acetaminophen	325 mg	3	Acetaminophen/cod #3		24
Acetaminophen	160 mg	96	Alprazolam	0.25 mg	30
Acetaminophen	80 mg	120	Ambien	10 mg	1
acetaminophen	500 mg	2	Ambien	10 mg	197
acetaminophen, aspirin, caffeine	(headache)	200	Clonazepam	.5 mg	177
Aciphex	20 mg	9	Codeine sulphate	30 mg	49
Actifed		36	Concerta	27 mg	27
Advil	200 mg	39	Darvocet	100 mg	6
Advil children's	1 oz	0.5	Diazepam	5 mg	2
Aldactone	100 mg	88	Duragesic	75 mcg	1
Aleve	220 mg	66	Endodan	4.88/325	42
Alka seltzer morning	500/65	144	Hydrocodone/apap	7.5/500	9
Alka-Seltzer	325/1700/1000	14	Hydroco/apap	5/500	48

Table 4: Survey Results

SURVEY RESULTS						
Why Being Disposed						
Expired	Didn't Like	Cleaning	Changed Medication	Drug Off Market	Death	Never Used
57.7%	17.3%	46.2%	23.1%	5.8%	13.5%	7.7%
Whose						
Mine	Family	Pet	Friend			
51.9%	67.3%	7.7%	5.8%			
Learned About Event						
Ad	Store Flier	TV	Word of Mouth			
50.0%	23.1%	1.9%	30.8%			

Table 5: Data on Medication Collected

MEDICATION COLLECTED		
		Comments/Conversion
Total number of tablets	55,342	28,067 without loose/unknown tablets
Total fluid in cc or ml	6,354	211.8 ounces = 12.2 pounds
Total grams	687.55	24.25 ounces = 1.5 pounds
Total inhalers/sprays/injections/aerosol	20	5 pounds as shipped
Other		
• Aerolizer	466	
• Suppository	118	
• Homeopathic vials	49	
• Test strips	575	
• Lancets	4,500	
• Sharps	2	
• Blood sugar testing machines	2	
• Mercury thermometers	2	
Average items⁶ per participant	14	
Percent of tablets that were controlled substances	5%	Without bulk medication from homeless shelter
Percent of items that were controlled substances	5%	
Total weight shipped as hazardous waste	119 pounds	3 16-gallon drums (45, 35 & 34 pounds respectively), 1 5-gallon pail inhalers (5 pounds)

Percent of Medications that were Prescription

	RX by total
Tablets	52.3%
Fluids	15%
Ointments	43.2%
Inhalers	100%
TOTAL ITEMS W/O UNKNOWNNS	57.6%

⁶ An item is one type of medication. For example Tylenol 200 mg and Tylenol 400 mg would be two items.

ATTACHMENTS

1. Container type data entry form
2. Report on containers by type
3. Table of medications received
4. Fact sheet
5. EPA Description of NERC Innovative Solid Waste Grant project
6. Survey document used
7. Revised survey for future events
8. Press Release

ATTACHMENT 1
CVS Collection Pilot, February 5, 2005 – South Portland, Maine
Characterization of Containers
Material & Quantity

Type	Color	Size ¹	#1 PET	#2 HDPE	#5 PP	Other	Unmarked	
PLASTIC								
Vial	Amber	Small (5–8/9DR)						
		Medium (13, 16 DR)						
		Large (20, 30DR)						
		X-Large 40-60DR)						
	Other:							
Bottle (Oval)	Amber	Small (<3.5oz)						
		Medium (4-8oz)						
		Large (16 oz+)						
		Other:						
Bottle (Round)	Natural/ Clear	Small (<3.5oz)						
		Medium (4-8oz.)						
		Large (8.5 oz+)-						
	White	Small (<3.5oz)						
		Medium (4-8oz.)						
		Large (8.5 oz+)-						
	Amber	Small (<3.5oz)						
		Medium (4-8oz.)						
		Large (8.5 oz+)-						
		Other:						
	Ointment Jar	White	Small (½ - 4oz)					
			Medium (4-8oz)					
Large (16oz+)								
		Other:						
Tube		Small						
		Medium						
		Large						
Pump/Aerosol								
Syringe (no needle)								
Dropper								
Bag								
Other:								

Continues on next page

Material Type, Color & Quantity

Type		Size ¹					
GLASS			Clear	Brown	Other:	Other:	Other:
Bottle		Small <3.5oz)					
		Medium (4-8oz)					
		Large (16 oz+)					
Vial		Small					
		Medium					
		Large					
Ampoule		Small					
		Medium					
		Large					
METAL CONTAINERS			Aluminum	Steel	Unknown		
Tube		Small					
		Medium					
		Large					
Aerosol container							
Gas Cylinder							
Other							
Other							
MIXED CONTAINERS							
Blister pack							
Syringe w/needle							
Other:							
Other:							
OTHER							

Attachment 2

CVS Pilot Characterization of Containers February 5, 2005 DRAFT

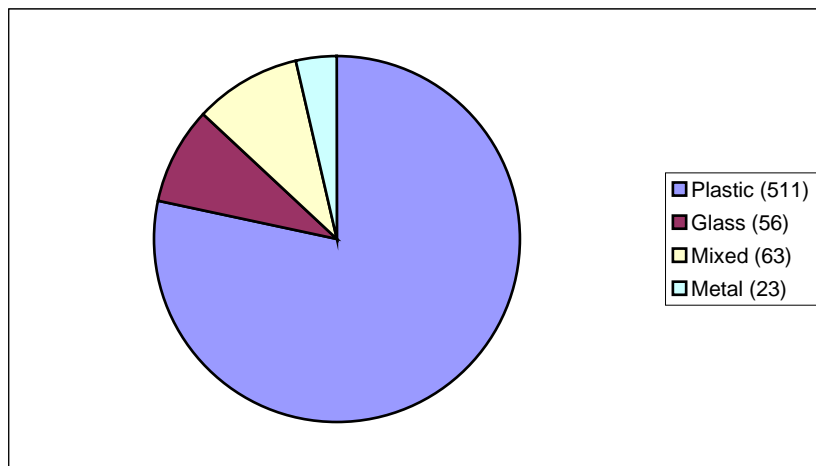
Medication Containers by Material Type

Material Type	Number collected	Percentage of Containers ¹	Characterization
Plastic	511	78.3	See detailed breakdown below
Glass	56	8.6	Over 1/2 brown (36), others clear
Metal	23	3.5	Predominantly aluminum tubes
Mixed	63	9.6	Includes a variety of packages: inhalers, epi-pens, monthly dispensers
Blister Packs	758	Not included in %	Usually multi-dose cards
Foil Pouches	1307	Not included in %	Unit dose samples

¹Does not include blister packs or foil pouches until we decide how to “normalize”.

The tabulation of containers includes only the primary packaging for the medication. Some medications, particularly blister packs or medication with a delivery device, were returned in secondary packaging (e.g., boxes, package inserts are not included). While the CVS pilot did not attempt to calculate the volume of secondary packaging, its recycling or proper disposal should be considered in future collection events.

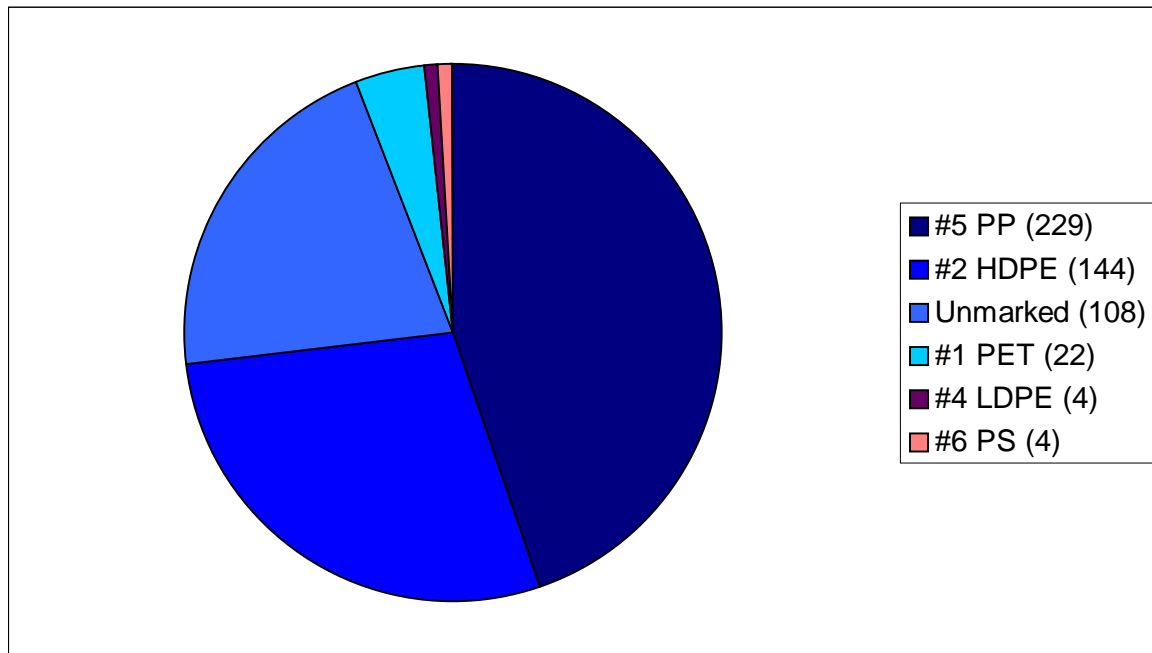
Medication Containers by Material Type (not including unit dose packaging)



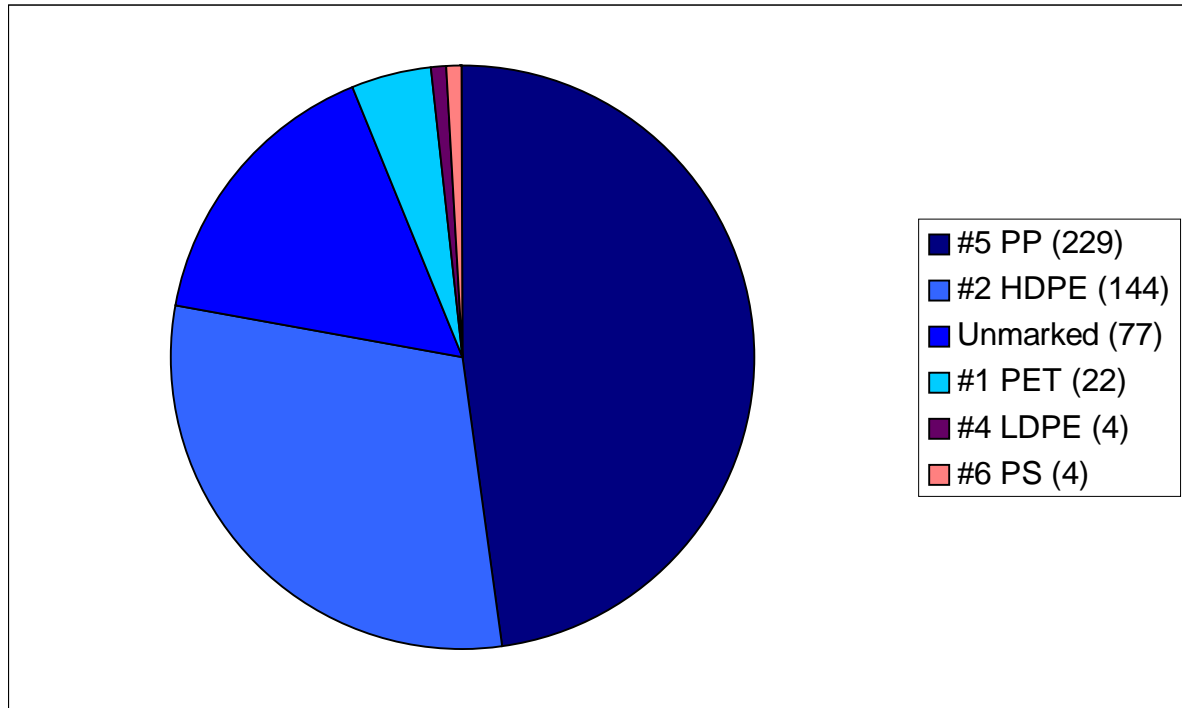
Characterization of Plastic Containers

Resin Type	Percentage	Characterization
#5 Polypropylene (PP)	44.8%	<ul style="list-style-type: none"> 97% of Rx vials were PP Only animal and old vials unmarked
#2 High Density Polyethylene (HDPE)	28.2%	<ul style="list-style-type: none"> OTC medication dominates but may include Rx medications if not repackaged by pharmacy White dominates (90%) but includes natural, brown, and a few colors (red, pink, blue, green)
#1 PET	4.3%	
# 4 Low Density Polyethylene	0.8%	
#6 Polystyrene	0.8%	
Unmarked	21.1%	<ul style="list-style-type: none"> Eye drops & nasal spray dominated unmarked bottles

Plastic Containers by Resin Type



Plastic Vials & Bottles Only by Resin Type



#5

PP	47.7%
#2 HDPE	30.0%
Unmarked	16.0%
#1 PET	4.6%
#4 LDPE	0.8%
#6 PS	0.8%

ATTACHMENT 3

Federally Controlled Substances Received February 5, 2005		
DRUG	DOSAGE	AMOUNT
Acetaminophen/codeine #3		62
Alprazolam	0.25 mg	30
Ambien	10 mg	198
Clonazepam	.5 mg	177
Codeine sulphate	30 mg	49
Concerta	27 mg	27
Darvocet	100 mg	6
Diazepam	5 mg	2
Duragesic	75 mcg	1
Endodan	4.88/325	42
Hydrocodone-acetaminophen	650 mg	13
Hydrocodone/apap	5/500	120
Hydrocodone/ibuprofen		10

lonamin	30 mg	31
Lorazepam	0.5 mg	45
Lorazepam	1 mg	9
Oxycodone	5/325	13
Oxycodone	5 mg	36
Oxycodone apap	5/500	106
Oxycontin	10 mg	23
Propoxy-n	100/650 mg	134
Serax	15 mg	48
Temazepam	15 mg	99
Tylox	5/500	22
Vicoprofen		2
TOTAL CONTROLLED TABLETS		1,305
Promethazine/codeine syrup		40 ml

**Non-Regulated Materials Collected
February 5, 2005**

DRUG - TABLETS	DOSAGE	AMOUNT
1 daily multivitamins		100
Aceon	4 mg	84
Acepromazine	5 mg	6
Acetaminophen	325 mg	3
Acetaminophen	160 mg	96
Acetaminophen	80 mg	120
Acetaminophen	500 mg	2
Acetaminophen, aspirin, caffeine		200
Aciphex	20 mg	9
Actifed		36
Advil	200 mg	39
Aldactone	100 mg	88
Aleve	220 mg	66
Alka-Seltzer morning	500/65	144
Alka-Seltzer	325/1700/1000	14
Allegra	60 mg	127
Allegra	180 mg	6
Allegra d		6
Allergy season vitamins		24
Alluna		28
Amaryl	4 mg	65
Amitriptyline	10 mg	220
Amitriptyline	25 mg	33
Amoxicillin	500 mg	28
Amoxicillin	50 mg	10
Antihistamine/nasal decongestant	8/120 mg	10
Aricept	5 mg	272
Aricept	10 mg	90
Arthritis-ease	500 mg	63
Asacol	400 mg	120
Ascorbic acid	100 mg	34
Aspergum		100
Aspirin	325 mg	537
Aspirin	500 mg	87
Atacand	32 mg	100

DRUG - TABLETS	DOSAGE	AMOUNT
Atenolol	25 mg	26
Atenolol	50 mg	61
Augmentin	875-125	38
Avandia	8 mg	13
Azium		9
B complex vitamins		131
B-12 dots	500 mcg	65
Beano		100
Benadryl	25 mg	79
Benadryl allergy & cold	125 mg	21
Benazepril	20 mg	9
Benicar	20 mg	16
Benztropine	.5 mg	14
Berber cap		60
Bextra	10 mg	122
Biliary support formula		24
Biophosphates		80
Biotin	500 mcg	275
Black walnut		30
Bonine	25 mg	80
Borage gla-240		8
Bromelain	500 mg	60
Bupropion-er	150 mg	30
Buspar	5 mg	450
Butalbital/apap/caffeine		88
Caffeine	200 mg	94
Calc fluor 6x	1 g	16
Calc phos	1g	500
Captopril	12.5 mg	500
Carbiddopa/levo	25/100	80
Cardizem cd	180 mg	56
Cartia xt	240 mg	11
Cefdinir	300 mg	17
Cefditoren pivoxil (spectracef)	200 mg	10
Ceftin	200 mg	12
Cefuroxime axetil	500mg	3
Cefzil	250 mg	18
Celebrex	200 mg	142
Celebrex	100 mg	3

DRUG - TABLETS	DOSAGE	AMOUNT
Centrum		29
Centrum advanced formula		180
Cepastat		47
Cephalexin	500 mg	5
Cephalexin	250 mg	3
Children's aspirin	81 mg	76
Chlonidine	0.1 mg	46
Chloritromiton		88
Chlorpheniramine	4 mg	4
Chocolate laxative	15 mg	19
Cholest-off	450 mg	16
Chroma crystal-lean		120
Cimetidine	300 mg	21
Cipro	500 mg	75
Cipro	250 mg	6
Ciprofloxacin	250 mg	23
Clarinex	5 mg	8
Claritin	10 mg	115
Claritin d 24 hr		15
Clear	550 mg	10
Clemastine	1.34 mg	60
Cloricidin d		2
Clotrimazole	10 mg	20
Colace	50 mg	82
Cold-eeze		21
Cold-eeze bubble gum		12
Collagen		18
Comtrex		50
Congesprin		14
Coreg	6.25 mg	11
Correctol	5 mg	14
Coumadin	5 mg	26
Covera-hs	180 mg	58
Cranberry	250 mg	65
Cyclobenzaprine	10 mg	88
Cytra-k crystals		1
Dayquil		3
Deltasone	5 mg	6
Depakote	250 mg	40
Desegen	0.15/0.3 mg	283

DRUG - TABLETS	DOSAGE	AMOUNT
Desegen	.15/.01 mg	336
Desipramine	25 mg	168
Detrol	2 mg	7
Dexamethasone	4 mg	36
Digitek	.125 mg	27
Diltiazem	60 mg	19
Dimenydrinate	50 mg	450
Dimetapp caplets		8
Diovan	80 mg	52
Diovan	160 mg	90
Diovan/hct	160-25	90
Diphenhydramine	25 mg	128
Docusate sodium	100 mg	230
Doxazosin	2 mg	100
Doxazosin	8 mg	3
Doxycycline	100 mg	31
Drontal feline		15
Echinacea	380 mg	4
Echinex		46
Ecotrin	325 mg	15
Effexor-xr	37.5 mg	84
Effexor-xr	75 mg	13
Enada	5 mg	42
Enalapril maleate	20 mg	14
Erythromycin	333 mg	42
Etogesic	300 mg	11
Evening primrose oil	500 mg	21
Excedrin		123
Excedrin pm		34
Exelon	6 mg	50
Exelon	1.5 mg	50
Eye & lacrimal support formula		28
Famotidine	10 mg	64
Famotidine	20 mg	7
Feosol		177
Ferrous gluconate	300 mg	12
Flexaril	10 mg	62
Flintstone vitamins		4
Flomax	.4 mg	98
Fluoxetine	20 mg	11

DRUG - TABLETS	DOSAGE	AMOUNT
Flurazepam	30 mg	39
Flutamide	125 mg	1
Folic acid	400 mcg	188
Formula SF722		114
Furosemide	20 mg	180
Fuorseamide	40 mg	666
Gabapentin	300 mg	50
Gax-x with Maalox		32
Gaviscon		1
Gemfibrozil	600 mg	24
Geodon	60 mg	57
Geodon	20 mg	46
Geodon	80 mg	8
Gero-vita		35
Ginkoba		63
Ginsana	100 mg	36
Glipizide	10 mg	750
Glucophage	500 mg	264
Glucovance	2.5/500	36
Glyburide	5 mg	27
Goldenseal		24
Guaifenesin er	600 mg	45
Hair, skin, nails formula		12
Hydrochlorothiazide	25 mg	255
Hydroxyzine	10 mg	50
Hyrdralazine	10 mg	59
Ibuprofen	200 mg	146
Ibuprofen	400 mg	79
Ibuprofen	800 mg	63
Imitrex	25 mg	54
Imodium ad	2 mg	17
Innopran xl	80 mg	79
Innopran xl	120 mg	50
Ipratropium bromide	.5 mg	63
Iron	27 mg	15
Ketoprofen	75 mg	4
Kidney support formula		126
Labetalol	100 mg	42
Lactaid ultra	9,000 FCC	25
Lactase enzyme	9000 fcc units	48

DRUG - TABLETS	DOSAGE	AMOUNT
Lantus	100 units/ml	12
Lescol xl	80 mg	89
Levitra	20 mg	46
Levothyroxine	88 mcg	2
Levoxyl	100 mcg	40
Levoxyl	125 mcg	43
Levoxyl	137 mcg	39
Levoxyl	175 mg	9
Levoxyl	75 mcg	7
Lisinopril	10 mg	301
Lisinopril	20 mg	12
Lisinopril	5 mg	35
Lithium carb	300 mg	4
L-lysine	1000 mg	90
Loperamide	2 mg	180
Lotrel	5/10 mg	14
Lotrel	10-20	387
Magnesium salicylate	467 mg	16
Meclizine	25 mg	52
Meclizine	12.5 mg	34
Meloxicam	7.5 mg	27
Men's one multivitamin		41
Metformin	1000 mg	50
Metoclopramide	10 mg	20
Metopromil	50 mg	143
Metronidazole	500 mg	19
Mevacor	20 mg	12
Mevacor	40 mg	27
Midol		8
Migraide		40
Mircette	.15/.01 mg	140
Momentum		6
Motrin	200 mg	23
Msm capsules	500 mg	200
Multi symptom day time soft gels		2
Multivitamin w/ ca & fe		100
Multivitamins plus iron		6
Mycelelex tro	10 mg	23
Nabumetone	750 mg	200
NAC	600 mg	2

DRUG - TABLETS	DOSAGE	AMOUNT
Naprosyn e	375 mg	36
Naproxen	500 mg	164
Nasopharynx		62
Natrum sulph 6x	1 g	336
Nauzene	920 mg	40
Nettles	300 mg	72
Niaspan	1000 mg	34
Nitro tab	0.4 mg	25
Non-aspirin sinus		12
Norvasc	5 mg	2
Norvasc	10 mg	106
Novotriazmide	50 mg	76
Nu-hair women		800
Ocuvite		117
Ocuvite lutein	6 mg	108
Omnicef	300 mg	10
One-a-day 50 plus		36
Ortho try-cyclen lo		84
Ortho try-cyclenine		196
Paxil	10 mg	29
Paxil	20 mg	155
Paxil	30 mg	80
Paxil	40 mg	47
Paxil cr	12.5 mg	11
Peg-intron	120 mg	5
Pepcid	20 mg	20
Pepcid ac	10 mg	95
Pepcid complete		2
Peppermint plus		42
Pepto bismal		121
Phazyme		9
Phenazopyridine	200 mg	8
Piroxican	10 mg	21
Polysporin	1/32 oz	3
Potassium cl	10 mg	115
Potassium cl	20 meq	27
Power teen		70
Pravachol	80 mg	5
Precare caplet		90
Prednisone	5 mg	3

DRUG - TABLETS	DOSAGE	AMOUNT
Prednisone	20 mg	23
Premarin	.625 mg	35
Premarin	0.9 mg	21
Prempro	0.625 mg	42
Prempro	2.5 mg	48
Prevacid	30 mg	40
Prilosec otc	20 mg	14
Prinizone	25 mg	4
Prochlorperazine	25 mg	3
Promethazine	25 mg	17
Protonix	40 mg	10
Prozac	20 mg	83
Pseudophedrine	30 mg	10
Pulsatilla		25
Quinine sulfate	200 mg	10
Ranitidine	150 mg	73
Relafen	500 mg	18
Relafen	750 mg	60
Reminyl	8 mg	9
Rimadyl	15 mg	5
Risperdal	2 mg	16
Risperdal	1 mg	108
Risperdal	.25 mg	40
Rocephin	500 mg	4
Rocephin	1 gram	3
Salivary gland support system		80
Salsalate tablets	750 mg	27
Sam-e	400 mg	108
Sam-e	200 mg	220
Saw palmetto	400 mg	400
Seleno	100 mcg	87.5
Senacot s		10
Senokot xtra		9
Seroquel	200 mg	10
Siberian eleuthero	410 mg	400
Silicea 6x	1g	500
Silmarin 80%	150 mg	98
Singulair	10 mg	15
Smz/tmp ds	800-160 mg	3
Sodium chloride tablets	1 g	70

DRUG - TABLETS	DOSAGE	AMOUNT
Sodium sulfacetamide 10%	15 grams	1
Spironolact	25 mg	95
Sporanox	100 mg	40
Sudafed	30 mg	20
Sudafed sinus		10
Sun-chlorella a		30
Synthroid	50 mcg	197
Synthroid	100 mcg	79
Synthroid	112 mcg	16
Synthroid	125 mcg	35
Synthroid	137 mcg	15
Synthroid	175 mg	50
Synthroid	75 mg	28
Tanalbit		60
Theragram-m		150
Thoridazine	25 mg	166
Trazodone	100 mg	11
Trazodone	150 mg	24
Trazodone	50 mg	25
Triaminic soft chews	160/15	72
Triamterene/hctz	37.5/25	75
Trimox	500 mg	2
Tropical papaya		200
Tums		106
Tylenol	500 mg	44
Tylenol 8 hour		7
Tylenol allergy sinus		14
Tylenol arthritis	650 mg	48
Tylenol cold		18
Tylenol pm		2
Tylenol sinus		19
Tylenol soft chews	80 mg	12
Ultradol	300 mg	4
Uniphyl	600 mg	19
Unknown		27,239
Urocit-k	1080 mg	200
Ursodiol	150 mg	6
Valtrex	500 mg	2
Veetids	500 mg	4
Verma-key	500 mg	118

DRUG - TABLETS	DOSAGE	AMOUNT
Vioxx	25 mg	7
Vitamin a	8000 usp	85
Vitamin b		84
Vitamin b6	100 mg	100
Vitamin c	1000 mg	20
Vitamin c	500 mg	76
Vitamin e	400 usp	355
Vitamin k	100 mcg	100
Vivelle dot	.1 mg	10
Voltaren	50 mg	2
Voltaren sr	100 mg	23
Voltaren	75 mg	4
Warfarin	5 mg	11
Warfarin	1 mg	60
Warfarin	2.5 mg	32
Wellbutrin sr	150mg	47
Xenadrine efx		70
Zantac 75	75 mg	118
Zestril	10mg	19
Zetia	10 mg	28
Zithromax	250 mg	6
Zocor	20 mg	100
Zofran	8 mg	3
Zoloft	100 mg	18
Zoloft	50 mg	46
Zyrtec	10 mg	29
Zyrtec-d		14
TOTAL NON-CONTROLLED TABLETS		54,037

DRUG - OINTMENTS	DOSAGE	AMOUNT (grams)
Advil children's	1 oz	0.5
Aldara	5%	12
Bactroban ointment	2%	12
Benadryl cream	2%	28
Duac gel	1%/5%	30
Erythromycin eye ointment	0.50%	2
Exelderm cream	1%	10
Feminine cream medication		28.35
Econazole nitrate cream	1%	65
Fungex skin gel		42.5
Hydrocortisone cream 1%	1/2 oz	1
Lamisil AT cream	1%	10
Lotrizon cream		3
Lotrimin af		15
Mentax	1%	8
Metrogel-vaginal	0.75%	9
Neomycin/poly/dexamethasone ointment		7
Neosporin ointment		10
Nystop		5
Orajel multiaction		9
Orajel p.m.	20%	7
Oxistat cream	1%	85
Provental HFA	90 mcg	3.7
Quadritop ointment		7
Temovate ointment	0.05%	30
Tinactin	1%	133
Tinactin cream		15
Topical antihistamine	6 oz	1
Tretinoin cream	0.03%	25
Trolamine salicylate 10%	2 oz	1
Vetropolycin		2.5
Zeasorb-af	2%	70
TOTAL GRAMS		687.55

DRUG - FLUIDS	DOSAGE	AMOUNT (cc or ml)
Allergy formula cough		118
Aquaphor		15
Astelin	137 mcg	15
Atravent	0.03%	5
Augmentin -es	600 mg	30
Benadryl liquid		110
Brimonidine tartrate	0.15%	30
Bichloracetic acid		20
Black walnut		30
Children's nighttime cough		118
Children's Tylenol	160 mg	120
Chasteberry		30
Chlorhexidine gluconate	0.12%	473
Control solution	20 ml	10
Cough formula d		5
Debrox	6.50%	15
Dermapet		240
Dimetapp dm		60
Ear drops	6.50%	30
Ear wax removal system		15
Flumist	.5 ml	31.5
Fluorometholone ophthalmic	0.10%	10
Fugi-fuge		30
Galadriel		150
Gentamicin ophthamalic	0.30%	9
Genta-spray		120
Genteal		2
Goldenseal	400 mg	30
Humulin	70/30	5
Hydrogen peroxide		230
Ibuprofen suspension		30
Infant's Tylenol	80 mg	5
Ketorolac tromethamine ophthalmic solution	0.50%	30
Kyolic liquid		10
Lantus		500
Lavender oil		35
Lotrosone lotion		30
Mega l-carnitin		355
Merthiolate		20

DRUG - FLUIDS	DOSAGE	AMOUNT (cc or ml)
Mullein		30
Multivitamin drops with DHA		100
Mylanta		147
Naphcon-a		10
Nasal crom		13
Nasal spray		44
Natural nasal decongestant	15 mg	112
Neomycin/poly/hydrocortisone solution		19
Nizoral ad		10
Nyquil cough		30
Opcon-a		10
Otomax		30
Patanol	0.10%	2
Pau d'arco		30
Pepcid	40 mg/5ml	20
Pepto bismal		90
Pet-tinc		10
Phenolic combo		30
Plum Im1		30
Potassium hydroxide	10%	60
Prednisone	0.12%	20
Quixin	0.50%	1
Refresh liquigel		15
Rhinocort aqua	32 mcg	15
Robitussin	100 mg	200
Robitussin cf		60
Robitussin dm		60
Salicylic acid 17%		22
Salicylic acid 12.6%	1/3 oz	10
Salicylic acid 13.6%	.31 oz	10
Saline nasal spray		40
Slippery elm		90
Sulfacetamine sodium ophthalmic	10%	10
Sweet fennel		10
Synotic		8
Tears naturale forte		30
Ten-0-six antiseptic spray		210
Travatan	0.0040%	15
Tobramycin	0.30%	5

DRUG - FLUIDS	DOSAGE	AMOUNT (cc or ml)
Tresaderm		15
Tresaderm		12
Tri-vi-sol	1500/35/400	100
Tussin cf		118
Ultraclear		978
Vet beta-gen optic solution		7
Vicks 44d		30
Vicks Nyquil		30
Vigamox	0.50%	3
Visine tears		2
Xylocaine	2%	25
Zymar	0.30%	5
Zyrtec syrup	5 mg	20
TOTAL NON-CONTROLLED FLUIDS 6,314 cc (ml)		

ATTACHMENT 4
FACT SHEET

What to do with Unwanted Medications

February 2005



Unwanted medicine includes:

- Expired or unwanted prescriptions and medicine,
- Vitamins,
- Veterinary medications,
- Homeopathic treatments, and
- Over the counter medicines.

Flushing or tossing unwanted medications is dangerous!

If flushed down the toilet or drain, unwanted medications can contaminate water supplies and harm wildlife. Unwanted medicine disposed in the trash can be stolen and used, potentially resulting in death or illness. Drugs tossed in the trash and taken to a landfill can also leach into groundwater supplies. Having unwanted medications around the home presents a danger to children, guests and pets who could accidentally ingest the drugs.

Safely store all medicine!

Look for leftover medicines that you no longer need. Check expiration dates and look for medicine that is discolored, dried out, crumbling or show other signs of being degraded. After identifying the medicines you want to keep, store them in a convenient, but cool and dry location. Put unwanted medicines in a safe place where you won't confuse them with currently used medication and where others can't get to them. Always keep medicines in areas where children cannot reach; if possible, keep medicines in a locked cabinet. Always keep medicine in the bottle it came in. For more information about safe storage, contact the National Council on Patient Information at (301) 656-8565 or visit their website at www.talkaboutrx.org.



Proper disposal of outdated, unwanted medications is the right thing to do! Help protect your health, your family, your community and the environment by disposing of unwanted drugs safely.

The State of Maine has a new law that may result in a statewide mail-back program for unwanted prescription drugs. For more information, contact your local legislator.



OSWER Innovations Pilot

Improving Management of Household Prescription Drugs and Associated Wastes

The Office of Solid Waste and Emergency Response (OSWER) initiated a series of innovative pilots to test new ideas and strategies for environmental and public health protection to make OSWER programs more efficient, effective, and user-friendly. A small amount of money is set aside to fund creative proposals. The creative projects test approaches to waste minimization, energy recovery, recycling, land revitalization, and homeland security that may be replicated across various sectors, industries, communities, and regions. We hope these pilots will pave the way for programmatic and policy recommendations by demonstrating the environmental and economic benefits of creative, innovative approaches to the difficult environmental challenges we face today.

BACKGROUND

Household prescription medication waste (HPW) has emerged as a significant environmental concern. Among the environmental concerns is water pollution from the disposal of prescription medication in the municipal solid waste (MSW) stream and in wastewater. Discarded prescription drug waste presents a threat in MSW because of its toxic and hazardous constituents, as well as its potential for becoming a source of medication for illegal use. Household hazardous waste (HHW) collections generally do not accept prescription medication. At present, there are no widely available solutions for proper management of HPW.

Pharmacies use bulk compounding chemicals in the formulation of prescriptions medications. These chemicals also present an MSW concern. Many bulk chemicals used are RCRA hazardous wastes and, due to the difficulty and expense of disposing of these small amounts of wastes, pharmacies may store them rather than managing them as hazardous waste. In addition,

many prescription medications are dispensed in plastic containers that are ultimately disposed. Recycling only a portion of the millions of plastic prescription vials, stock bottles, and liquids bottles that are used by pharmacies in New England each month would result in significant energy conservation and greenhouse gas savings.

PILOT APPROACH

The Northeast Recycling Council, Inc. (NERC), in conjunction with EPA New England and eleven other public and private cooperative partners, plans to develop and implement pilot collection programs for HPW and bulk compounding chemicals. Pilot activities will include writing a guidance document detailing collection methods for these hazardous wastes and developing best management practices (BMPs) for plastic medication associated containers.

After developing a strategy for addressing the relevant federal laws governing prescription medication handling and patient confidentiality,

the pilots will be designed around three models: retail-based, senior center, and HHW programs. Implementation will include arranging for safe handling and disposal of HPW, publicizing and managing the pilots, and data collection. The pilots will be evaluated for solid waste diversion data, participant demographics, costs, lessons learned, and recommendations for change or replication. For bulk compounding chemicals, the strategy will be to partner HHW programs with pharmacies. Between three and five pilot will be developed. Finally, NERC will gather and examine data relating to plastic medication-associated containers and regional recycling markets, and develop BMPs for recycling or disposing of these containers in an environmentally friendly manner.

INNOVATION

Appropriate end-of-life management of HPW through collection programs has proven to be challenging and often impossible. The complex issues related to environmental and human health, federal and state controlled substances, privacy, hazardous and solid waste laws, as well as concerns about the diversion of medications to illicit uses, are among the challenges. This project is unique in that it will draw together a multi-disciplinary team of experts actively engaged in these issues. There is no history of pharmacies using HHW programs or for handling plastic medication containers at the end-of-life, including recycling, waste-to-energy incineration, and hazardous waste incineration. This project will address these questions.

BENEFITS

This pilot will forge critical relationships between a multi-stakeholder community on complex solid waste issues related to HPW and expand the national dialogue on this topic. The project also will develop practical strategies for collecting HPW and ensuring their proper end-of-life management. As a result, the problems associated with diversion to illicit use, illegal and unsafe disposal, environmental contamination, and public health and safety concerns will be addressed through a strategy that can be replicated nationwide. The pilot will increase public awareness about the dangers presented by improper management of HPW while providing a model strategy for cost-effectively diverting hazardous chemicals from MSW to HHW programs. This will result in a more controlled management system and will improve efforts by the retail and local sectors to promote environmental stewardship.

CONTACTS

Peggy Bagnoli, 617-918-1828

For additional information, visit the EPA OSWER Innovations web site at: <http://www.epa.gov/oswer>. www.epa.gov/oswer/IWG.htm.

ATTACHMENT 6

**Unwanted Medications Collection
SURVEY
CVS Mill Creek
South Portland, ME**

Town of Residence: _____

Are you a regular CVS customer: _____ Yes _____ No

Why is the drug being disposed of?

- Didn't like the medicine (made me ill, etc.)
- Expired/out-of-date medicine
- Death (family member/friend)
- Cleaning house
- Never used the prescription
- Heard the drug was dangerous
- Drug was pulled off the market
- Other

How many different types of medications did you bring in? _____

Who's medication was it?

- Mine
- Family or household member
- Friend

How did you learn about this event?

- Newsletter
- Newspaper article
- Radio
- Word of mouth
- Flier
- Other _____

How long had you been "saving" your medicines for disposal? _____

Comments/Recommendations:

**ATTACHMENT 7
UNWANTED MEDICATIONS COLLECTION
SURVEY - REVISED**

Town/City of Residence: _____

Why is the medicine being disposed of?

- Didn't like the medicine (made me ill, etc.)
- Expired/out-of-date medicine
- Taken off medicine/no longer needed
- Changed prescription/Wrong prescription
- Death (family member/friend)
- Cleaning house
- Never used the prescription
- Heard the drug was dangerous
- Drug was pulled off the market
- Other _____

Whose medication was it?

- Mine
- Family or household member
- Friend
- Pet

How did you learn about this event?

- Flier (posted)
- Flier (stuffed - attached to purchase or in bag)
- Newspaper ad
- Newspaper article
- Radio
- Newsletter
- Word of mouth (friend, employee, pharmacist)
- Community cable
- Television news or story
- Other _____

How long have medicines been stored? _____

Did you know that disposing of unused medications down the drain or in the garbage can be harmful to the environment?

- Yes
- No

Comments/Recommendations:

ATTACHMENT 8



TIME SENSITIVE PRESS RELEASE
FOR IMMEDIATE USE
February 25, 2005

For more information, the press should contact:
Mike DeAngelis, CVS Pharmacy
401-770-2645

A First for Maine: Free Collection & Disposal of Unwanted Medication



Do you have unwanted medicine in your home? Help protect your family, community and the environment by properly disposing of them.

On Saturday, February 5th, 9 – 5, CVS Mill Creek is offering a free medicine disposal opportunity. The collection will take place at the CVS Mill Creek *only*, Ocean Street, South Portland. This is a free event for environmentally safe disposal. **NO REFUNDS OR EXCHANGES WILL BE PERMITTED.**

WHAT TO BRING TO THE COLLECTED:

- Expired or unwanted prescriptions and medicine,
- Vitamins,
- Veterinary medications,
- Homeopathic treatments, and
- Over the counter medicines.

WHAT TO DO: This is an opportunity to clean out your medicine cabinets and bring all unwanted medications, including pet medications, to the event for proper disposal.

WHAT WILL HAPPEN: There will be a police officer present to supervise the collection. All medicine will be sent to a waste facility for secure incineration. ***NO MEDICINE WILL BE RE-USED OR RE-SOLD.***

WHAT ABOUT PERSONAL INFORMATION ON BOTTLE LABELS? Please use a marker to cross off your name.

WHAT INFORMATION WILL BE ASKED OF YOU? You will be asked a few general questions, such as town of residence, why the medicine is no longer wanted and how

long they've been kept, and how you heard about this event. *No personal information will be requested.*

IMPORTANT INFORMATION ABOUT UNWANTED MEDICINE

- NEVER flush unwanted or leftover drugs down the drain. This can lead to water contamination and is affecting fish, frogs, and drinking water supplies.
- NEVER put the unwanted medicine in the trash. They could be stolen and used, potentially result in death or illness.
- NEVER give your unwanted medicine to someone else to use – it could kill them.
- NEVER take a prescription that was prescribed for someone else. It could kill *you*.
- Having unwanted drugs around the home presents a danger to children, guests and pets who could accidentally ingest the drugs.

You have the opportunity to safely dispose of your unwanted prescription drugs at no cost. Spread the word to your friends and family. This is an important new program that will help to protect your health, your children and grandchildren's health, our community and the environment.

For more information, call Anne Theriault, RPh, CVS Mill Creek Pharmacy Supervisor, 1-866-222-9438, Ext. 17155.

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