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Getting rid of unusual drugs a step to safety

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By Stevan Gressitt

Several recent reports confirm the alarming increase in prescription drug abuse in the United States. Here in Maine, a unique approach to limiting the widespread availability of these substances is under way and has the potential to become a national model.

For decades, households have accumulated unused medicines in unlocked cabinets, cupboards or drawers, since few safe disposal options have been available or publicized. Drugs stored at home may include potent, dangerous and addictive painkillers, sleeping pills, anti-anxiety medications, anti-depressants and more. For the risk-taking adolescent or the seasoned drug user, these forgotten, untended stashes of medication can be irresistible. In some cases, the drugs may simply "disappear" when a trusted friend or family member steals them. Worse, an elderly person may become the victim of a violent break-in if it is known or suspected that drugs are stored in the home.

Pharmaceuticals flushed down toilets or dumped at the local landfill find their way back into our food and water supplies and contaminate wildlife as well. Facilities that treat household and community sewage are ineffective at breaking down many medications, so antibiotics and other drugs have been measured in fish and the waters in which they swim.

All these unused medications also indicate another problem in the health care system, since each discarded pill, tablet or capsule represents money wasted in the system. It is no longer possible, or prudent, to overlook the misuse and abuse of what is accumulating daily in our own medicine cabinets across the country.

Gov. John Baldacci signed a first-in-the-nation bill, in effect for over a year now, that provides for the safe collection and disposal of these drugs. In several communities across the state, public drug "take-backs" have been sponsored by a coalition of local law enforcement officials, senior advocates and other community organizations. These medications are then stored safely under lock and key until a permanent disposal solution can be identified.

There are several reasons this is a good thing. First, it will help reduce the confusing accumulation of unused medications that occurs as people grow older — a factor in many accidental deaths and injuries among senior citizens. Second, it may help reduce childhood accidental poisonings. Third, it will reduce the availability of medicines for theft, burglary or "pharming" — the potentially fatal party-time practice among teens

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and young adults of mixing up a bowlful of unidentified prescription drugs and randomly ingesting a few. Finally, it begins to control the environmental contamination caused by unneeded drugs that are thrown into the household waste stream.

On a national level, both the federal Drug Enforcement Agency and the federal Environmental Protection Agency have held meetings and conferences to find a solution to the problem of unused patient medicine. A steady stream of news stories highlights local efforts under way in Maine and other states. For the past year, a registry of unused medicine, housed in Texas, has been tracking, sorting and quantifying the medications recovered in these efforts.

Internationally, the countries of Australia, Finland and France and the provinces of British Columbia, Ontario and Quebec, among others, have developed programs to address the problem of unused medications. Thousands of pounds, kilograms, even tons, of drugs have been safely removed from public circulation.

In Sweden, the process of "eco-labeling" has begun — drug manufacturers must rate their products according to their eventual impact on the environment, so that physicians, patients and other may make better-informed decisions about the drugs they use.

With the advent of Medicare Part D, there will probably be more drugs accumulating in American homes as many long-duration prescriptions will be delivered by mail-order pharmacies. If a patient dies, or if the medication is changed or discontinued, unused doses cannot be returned to the mail-order company and are left in the care of the consumer or his family. In 2005, before the Part D benefit took effect, local pharmacies in Maine accepted more than \$1 million in unused drugs from patients and their families. This will no longer be possible under Part D. Therefore, starting from January 1, 2006, an additional \$1 million worth of medicine will accumulate each year in medicine cabinets across the state.

There is no active statewide or nationwide comprehensive disposal program for unused drugs. Community take-backs in Maine and other states certainly help to jumpstart the collection effort, but they are limited by their capacity and by the fact that there is currently no approved final destination for these drugs. A likely destination for drugs collected in Maine is an out-of-state hazardous-waste incinerator, but this solution has not yet been approved.

Solving these problems would be a significant gift from the older generation to the younger. Federal and state agencies, the pharmaceutical industry, health care insurers, the medical, pharmaceutical, and nursing professions, health care providers, caregivers, benefactors, foundations, and the public have an opportunity, and an obligation, to go beyond dialogues on medication collection. We can now move toward curtailing overdoses, drug abuse and emergency room visits.

Maine has taken a first step forward. The organizations that have begun collaborating to ensure safe disposal deserve our thanks and gratitude. They will need our continued support, funding, and encouragement.

Earlier this week, the Office of National Drug Control Policy released a strategy for recovering unused medications, which states: "The Administration's strategy in this area involves a closer partnership with the medical community, as well as a public education campaign. In 2006, the Administration will call together representatives of the medical and pharmaceutical communities to discuss the problem and to encourage medical professionals and pharmaceutical companies to take a leading role in educating patients as to the importance of quickly and safely disposing of unneeded medications." Perhaps Maine's step forward can lead to a national approach.

Stevan Gressitt, M.D., serves as the acting secretary of the Maine Unused Drug Disposal

Group. He is the medical director at Northeast Occupational Exchange in Bangor and the founder of the Maine Benzodiazepine Study Group.

Please join our weekly conversation about Maine's substance abuse problem. We welcome comments or questions from all perspectives. Letters may be mailed to Bangor Daily News, P.O. Box 1329, Bangor 04401. Send e-mail contributions to findingafix@bangordailynews.net. Column editor Meg Haskell may be reached at (207) 990-8291 or mhaskell@bangordailynews.net.

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