



Maine Benzodiazepine Study Group
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DATE: November 22, 2006

TO: **John P. Walters**
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Executive Office of the President

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Secretary, Department of Homeland Security

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Administrator, Drug Enforcement Administration

Andrew C. von Eschenbach
Acting Commissioner, Food and Drug Administration

Stephen L. Johnson
Administrator, Environmental Protection Agency

Scott Burns
Deputy Director, Office of State and Local Affairs,
Office of National Drug Control Policy

John C. Horton
Associate Deputy Director, Office of State and Local Affairs,
Office of National Drug Control Policy

FROM: **The Undersigned Individuals and Organizations**

RE: **Proposal for a National Unused Drug Disposal Program**

According to the National Survey on Drug Use and Health, over 15 million Americans misused psychotherapeutics and pharmaceuticals in 2005, including approximately 2.5 million Americans who misused pharmaceuticals for the first time, outpacing new

According to the National Survey on Drug Use and Health, over 15 million Americans misused psychotherapeutics and pharmaceuticals in 2005, including approximately 2.5 million Americans who misused pharmaceuticals for the first time, outpacing new initiates for marijuana and cigarettes.¹ “The illicit use of synthetic drugs such as methamphetamine and otherwise-legal prescription drugs,” the President warned, “has become a severe and troubling problem, both at the national level and in affected communities.”²

One of the most common sources of illicit pharmaceuticals is the home medicine cabinet. In many cases, large amounts of unused and expired pharmaceuticals are readily accessible to potential abusers through theft, diversion, or criminal resale. In most jurisdictions, no sanctioned mechanism exists to collect and dispose of unused pharmaceuticals, forcing legitimate users to stockpile unused medicine or dispose of them in an environmentally unsafe manner. “Greater educational efforts are needed regarding quick and safe disposal of unused and unneeded medications,” an Administration official recently observed.³

One strategy for responding to this alarming national problem that the undersigned support is the development of a national program that would oversee the collection and disposal of all unused pharmaceuticals. By ridding medicine cabinets of unused medicines, we would significantly reduce the availability of pharmaceuticals for illicit diversion, provide a mechanism for disposal more environmentally sound than “hush and flush,” and remove a significant source of accidental and lethal poisonings among children.

The data gathered from sampled returns associated with such a national program will be valuable for analyzing waste in existing prescribing and compliance practices, generating significant savings for the national healthcare system.

Such a program would incorporate a mail-back and/or drop-off framework that permits residents to return pharmaceuticals to an alternative secure repository.

We recommend:

- Establishing a pilot mail-back program before instituting a national program; steps prudent to benchmark outreach, participation, volume, return and disposal practices; and
- Following evaluation, a standardized unused medicines collection, disposal, and education program should be established nationwide.

To ensure this program remains self-funded and reduces the burden on local jurisdictions, we propose a nominal 25 cent fee be assessed to each filled prescription.

We believe the effectiveness of an unused medicines disposal program will be resounding and can be measured through:

- A reduction in crime related to household prescription theft and diversion,
- A reduction of medication-related accidental poisonings among children,
- A decrease in new initiates of abused pharmaceuticals,
- A reduction in medication errors among older adults from excess stored medicines,

- A reduction in negative environmental impact from improperly disposed medicines, and
- A reduction in donation of inappropriate medicines following disasters.

We recognize that excess pharmaceuticals pose a national health, safety, and environmental threat that must be combated with a standardized program. We offer our assistance in developing such a system and encourage your thoughtful review of our recommendation.

1. ; Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies; September 2006. *Results from the 2005 National Survey on Drug Use and Health: Detailed Tables*

2, The White House, February 2006. . *National Drug Control Strategy*

3. Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control; July 26, 2006. *Testimony before the House Government Reform Committee Subcommittee on Criminal Justice, Drug Policy, and Human Resources;*

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(As of June 13, 2007)**

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