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From: e-drug-bounces@healthnet.org [<mailto:e-drug-bounces@healthnet.org>] On Behalf Of Stevan Gressitt  
 Sent: Thursday, May 18, 2006 5:36 AM  
 To: 'Essential Drugs in English'  
 Subject: [e-drug] Response to recent prescription drug abuse reports

E-DRUG: Response to recent prescription drug abuse reports  
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The following letter is being prepared to send out and signatories and supporters, individual and organizational are asked to reply by email if they feel in agreement to Stevan Gressitt, M.D. gressitt@uninets.net by Thursday, 5 pm EST in order to compile a list of supporters. The short time line was unavoidable. It is our hope that this will contribute to addressing improper drug donations.

The report by CASA, the recent announcement by DAWN, and the latest report from the Partnership for a Drug Free America regarding the incidence and significance of pharmaceutical misuse or abuse leading to emergency room visits and levels of drug abuse across the country is alarming. For several years, for some of us longer than that, there has been an effort to begin to focus on this very problem. The State of Maine has passed legislation which is the first in the country to address the return of unused consumer medication to prevent and combat drug abuse.

Amongst the many issues pertinent to unused consumer medication, we have focused on addressing five specific and significant problems. These five include:

- 1) Childhood poisoning, the unintentional pharmaceutical poisonings of children, resulting in morbidity and mortality
- 2) Teenage "pharming", that is, the theft and social use and abuse of pharmaceuticals by teenagers and also household burglary and theft from medicine cabinets;
- 3) Accumulation among older adults, particularly rampant non-compliance and poor adherence to medication regimens - greatly deteriorating patient outcome
- 4) The potential deleterious effects on wildlife and humans due to drug accumulation in waterways of all varieties and sizes throughout the country from both disposal and excretion pathways
- 5) The under regulated and poorly controlled methods of international donations to countries in need, resulting in massive amounts of "gifts" of unused and expired pharmaceuticals, or in other words a transfer of (potentially) toxic waste. In short, the need to preclude improper drug donations to disaster areas worldwide where more harm than good can be done even with the best of intentions.

At this point there have been meetings, EPA and DEA sponsored conferences, list-serves developed, and broad ongoing discussions among a diverse group of stakeholders. These discussions have, at times, been fragmented by geography and across professions and organizational interest(s.) There are efforts to address unused medication in California in the news today (May 15, 2006.) Florida, Indiana, Michigan, Minnesota, Massachusetts, Oregon, Vermont, Washington, and Maine have all begun the process of discussion and

collection. Australia, Finland, France, British Columbia, Ontario, among others, all have ongoing programs. In Sweden the process of environmental assessment and labeling of pharmaceuticals is beginning. Thousands of pounds, kilograms, even tons of unused medicine have already been removed from circulation. This process of discussion and collection has already demonstrated the reduction of harm, the improvement of healthcare, and protection of environment and healthcare dollars to come from such a program. Each wasted pill or capsule represents wasted health care dollars. The problem of unused medicine in the household has brought together physicists, chemists, nurses, engineers, physicians, drug investigators, hospice workers, law enforcement, and environmentally oriented professions. Groups focusing on the aging population, children, or teenagers have been involved.

But as of today, there is no active national or statewide program in the United States that can alert and assist average consumers to keep their households safe from and the environment unharmed by unused medications.

There is no currently accepted consensus regarding what to do with unused medications that accumulate in the household. Without a solution there is an ever increasing amount of pharmaceuticals available for illicit and unsafe use as such medicines become the source for poisonings or the target of theft. As recent reports indicate, the unintentional poisoning of children due to stockpiled drugs cannot be overlooked. This issue needs to be addressed from both the disposal dilemma as well as understanding why unused medicines accumulate in the medicine cabinet. We accept some supplies of medications eventually expire in medicine cabinets, but poor adherence and non-compliance continues to be a major source of concern in the US and around the globe. The number of consumers who do not follow medication regimens in this country continues to be substantial and we must address this issue as it has in itself a causal correlation with patient outcome and morbidity.

To help unify and streamline our efforts, all drug return or take back programs and pilots have an opportunity to provide data to a national registry in Houston, Texas, which has been operational for the past year and which is noting an increased volume of pharmaceutical returns data. Hospitals are increasingly expressing interest or actually conducting unused medicine "take-backs", as Mid Coast Hospital in Maine recently did. The capacity of such local programs, however, has not kept pace with the demand wherever it is known that these exist.

The CASA, DAWN, and now the Partnership for a Drug Free America reports sadly portray a healthcare problem with many sources, in need of many solutions - a problem that urgently needs to be addressed as the public health problem that it is. Solving the problem of disposal of unused medicine in households across the country is one of the most significant legacies that the current generation can leave for the next. Federal and state agencies, the pharmaceutical industry, health care insurers, the medical, pharmaceutical, and nursing professions, healthcare providers, clinicians, caregivers, foundations, and the public alike have an opportunity, and obligation, now to go beyond just furthering the dialogues about the benefits of unused pharmaceutical returns and to move at a quicker pace toward curtailing overdoses, and emergency room visits.

Signed:

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