



Community Prevention Partners of Santa Cruz County
A Drug Free Communities Coalition

BRIDGING DRUG AND ALCOHOL PREVENTION EFFORTS FOR A SAFER COMMUNITY

Community Prevention Partners Recommendations for Extended Producer Responsibility Ordinance

Community Prevention Partners:

Community Prevention Partners (CPP) is an alcohol and other drug prevention coalition comprised of 193 community members and numerous local organizations. CPP's mission is to build a diverse community that promotes health and well-being, and enhances youth and community safety through sustainable alcohol and drug prevention efforts.

Community Impacts:

CPP is concerned about the disposal of substances that may be harmful to our community including prescription and over the counter drugs. Numerous studies show that the majority of prescription medicines that are abused come from families and friends. Key concerns focus on increased usage of prescription medication without a prescription, local youth misuse and abuse of over the counter and prescription medications, and a high percentage of local overdose deaths due to prescription medications.

Many community members do not know how to safely dispose of medications and sharps, and choose less than desirable options including home storage, flushing medications and syringes down the toilet or throwing them in the garbage. This can lead to a host of problems including but not limited to prescription drug misuse and abuse, improper disposal of SHARPS puts many people at risk of injury and serious infection; in addition to damage to water treatment systems and pollution to the environment and waterways.

Summary of Local Data:

Compiled from the California Healthy Kids Survey (CHKS), Community Assessment Project Survey (CAPS), CPP Monitor Secure Dispose Survey Data, Coroner's Data, and the Seven Challenges Survey Data:

Deaths:

- 54% of deaths related to overdose (32 of 58) involve prescription drugs. Twenty four deaths were directly attributable to prescription medications and six involved a combination of prescription medications and alcohol, and two involved heroin and prescription drugs. (Coroner's Data January – December 2014).

Substance Use:

- In the last 30 days, 4% - 6% of students have used prescription drugs not prescribed to them. (CHKS 2012 – 2014).
- 8% of 9th graders, 15% of 11th graders report they have used prescription pain killers in their lifetime. (CHKS 2012 – 2014).
- 7% of students first used prescription drugs not prescribed to them starting as early as 11 years old, whereas 20% reported first use in high school, as early as 14 years old. (Seven Challenges Survey Data 2012 – 2014).
- Respondents were most likely to obtain prescription medicines not prescribed to them from friends, parties, homes (their own or those of friends), or purchasing it themselves. (Seven Challenges Survey Data 2012 – 2014).
- 2.2% of respondents reported using a prescription medication without a prescription in 2011, and in 2013 the number rose to 2.8%. (Santa Cruz County Community Assessment Project 2013).

Perception of Harm:

- 85% - 90% of students in junior high and high school feel their parents think it would be very wrong for them to use prescription drugs not prescribed to them. (CHKS 2012 – 2014).
- 3% - 7% of junior high and high school respondents thought their friends would not think it was wrong for them to use prescription drugs not prescribed to them. (CHKS 2012 – 2014).
- 7% - 15% of junior high and high school respondents did not know how much individuals were at risk (not just physically) by using prescription drugs not prescribed to them. (CHKS 2012 – 2014).
- 24% of respondents believe using prescription drugs not prescribed to them does not pose moderate to great risk. (Seven Challenges Survey Data 2012 – 2014).

Secure Disposal:

- 43% of community residents report that they would dispose of expired or unwanted medications by flushing them, discarding them in the garbage or recycling, or by mixing them with an undesirable substance such as kitty litter. (CPP Monitor Secure Dispose Survey Data 2014).
- 69% of respondents store medications in a medicine cabinet or an easy to access location. (CPP Monitor Secure Dispose Survey Data 2014).

Local Conditions:

We have an existing take back program that works well, the Sharp Solutions for Home Medicines. Currently the program has 22 sites that accept medications including 12 pharmacies, 5 police stations, 4 household hazardous waste facilities and 1 medical clinic. Former County Recycling Coordinator, Jeffrey Smedberg reported in early 2015 that over the last 4 years the program has steadily collected 1,000 pounds of drugs monthly (over-the-counter and prescription medications). Five additional clinics have been inspired by the local program and are also providing take back programs to their own clients. Even though our local program has grown and served as a model program for local healthcare providers it is currently limited due to resources.

* Over the past year, the Take Back program collected an average of 635 pounds of sharps per month, at a cost of about \$1,650. This equates to about 7600 pounds and \$20,000 per year. The amount has been slowly increasing since the beginning of the program, and we expect with more outreach and education there is room for further

growth.

* Currently the county spends approximately \$30,000 annually on disposal of prescription medications.

* Volunteers collect more than 3,000 SHARPS a year from local beaches, rivers, parks and streets;

National and Regional Conditions:

One of the four top recommendations of the National Strategy on Preventing Prescription Drug Abuse is to have a safe and convenient method of disposal for prescription and over the counter drugs we have in our homes. Our local Sharp Solutions for Home Medicines program is an effective model program. The cost for a drop box runs \$800 per box and the annual county cost for incineration is \$26,000. Currently all disposal costs are externalized to the public sector to deal with leftover medications. Heidi Sanborn, Executive Director of the nonprofit California Product Stewardship Council (CPSC) states that “local governments cannot afford to provide the programs to the level that they need to be available to get a high level of participation from the public.”

Other manufacturers are absorbing the costs of taking back the leftover hazardous materials that they produce and other counties have begun to enact or introduce extended producer responsibility (EPR) Ordinances related to the product end-of-life management. CPSC believes that EPR is a better way, citing successful manufacturer-funded take back programs in Canada and Europe. Public surveys in Canada demonstrate the effectiveness of the program on multiple fronts- public awareness and use of the program, the volumes of medications collected and the fact that 96% of the pharmacies host collection bins.

In July of 2012, Alameda County supervisors passed a pioneering EPR ordinance requiring pharmaceuticals producers to fund local take back programs. The Ninth U.S. Circuit Court of Appeals upheld the law in September of 2014 and recently, the US Supreme Court declined to hear the appeal by the pharmaceutical industry of the Alameda County pharms EPR ordinance. A clear path forward has now been provided for other jurisdictions to create and implement EPR ordinances like Alameda, San Francisco and King County (WA) have done.

To address improper disposal and the associated impacts, **the CPP recommends that an EPR Stewardship Ordinance is put into place locally** that includes the following elements:

- Over the counter medications
- Controlled substances
- Sharps
- Producers pay 100% of the program hard costs
- Convenience standards set to provide reasonably convenient and equitable access
- Producer funded and managed public education/ outreach programs that are subject to local government oversight
- Producers pay fees to reimburse public agency oversight costs

- Allows the public agency to assess a penalty/fine for failure to comply