

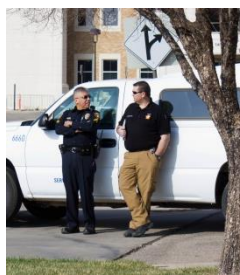
Take Back Programs as Part of the Solution to the Prevention of Prescription Drug Abuse

Dr. Jeanie Jaramillo

Director, Medication Cleanout™

Managing Director, Texas Panhandle Poison Center

Assistant Professor, Texas Tech University Health
Sciences Center School of Pharmacy



What is a “take back” program?

- The definition of medication “take back” programs vary
- Generally, a medication take back program is some variation of a periodic event in which unused, expired, or no longer needed medications are collected for disposal
- Programs vary in who they accept items from (i.e. the public vs. clinics, nursing homes, etc. or a combination)



What requirements are there for take back programs?

- Rules and requirements vary by state
- Include local, state, and Federal
 - Law enforcement
 - Environmental
 - Department of transportation
 - State board of pharmacy



Take Back Programs

What they can do:

- Remove unused meds from homes
- Increase public awareness of home meds as source for abuse & poisonings
- Provide info/data on availability of meds in homes – what's out there?
- Address ONE source of meds – i.e. homes/med cabinets

What they can't do:

- Keep people from doctor shopping for the purpose of abusing or diverting meds
- Stop physicians from knowingly and willingly overprescribing medications for abuse purposes (i.e. pill mills)
- Provide any info regarding people who use all of their meds or do not participate in take back programs



Medication Cleanout™

- Program to allow households to bring meds for appropriate disposal
- Began in 2009 with Amarillo Police Department, Amarillo Independent School District, Texas Tech School of Pharmacy
- Combination poison prevention, abuse/crime prevention, research effort
- 2010 received HHS/HRSA Poison Center Incentive Grant - \$100K X 3 years; economy tanked; years 2 & 3 were pulled
- Program continued on minimal funds

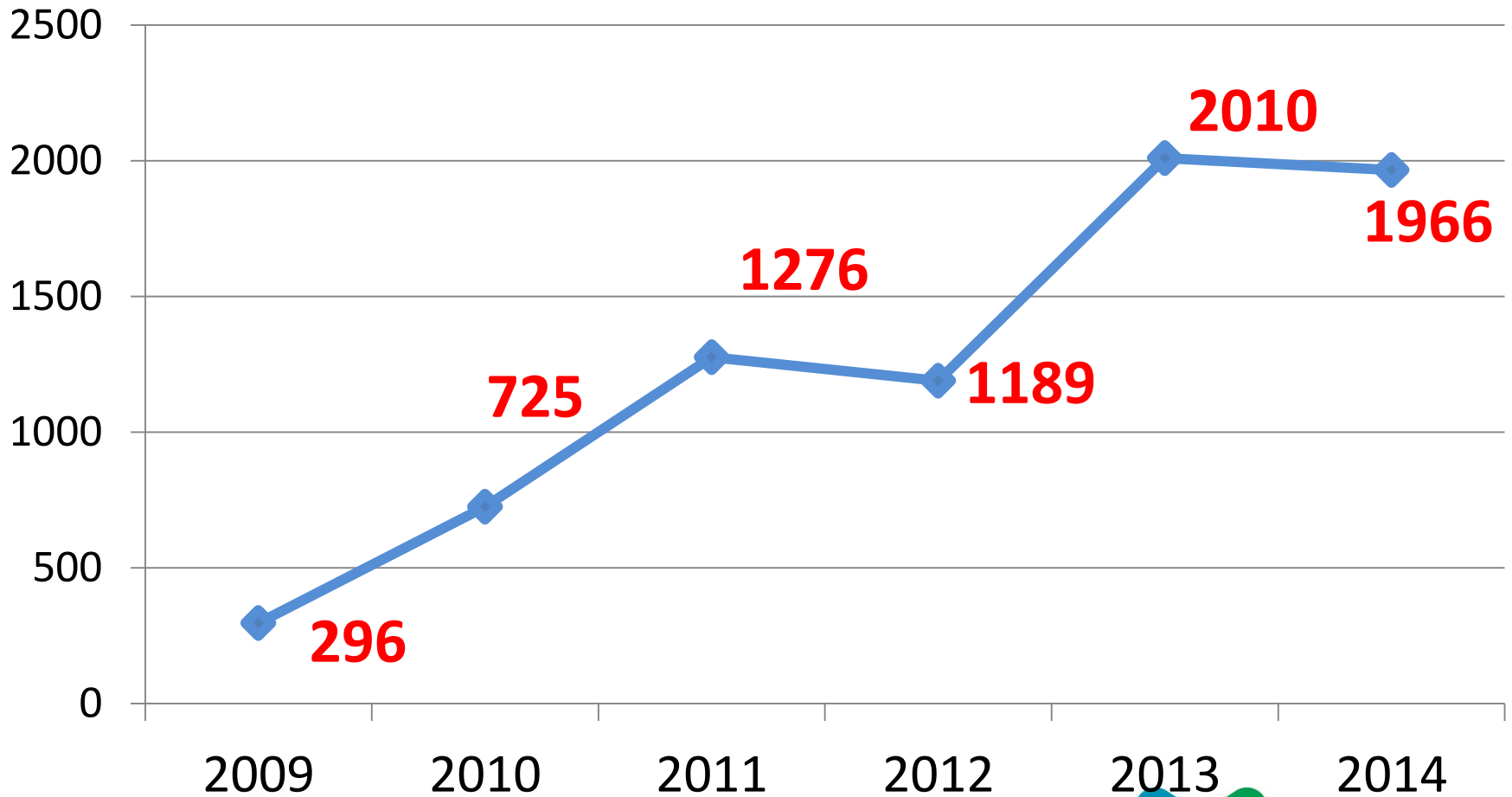


Medication Cleanout™

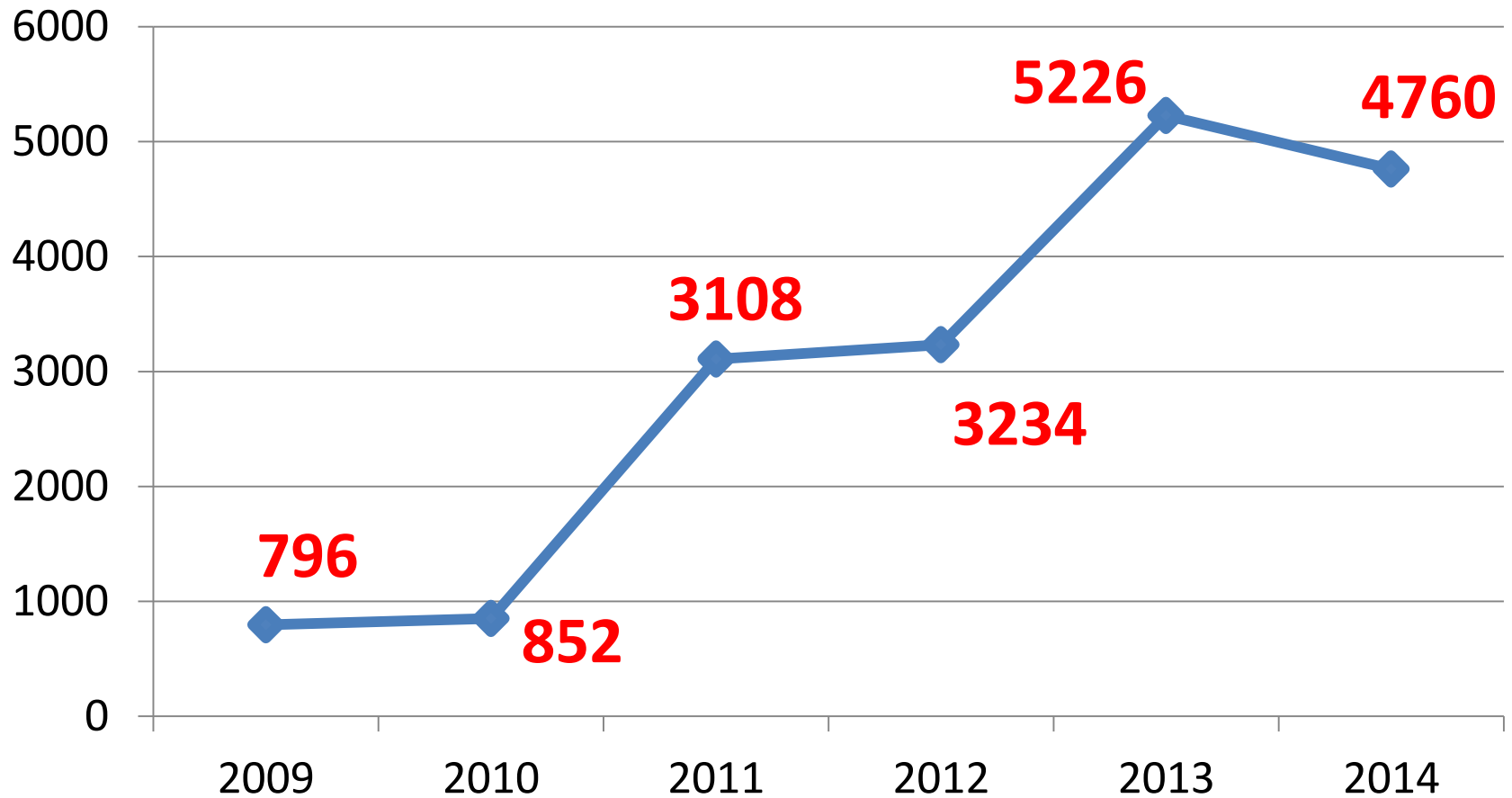
- 35 events to date across the Texas panhandle
- 20,229 pounds of unused meds collected
 - 1,344 pounds of controlled substances (7%)
 - 18,885 pounds of non-controlled substances (93%)
- 832 pounds of sharps



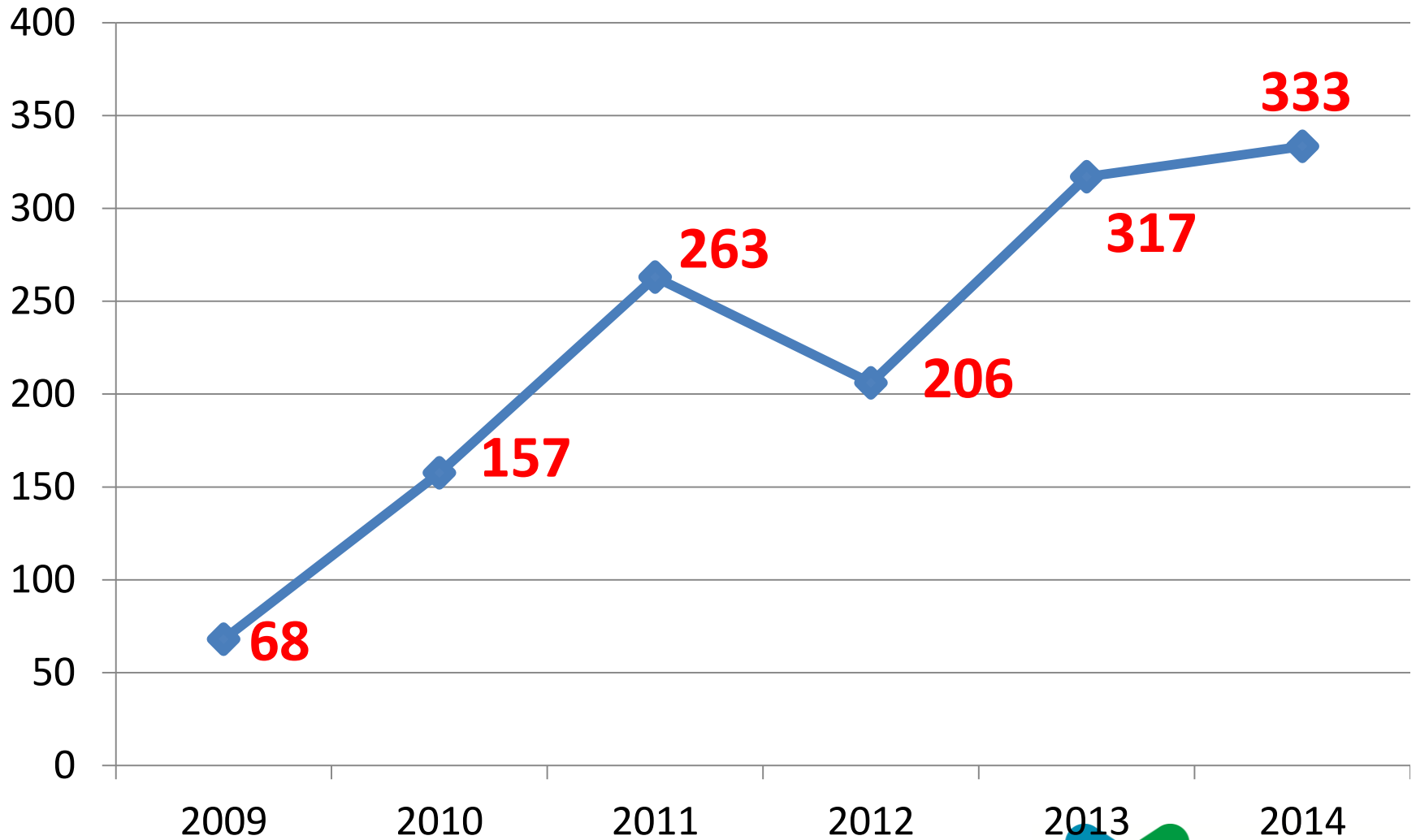
Number of Participants



Non-controls in Pounds



Controls in Pounds



Looks Good – Has It Helped?

- Texas Prevention Impact Index (TPII) – collects data specific to 41 county West Texas region (Region 1)
- Misuse & abuse of prescription drugs by students in Amarillo ISD has declined over the last 3 years counter to national trend
- Participants reported that parents and peers disapprove of abuse of prescription meds over that of tobacco, alcohol, and marijuana
- Many other confounders to consider



What other data does Medication Cleanout collect?

Collection # (from bag, green sticker, or survey)

Collection Number Please enter a Collection Number

Created 10/12/2014 2:40 PM

Updated

☐ Entry needs review

Classification

Regulatory Status DEA Schedule

Controlled Substance inventory number

not selected

(white stickers)

Name of Drug or Product

Product Name

☐ Imprint

Search

MDX search inclusions: ☒ Strength

☒ Manufacturer

Exact

Similar

Strength

Units

Q / PER

Units

not selected

not selected

Quantity when container was new

Quantity Collected

Original Amount ☐ Unknown

Collected Amount ☐ Estimate

AAPCC Code

PDX Code

Formulation

PDX Formulation

not selected

Manufacturer

If prescription, enter the date filled

Expiration date

☐ Item Appears to be Sample.

☐ Item appears to be factory sealed.

☐ Item appears to be a mail-order prescription.

Medication	# of Containers	Unused %
pentazocine (e.g. Talwin)	54	91%
methadone	30	88%
butorphanol (Stadol)	36	87%
androgen (testosterone)	111	87%
benzodiazepines (Xanax,etc)	1585	85%
fentanyl	204	85%
morphine	232	85%
buprenorphine (suboxone)	14	82%
meperidine (Demerol)	14	81%
other sedative/hypnotic	574	80%

Medication	# of Containers	Unused %
propoxyphene (Darvon)	15	78%
diphenoxylate/atropine (Lomotil)	199	78%
tramadol*	147	77%
other GABA anticonvulsant (Lyrical)	415	75%
hydrocodone/ APAP (Lortab)	3593	69%
APAP/ other adult formulation	49	68%
APAP/ propoxyphene** (Darvocet)	1178	68%
Hydromorphone (Dilaudid)	25	68%
Carisoprodol (Soma)	129	68%
APAP/ codeine	415	65%
hydrocodone alone or combo other than APAP	109	62%

*tramadol became controlled in Texas 8/14/14

** FDA recommended against continued prescribing of propoxyphene 11/19/10

Medication	# of Containers	Unused %
amphetamine and related compound	167	61%
APAP/ oxycodone	109	58%
antihist/decon/codeine	179	58%
APAP/ other opioid*	37	56%
antihist/decon/hydrocod	296	55%
codeine products	249	52%
methylphenidate	166	48%
phenobarbital	38	46%
THC pharmaceuticals	8	45%
oxycodone	4	38%

*APAP/tramadol & apap/pentazocine

So, what does all of this mean?

- Significant overprescribing is occurring
- Patients are being prescribed greater quantities than they need; particularly with controlled substances
- In many cases, physicians could be prescribing HALF the amount of controlled substances
- Prescribe less with refills, if needed, to avoid accumulation of unneeded medications in the home



How do we use this information?

- Publish data in medical literature
- Educate healthcare community to include physicians, pharmacists, nurse practitioners, etc.
- Advocate for changes in the healthcare industry – prescribing large quantities of medications for minor procedures should not be acceptable
- Consider 15 day limits (MaineCare model) on initial prescriptions for:
 - medications frequently discontinued due to side effects,
 - medications with high discontinuation rates,
 - medications with frequent dose adjustments
- Ensure cost effectiveness without wasting or discarding medications



Educate the Public

- Let consumers know that keeping excess meds in the home presents a risk
- Educate consumers that they can ask their pharmacy for a “partial fill” of a medication
- Remind them to safeguard medications, especially controls (lock them up if possible – monitor them otherwise)
- Talk to their children about the dangers of prescription abuse



More Data Needed

- Pharmaceutical system in the U.S. is broken
- Auto-refills and mail order are leading to large accumulations of meds in homes
- Ludicrous that refills can be distributed without a patient confirming that:
 - a) They still use the medication and,
 - b) They need more of it.
- This is costing the healthcare industry (and tax payers) billions of dollars a year



More Importantly

- This is costing people their lives!
 - Not just in terms of life and death
 - Quality of life
 - Addiction
 - Gateway to other drugs of abuse



Car 188



Car 188 – Case Example

Controlled Substances			
Product:	Strength:	Quantity:	Est. Value:
diazepam	5	2385	\$140.12
hydrocodone/apap	10/325	500	\$349.50
hydrocodone/apap	5/500	22	\$3.11
Lyrica	75	84	\$235.68
morphine	30	6699	\$3,678.58
morphine	15	3338	\$966.90
MS Contin	30	3	\$9.36
MS Contin	15	6	\$9.85
oxycodone/apap	5/500	802	\$322.81
temazepam	30	180	\$90.09
carisoprodol	350	50	\$50.00
TOTAL		14069	\$5,855.99

Estimated street value \$385,000

Car 188 – Case Example

Non-Controlled Rx Substances					
Product:	Quantity:	Est. Value:	Product:	Quantity:	Est. Value:
Antacids	446	\$2,428.81	Hormones/antagonists	2568	\$666.22
Antibiotics	405	\$1,177.04	Miscellaneous	3527	\$5,768.70
Anticholinergic drugs	168	\$3,680.93	MVI: adult	91	\$83.54
Anticoagulants	3977	\$4,064.26	Cyclobenzaprine	356	\$538.53
Antidepressants	570	\$2,595.63	Methocarbamol	419	\$714.67
Antifungal	245	\$326.28	Other skeletal muscle relaxant	3868	\$5,575.44
Antihistamine	6067	\$6,456.57	Opioids (tramadol)	1279	\$2,713.26
Antineoplastics	20	\$423.16	Oral hypoglycemic: biguanide	79.5	\$94.01
Antiparasitics	745.5	\$1,078.09	Colchicine	14	\$4.44
Asthma therapies	1736	\$8,508.77	Ibuprofen	93	\$5.13
Cardiovascular	6020.5	\$11,096.50	Indomethacin	13	\$30.36
Cyclic Antidepressants	232	\$248.06	Naproxen	248	\$568.09
Diuretics	951	\$203.76	Other B complex vitamins	134	\$148.23
Electrolytes	64	\$25.49	Buspirone	49	\$97.54
Gastrointestinal	388	\$118.99	Phenothiazine	115	\$87.44
			TOTAL	34889	\$59,527.91

Contact Information

Jeanie Jaramillo, PharmD

jeanie.jaramillo@ttuhsc.edu

Texas Panhandle Poison Center/TTUHSC SOP

1300 S. Coulter, Suite 105

Amarillo, TX 79106

(806) 414-9402

www.MedicationCleanout.com

(806)414-9495

