



The New York Water Environment Association, Inc.
The Water Quality Management Professionals

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April 2, 2018

Honorable Kemp Hannon
Chair, Senate Health
Committee New York State
Legislature Capitol
Building, Rm. 420
Albany, NY 12247

Honorable Aileen
Gunther Assembly
Health Committee New
York State Legislature
Legislative Office Building, Rm. 826
Albany, NY 12248

RE: Support for S.7354 / A.9576 – Drug Take-Back Act

Dear Senator Hannon, Assemblywoman Gunther, and Members of the Assembly Health Committee:

The New York Water Environment Association (NYWEA) strongly supports the Drug Take-Back Act, S.7354, “same as” bill A.9576. We thank you for your leadership in promoting effective producer responsibility policy by introducing this legislation.

Well over four billion prescription medications are dispensed in the U.S. annually, and many of those drugs go unused. Many people stockpile unused drugs in household medicine cabinets, which are then accessible to abusers or lead to accidental poisonings, especially among children. Deaths from drug overdoses and chronic drug abuse in NYS have increased at an alarming rate of 71 percent between 2010 and 2015.

The lack of safe disposal options is perpetuating the antiquated and harmful practices of flushing unwanted drugs or throwing them in the trash. Publicly Owned Sewage Treatment Works (POTWs) and septic systems are not designed to remove these contaminants; therefore, every time we flush drugs we are polluting our waters with trace amounts of drugs. Drugs thrown in the trash are most often sent to landfills, with pharmaceuticals ending up in landfill leachate (water that passes through the landfill). Leachate is sent for treatment at POTWs. Both disposal practices threaten water quality and aquatic life.

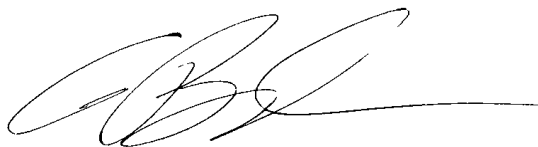
Mounting evidence demonstrates the need for safe and secure disposal options for
Support for NY bills S.7354 and A.9576

pharmaceuticals that match the convenience of purchasing pharmaceuticals. Providing the public with increased access to safe pharmaceutical disposal options is an effective way to reduce accidental poisoning and drug abuse and to prevent flushing and trash disposal. While NYS has invested millions of dollars in expanding safe disposal options, many New Yorkers still do not have convenient access. This legislation would provide a sustainable funding mechanism for a robust, statewide disposal program by holding drug companies accountable for managing their products throughout the entire product life cycle, instead of solely relying on taxpayers to fund management of these drugs at the products end-of-life.

Our recommendations to strengthen the bill are attached for your consideration. We also offer you our technical expertise to address any questions that may arise as the legislature considers this critically needed program aimed at protecting both public health and the environment. We urge all members of the Assembly and Senate Health Committees to support this bill.

Thank you again for your strong leadership on this important issue, and we look forward to supporting your efforts on safe drug disposal.

Respectfully,

A handwritten signature in black ink, appearing to read 'GB', with a long horizontal line extending to the right.

Geoffrey Baldwin, PE, BCEE

**CC: Members of the Assembly Health Committee
Members of the Senate Health Committee**

About NYWEA: The NY Water Environment Association was founded over 90 years ago. Our mission is to serve the best interest of the public by promoting sustainable clean water quality management through science, education and training. We have ~3,000 members throughout the state that work in a variety of disciplines all involved in water quality management,

RE: Suggestions to strengthen S.7354 / A.9576 – Drug Take-Back Act

Dear Senator Hannon, Assemblywoman Gunther, and Members of the Assembly Health Committee:

The New York Water Environment Association (NYWEA) strongly supports the Drug Take-Back Act, and offer the following suggestions for your consideration. We thank you for your leadership in promoting effective producer responsibility policy by introducing this legislation.

- **Convenience standard:** To ensure all NYS residents are served, particularly those in rural areas, the bill should require a minimum number of collection locations per area and/or per number of residents (equitably distributed geographically). A convenience standard should meet the needs of all NYS residents. You should consider the following:
 - At a minimum, two (2) collection locations for counties of 50,000 population or less; at a minimum, three (3) collection locations for counties of 50,000 to 100,000; for counties of 100,000 or more, a fair and logical ratio of collection locations.
 - Another alternative for consideration to ensure customer convenience would be: a minimum of 1 collection site in each population center (defined as a city or town and the unincorporated area within a 10-mile radius) plus 1 additional collection site for every 20,000 residents of the city or town in the population center. On islands and in areas outside population centers (city or town and surrounding area within 10-mile radius), there must be a drop box at the site of every potential authorized collector (e.g., retail pharmacy, hospital/clinic, police station) that is regularly open to the public, unless that site is unwilling or unqualified.
 - Current DEC drug take-back pilot includes 10% of pharmacies, which is a strong starting point. However, more collection locations are needed to achieve true convenience for all NYS residents.
 - Simply requiring chain pharmacy participation, in addition to existing locations, will not provide adequate service to rural NYS, as demonstrated by the coverage gaps in this [GIS map of chain pharmacy and existing collection locations](#).
 - Ensure the manufacturer-funded program includes an “Opt-in” so that any authorized location (e.g., D.E.A. registered: pharmacy, narcotic treatment center, long-term care facility, or law enforcement agency site) that volunteers to participate must be included in the program within 90 days of volunteering.
 - Ensure the manufacturer-funded program incorporates existing locations from current DEC pilot program without interruption in service to the public.
- **Drop-boxes** (i.e., on-site collection receptacle “kiosks”): Should be a required method of collection. Drop-boxes of various sizes and shapes are available through various vendors to accommodate various needs. Exemptions can be made available to pharmacies that demonstrate they are too small to accommodate a drug take-back drop-box. Consistent branding should be required for all drop-boxes.
- **Other collection methods:** Specifically, collection events and mail-back envelopes should be required in cases where the oversight department determines manufacturers cannot otherwise meet convenience standards. Mail-back envelopes are more expensive than kiosks for destruction of collected material per unit, and can contain only a limited amount of material, however they can be helpful as a supplement to mandatory drop boxes in order to meet the needs of home-bound or differently-abled residents. These should be made available to residents upon request via the program’s website and toll-free phone number. The results of other drug take-back pilot support these findings.
- **Collection locations: "A Municipality" should not be included** in the definition of "Authorized Collector" in legislation as this is not permissible under DEA rules.

- **Destruction facility requirement:** Do not require "permitted *hazardous* waste disposal facility" for destruction. *Municipal* waste combustion facilities can meet DEA standards for rendering collected material "non-retrievable," and would lower the programs carbon footprint by reducing transportation distance. Allow both for destruction of collected material.
 - Recommended language: "Explains how covered drugs will be safely and securely tracked and handled from collection through final disposal and destruction, policies to ensure security and compliance with all applicable laws and regulations including disposal and destruction at a licensed waste disposal facility that renders drugs non-retrievable as required by 21 CFR §1317.90 DEA regulations;"
- **Alternate drug disposal method:** Any additional alternate drug disposal method used should be as stringent, or more stringent, in protecting environmental and public health as incineration and must be approved by the oversight department to be included in the program. The department should be wary of in-home drug disposal products or "pouches" containing activated carbon or other material claiming to render pharmaceuticals safe to dispose of in the household trash for the following reasons:
 - These products have not been approved by the Federal Drug Enforcement Administration (DEA) or U.S. Environmental Protection Agency (EPA), and [there is not enough scientific evidence that these products are safe or effective](#).
 - A [report](#) commissioned by the San Francisco environmental department points out the many questions still left about the effectiveness and mode of action of the products.
 - Any form of drug disposal in the household trash should be considered a [last resort](#). Drug take-back drop-boxes should be the first choice when available, and mail-back envelopes the second choice.
 - Messaging should direct consumers to utilize take-back for all unwanted medications, even those treated with disposal pouches.
- **Reporting by Weight:** "Weight collected" should be required in the reporting requirements instead of "volume collected." Weight is more accurate and appropriate as volume does not account for large/empty pill packaging or dense liquids.
- **Public education requirements:** In their program plan, to be pre-approved by the oversight department, the manufacturers should be required to include (at a minimum) the following in their public education strategy: signage for drop-boxes, posters for participating and non-participating pharmacies, and pamphlets for providers. Program signage should clearly state what material is and is not accepted for collection by the program. DEA rules includes minimum signage requirements. To reduce undesirable material, signs should clearly state where/how to safely dispose of material that is not accepted (medical sharps, mercury thermostats, etc.) or where to find this information. Manufacturers should also be required to develop a program information website that identifies all drop off locations, as well as a toll-free number. All outreach material should be available in all languages commonly spoken in NYS. To evaluate education efforts, representative public and provider awareness surveys should be required before the program launches, 12-15 months after the program launches, and every other (biennially) year thereafter.
- **Reporting requirements** should specify what must be included by manufacturers in their reports to the DEC including, at minimum, public education requirements, awareness survey results, a description of any safety/security problems, program feedback they received, and the amount (in weight) collected by each location and by each method. This information can be self-reported, with a requirement for periodic, independent audits paid for by the manufacturers.
- **Role of government:** Drug manufacturers should be responsible for funding, designing, and running the program with government oversight. The department that provides oversight could be the health

department due to its familiarity with the stakeholders involved (e.g., drug companies, pharmacies, reverse distributors). In NYS, the Department of Environmental Conservation has experience running its own government-funded drug take-back program, which may reason enough to make it the lead agency. Both departments should have, at minimum, an advisory/consulting role in the program approval and implementation process. The oversight department should be given the authority to adjust program requirements as needed, including the convenience standard, education and outreach, and reporting. The oversight department should also be given the right to audit or inspect the program in response to a complaint, including program records and an authorized collector's facilities, vehicles and equipment used in carrying out the program.

- **Preemption:** Preemption of local drug take-back laws can be included in legislation if the state law is more stringent than the local laws. Local laws that are more stringent than the state law should not be preempted. Sample language to that effect can be found in the [original WA State bill](#), pg. 16-17.

END