WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING
AS THE
HEALTH BOARD

10:30 a.m. Tuesday, October 3, 2017
Council Chambers, 311 Grand Avenue

A G E N D A

<table>
<thead>
<tr>
<th>Meeting Topics</th>
<th>Pages</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Public Session</td>
<td>no ppr</td>
<td>10:30-10:40</td>
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<td>2. Director/Health Officer Report</td>
<td>no ppr</td>
<td>10:40-10:45</td>
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<td>3. Public Health Advisory Board (PHAB) Update</td>
<td>no ppr</td>
<td>10:45-11:00</td>
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<tr>
<td>4. The Opioid Epidemic: Impact and Action</td>
<td>1 - 22</td>
<td>11:00-noon</td>
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AGENDA ITEM #4: The Opioid Epidemic: Impact and Action

PRESENTER: Cindy Hollinsworth and Anne Deacon

BOARD ACTION: Action Item ☒ Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

The social, economic, and public health impacts of the opioid epidemic are well-documented nationally and in Washington State.

There are efforts to address opioids at all levels of government. The Whatcom County Health Department is heavily involved with community partners in addressing opioids, and the presentation will outline state and local actions and initiatives.

Presenters will also provide local data about the prevalence of opioids, and two stories of Whatcom County residents affected. Continued education and updates will be provided in future meetings, so Health Board members can spread awareness and take policy steps to bring about positive change.

BOARD ROLE / ACTION REQUESTED

1) Promote the efforts and resources locally to your networks and constituents.
2) Support outside funding to expand syringe services program to better address the growing need and provide more access geographically.
3) Consider secure medicine return and lock bag initiatives.

ATTACHMENTS

- Power point presentation “The Opioid Epidemic: Impact and Action”
- Opioid Abuse Strategies and Next Steps
- Secure Medicine Return Proposed Policy Overview
- Secure Medicine Return Frequently Asked Questions
- Secure Medicine Return timeline
The Opioid Epidemic: Impact and Action

Cindy Hollinsworth, MSN, RN
Manager, Communicable Disease and Epidemiology Division

Anne Deacon, LICSW
Manager, Human Services Division

October 3, 2017
Whatcom County Health Board

A Public Health Crisis: Adults

As of 2016, opioid overdoses are the leading cause of death among Americans under 50.

78 people in the US die daily from opioid overdose.

Nearly 2 million people in America are addicted to opioids.

3 out of 4 people who use heroin started with prescription pain medications.
A Public Health Crisis: Youth

2% of Whatcom County 8th graders report using heroin at least once.

3% of Whatcom County 10th graders report using heroin at least once.

3% of Whatcom County 10th graders report using prescription meds to get high.

A Public Health Crisis: Youth

66% of adults in Whatcom County feel prescription drugs are a “moderate to serious” problem for youth.

78% of Whatcom County adults feel that youth have a “high risk” for harming themselves if they use medication without a prescription or in a way other than prescribed.
James – More than Once

How Did We Get Here?

Prescriptions for opioids  Cost of heroin

False Branding
Addiction = brain disease
Opioid Related Emergency Room Visits

Emergency room visits per 100,000 residents, WA vs. Whatcom County | Source: PeaceHealth St. Joseph Medical Center, 2016-2017

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<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
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<tbody>
<tr>
<td>2016</td>
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<td>2017</td>
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Statewide

Whatcom

Treatment Admissions by County

Rate of admissions per 100,000 residents | Source: Opioid Trends Across Washington State, ADAI, University of Washington, February 2015

Whatcom County

2002-2004: 90-180 per 100,000

Whatcom County

2011-2013: 309 per 100,000

*Highest rate in WA state
Deaths from Opioids

Opioid deaths per 100,000 residents, WA vs. Whatcom County | Source: Opioid Overdose Report, Washington State Department of Health

Action and Organization

December 2014 Community Forum

Three Committees:
1. Community Health/Prevention
2. Treatment/Healthcare
3. Criminal Justice
Improve prescribing practices and expand access to treatment for opioid dependence. Distribute naloxone to people who use heroin to prevent deaths from overdose. Optimize and expand data sources to monitor and evaluate opioid misuse.

GOAL 1: Prevent opioid misuse and abuse.
GOAL 2: Treat opioid dependence.
GOAL 3: Prevent deaths from overdose.
GOAL 4: Use data to monitor and evaluate.

Whatcom County Workgroups

Safety
Marketing
Naloxone

LOCAL ACTION: MARKETING

whatcomhope.org
LOCAL ACTION: SAFETY

- Medicine Inventory Tool
- Lock Bags
- Secure and Safe Return
  - Timeline
  - FAQs

Syringe Services Clients by Zip Code

Client rate per 100,000 residents | Source: Whatcom County Health Department, 2015-2016
Needle Damage & Wounds:
Increased Emergency Room Visits & risk for HIV & Hepatitis C

New Annual Cases of Hepatitis C
Acute Hepatitis C incidence rate per 100,000 residents | Source: Washington State Department of Health, Communicable Disease Surveillance Data, 2007-2016
Rhoda – Syringe Services

Distributions at Syringe Services:
- 2016 – 210 doses
- 2017 – 392 doses

- Opportunity Council
- Brigid Collins
- Northwest Youth Services
- Law Enforcement
- EMS

LOCAL ACTION: NALOXONE

Distributions at Syringe Services:
- 2016 – 210 doses
- 2017 – 392 doses

Receive doses of naloxone from health department or other sources:
- Opportunity Council
- Brigid Collins
- Northwest Youth Services
- Law Enforcement
- EMS
LOCAL ACTION: TREATMENT

- Current providers
- Incoming providers, triage facility
- Hub and Spoke model

HUB AND SPOKE MODEL

Vermont Department of Health
Incarceration Prevention and Reduction Task Force:

- Drug Court
- Mental Health Court
- Housing Programs
- GRACE
- Prevention Programs

LOCAL ACTION: CRIMINAL JUSTICE

What We’re Doing/Have Done

- Triage facility expansion
- Pharmaceutical Stewardship/Secure Medicine Return
- Expand homeless outreach team and access to treatment
- Mount Baker prevention grant
How You Can Help

Support outside funding to expand syringe services program
- mobile program
- co-location in other areas of county
- expanded hours or days at current location

Opioid Summit – October 25

Cindy Hollinsworth, MSN, RN
Communicable Disease and Epidemiology Manager

Anne Deacon, LICSW
Human Services Manager
Whatcom Opiate Response Plan  
Progress & Next Steps (9.8.17)

### SAFETY
**State Goal 1: Prevent opioid misuse and abuse.**

#### Objective 1.1: Create a “Medicine Inventory Tool” that Whatcom County residents can use to monitor and track their medications.

<table>
<thead>
<tr>
<th>Updates</th>
<th>Next Steps</th>
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<tbody>
<tr>
<td>✓️ Research existing examples of medicine inventories</td>
<td>1) Finalize Whatcom Medicine Inventory</td>
</tr>
<tr>
<td>✓️ Draft Whatcom Medicine Inventory (modified and localized)</td>
<td>2) Upload to website for public access</td>
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#### Objective 1.2: Acquire and distribute medicine lock bags/boxes to Whatcom County residents.

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<thead>
<tr>
<th>Updates</th>
<th>Next Steps</th>
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<tr>
<td>✓️ Submit proposal to Chuckanut Health Foundation (March)</td>
<td><strong>Phase 1: Planning (August-September 2017)</strong></td>
</tr>
<tr>
<td>✓️ Create initial draft of client brochures for pharmacies (March)</td>
<td>1) Determine media and marketing plan to promote project and public awareness</td>
</tr>
<tr>
<td>✓️ Pilot Lock bag dissemination-50 bags (4/29/17)</td>
<td><strong>Phase 2: Development (September-October 2017)</strong></td>
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<tr>
<td>✓️ Notice of award from Chuckanut Health Foundation (August)</td>
<td>2) Purchase lock bags and distribute to participating pharmacies</td>
</tr>
<tr>
<td>✓️ Contract with Shew Design for development of campaign materials (August)</td>
<td>3) Finalize and print educational materials (rack cards) and distribute to participating pharmacies</td>
</tr>
<tr>
<td>✓️ Establishment of design committee for web and materials</td>
<td>4) Translate into additional languages</td>
</tr>
<tr>
<td><strong>Phase 1: Planning (August-September 2017)</strong></td>
<td>5) Determine process for pharmacy participation (system for distribution, requirements, etc.).</td>
</tr>
<tr>
<td>✓️ Research lock bag/box options (pricing, locking mechanisms, size, capacity, versatility, etc.)</td>
<td>6) Confirm participation from pharmacies in education and lock bag distribution</td>
</tr>
<tr>
<td>✓️ Develop education materials for clients prescribed opioid medications (i.e., rack cards) on the potential harms of abuse, addiction, and proper storage and disposal, etc.</td>
<td>7) Finalize media and marketing plan for lock bag distribution and public awareness efforts</td>
</tr>
<tr>
<td>✓️ Create roster of pharmacies and take back locations</td>
<td>8) Initiate media and marketing campaign (free and paid media)</td>
</tr>
<tr>
<td>✓️ Initiate contact with pharmacies to engage them in project</td>
<td><strong>Phase 3: Implementation (October-November 2017)</strong></td>
</tr>
<tr>
<td>✓️ Develop and distribute surveys to Pharmacies (topics of naloxone, take back, and lock bag project)</td>
<td>9) Lock bags distributed to the public by participating pharmacies</td>
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<td>10) Pharmacies distribute educational materials with lock bags to the public</td>
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<tr>
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<td>11) Make brochures and other educational materials available for download on web, social media, and other channels</td>
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<td></td>
<td>12) Continue promotion of lock bag distribution and public awareness</td>
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<tr>
<td></td>
<td>13) Collect data and information about numbers reached, effectiveness, and determine next steps</td>
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#### Objective 1.3: Convene stakeholders that will work to research and review potential for a local Stewardship Ordinance (reverse-distributor process for drug disposal).

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<th>Updates</th>
<th>Next Steps</th>
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<tbody>
<tr>
<td>✓️ Administer Community Survey (over 600 responses) to collect data on Rx-related behaviors and feedback</td>
<td>1) Develop County contract with consultant to begin formulating options for stewardship ordinance</td>
</tr>
<tr>
<td>✓️ Recommend to the Public Health Advisory Board to explore stewardship ordinance feasibility (May 4th)</td>
<td>2) Identify education and outreach needs to support this strategy</td>
</tr>
<tr>
<td>✓️ Recommend to the County Board of Health to move forward with stewardship ordinance feasibility and consulting (July 25th)</td>
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**Objective 1.4:** Increase public awareness through appropriate messaging, including:

a) Secure your medications (lock them up)
b) Monitor your medications
c) Properly dispose of unwanted, unneeded medications (promote Take Back sites)

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<tr>
<th>Updates:</th>
<th>Next Steps:</th>
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<tr>
<td>✔ Identify existing materials available for replication or local adaption for education (topics, products, etc.)</td>
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<tr>
<td>✔ Participate on design team and provide content feedback to Marketing workgroup during material development</td>
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</tr>
<tr>
<td>1) Provide ongoing feedback on developing materials</td>
<td></td>
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<tr>
<td>2) Support education of safe storage, monitoring meds, and proper disposal via established marketing plan</td>
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<tr>
<td>3) Update web mapping feature with confirmed Take Back locations</td>
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<tr>
<td>4) Promote Drug Enforcement Administration Take Back and related events supported by the Response Plan</td>
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<tr>
<td><strong>Objective 3.1:</strong> Develop Naloxone policy standards for agencies to adopt and encourage securing kits.</td>
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<tr>
<td><strong>Updates:</strong></td>
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<tr>
<td>✓ Research model policy for Naloxone that can be adopted by local service providers</td>
<td></td>
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<tr>
<td><strong>Next Steps:</strong></td>
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<tr>
<td>1) Promote model policy on website (from stopoverdose.org)</td>
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<tr>
<th><strong>Objective 3.2:</strong> Create an inventory of Naloxone carriers/distributors.</th>
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<tbody>
<tr>
<td><strong>Updates:</strong></td>
</tr>
<tr>
<td>✓ Review initial Naloxone inventory available at Stopoverdose.org</td>
</tr>
<tr>
<td>✓ Review Phoenix Recovery sample Naloxone Inventory chart</td>
</tr>
<tr>
<td>✓ Develop roster of current pharmacies to contact</td>
</tr>
<tr>
<td>✓ Identify first responders (EMS and law enforcement) and social service agencies that carry Naloxone</td>
</tr>
<tr>
<td><strong>Next Steps:</strong></td>
</tr>
<tr>
<td>1) Confirm pharmacies that provide public access to Naloxone</td>
</tr>
<tr>
<td>2) Update web mapping feature with confirmed Naloxone access points</td>
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<tr>
<th><strong>Objective 3.3:</strong> Identify access gaps to Naloxone in the county.</th>
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<tbody>
<tr>
<td><strong>Updates:</strong></td>
</tr>
<tr>
<td>✓ Distribute pharmacy surveys to determine current geographies where Naloxone is available</td>
</tr>
<tr>
<td><strong>Next Steps:</strong></td>
</tr>
<tr>
<td>1) Utilize inventory to identify gaps in access</td>
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<tr>
<th><strong>Objective 3.4:</strong> Recruit additional pharmacies to carry Naloxone for public access.</th>
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<tr>
<td><strong>Updates:</strong></td>
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<tr>
<td>✓ See objectives 3.2 &amp; 3.3 for efforts to create a baseline of locations and gaps</td>
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<tr>
<td><strong>Next Steps:</strong></td>
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<tr>
<td>1) Identify geographical areas lacking public availability to Naloxone (see objective 3.3) and identify pharmacies that could address current gaps in access</td>
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<th><strong>Objective 3.5:</strong> Secure Naloxone for time-limited distribution.</th>
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<tr>
<td><strong>Updates:</strong></td>
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<tr>
<td>✓ Secure Naloxone “starter kits” through SAMHSA grant for local distribution</td>
</tr>
<tr>
<td>✓ Determined priority needs for “starter kits” among social service providers and other front line workforce</td>
</tr>
<tr>
<td>✓ Facilitate training and distribution of Naloxone kits with Phoenix Recovery</td>
</tr>
<tr>
<td><strong>Next Steps:</strong></td>
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<tr>
<td>1) Continue to identify, train, and provide Naloxone kits to social service providers</td>
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<th><strong>Objective 3.6:</strong> Increase public awareness through appropriate messaging, including:</th>
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<tr>
<td>a) Promote the Good Samaritan Law.</td>
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<tr>
<td>b) Educate about proper Naloxone use and access.</td>
</tr>
<tr>
<td><strong>Updates:</strong></td>
</tr>
<tr>
<td>✓ Identify existing materials available for replication or local adaption for education</td>
</tr>
<tr>
<td>✓ Participate on design team and provide content feedback to Marketing workgroup during material development</td>
</tr>
<tr>
<td><strong>Next Steps:</strong></td>
</tr>
<tr>
<td>1) Provide ongoing feedback on developing materials</td>
</tr>
<tr>
<td>2) Support education of Good Sam and Naloxone use and access via established marketing plan</td>
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**MARKETING**

*Addresses multiple goals and strategies identified in the state plan.*

**Objective 2.1:** Coordinate efforts between workgroups to deliver a comprehensive marketing plan.

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<th>Updates:</th>
<th>Next Steps:</th>
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<tr>
<td>✓ Develop Whatcom County Response Plan</td>
<td>1) Maintain ongoing communication between workgroups</td>
</tr>
<tr>
<td>✓ Conduct analysis of Healthy Youth Survey 2016 data</td>
<td>2) Coordinate efforts with Regional (BHO) and State partners (DSHS-DBHR)</td>
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<tr>
<td>✓ Post Whatcom County Response Plan to web</td>
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**Objective 2.2:** Increase public awareness through appropriate messaging, including:

- a) Increase the awareness of harms of prescription drug abuse, as well as prevalence of abuse (prescribed does not mean safe).
- b) Reduce stigma around addictions while increasing awareness that prescription drugs can lead to addiction (i.e., it can happen to anyone).
- c) Promote appropriate use of prescription drugs, as well as alternatives to pain management.
- d) Promote the importance of adults talking to children about the harms of using medications inappropriately, or medications not prescribed to them.

*From the other workgroup:*

- e) Promote Good Samaritan Law
- f) Educate about proper Naloxone use, access
- g) Secure your medications (lock them up)
- h) Monitor your medications
- i) Properly dispose of unwanted, unneeded medications (promote Take Back sites)

**Update (Summary):**

| ✓ Secure funds for campaign efforts (design and promotion) | Next Steps: |
| ✓ Develop contract with Shew Design | 1) Finalize web, print, social media, and video content |
| ✓ Develop contract with Dent Films | 2) Print hard copy materials for distribution |
| ✓ Create design team to participate in asset development | 3) Determine market/distribution plan (product, target, channel, frequency, and cost) |

Materials developed or in design:

- ✓ Logo (HOPE)-Heroin & other Opiate Prevention & Education
- ✓ Website (secure domain and design)
- ✓ WTA internal bus ads (Rx message and web promotion)
- ✓ Pharmacy brochures (informational for clients)
- ✓ Medicine Inventory
- ✓ Good Samaritan Law (business cards)
- ✓ Good Samaritan Law flyers (8.5x11)
- ✓ Social media (messages reformatted for social media application)
- ✓ Video (recruit, interview, and produce local testimonials on the impact of opioids)
- ✓ Real Whatcom Families campaign materials

- ✓ Secure your medications (lock them up)
- ✓ Monitor your medications
- ✓ Properly dispose of unwanted, unneeded medications (promote Take Back sites)

**Next Steps:**

1) Finalize web, print, social media, and video content
2) Print hard copy materials for distribution
3) Determine market/distribution plan (product, target, channel, frequency, and cost)
4) Implement marketing (paid and free media)-disseminate hard copies/digital to web/social media, etc.
5) Evaluate exposure and impact
6) Identify other Local/Regional/State/Federal materials to promote (Mind Your Meds, COB materials (brochure and business card), COF brochure, event flyers, etc.)
7) PDF versions available for download
Secure Medicine Return
Proposed Policy Overview
9/25/2017
Whatcom County Health Department

Proposed Policy Overview
Whatcom County has several places that residents can drop-off their unwanted medicine for safe disposal. However, these locations are not convenient for many people and lack sufficient resources. At the request of the Whatcom County Health Board, the Health Department is preparing legislation for the Board’s consideration that will create and fund a comprehensive medicine return system. The proposed policy will be modeled on regulations passed by the Health Boards of King, Snohomish, Kitsap, and Pierce Counties.

Proposed Policy Goals
- **Expand secure medicine disposal options** for Whatcom County residents to reduce risks of medicine poisonings and misuse, and reduce pollution from waste pharmaceuticals.
- **Improve convenience for residents** by expanding the number and locations that people can drop off their unused medicines.
- **Ensure financial sustainability** through a pharmaceutical industry-financed system.

Pharmaceutical Stewardship
The proposed policy requires the companies who manufacture medicines – the producers - to develop and pay for a comprehensive medicine return system. Residents cannot be required to pay a fee for this service when purchasing or returning medicines. This concept is called pharmaceutical stewardship.

Pharmaceutical producers can combine their resources and hire a company, or stewardship organization, to coordinate the system. In the proposed policy, stewardship organizations will be required to develop a stewardship plan that includes the policy components listed below. The Whatcom County Health Department will review the plan and oversee the approved program for safety and compliance.

Proposed Policy Components
**Medicine Accepted**
Every collection site must accept the following medicines used in the home:
- Prescription medicines, including legally prescribed controlled substances (e.g. narcotics and stimulants).
- Over-the-counter medicines.
- Includes brand name and generic medicine in all forms, and pet medicines used in the home.

**Medicine not accepted:**
- Over-the-counter medicines that are also regulated as cosmetics by Food and Drug Administration (FDA,) like toothpaste and sunscreen.
- Vitamins and supplements.
- Pharmaceutical wastes from businesses.
- Other specific exempted drugs.

**Collection Systems**
The medicine collection system must provide reasonably convenient and equitable access for all residents.
- Any Drug Enforcement Administration (DEA) authorized pharmacy, hospital, or any law enforcement facility that volunteers to host a drop box will be able to participate.
- A minimum number of drop boxes is required in every city and in unincorporated areas with a pharmacy, hospital, or a law enforcement facility.
- In areas without enough drop boxes, collection events or prepaid return mailers must be provided.
- Pre-paid return mailers will also be available upon request for homebound or disabled residents.
Secure Medicine Return: Proposed Policy Overview

Secure Handling and Packaging
Stewardship organizations must handle collected medicines securely and confidentially. They must:
- Comply with all applicable state and federal laws, including the DEA’s security procedures.
- Protect patient confidentiality.
- Recycle packaging, when possible.

Disposal
Collected medicines must be destroyed at an Environmental Protection Agency (EPA) approved hazardous waste facility. The Health Department may approve the following alternative methods:
- A large municipal waste combustion facility.
- Other disposal technologies that are safer for the environment and human health.

Education and Outreach
Stewardship organizations must:
- Promote safe storage of medicine and use of the secure medicine return system.
- Provide educational materials to stakeholders; provide a website and a toll-free phone number.
- Discourage disposal of medicine in the trash.
- Use consistent looking secure drop-boxes and clear instructions on how to use them.

Reporting and Evaluation
Stewardship organizations must evaluate the program and report on it annually. The report must include:
- Pounds of medicine collected, per collection method.
- Program operations and activities.
- Program costs.
- Effectiveness of the program and promotions.

Producer Costs
Pharmaceutical producers are responsible for all costs relating to:
- Secure drop boxes and collection supplies.
- Transportation and final disposal of medicines.
- Program promotion and evaluation.
- Administrative costs.
- Fees to the Health Department for plan review and annual oversight.

Implementation Timeline
The regulation will define deadlines for development and implementation of the secure medicine return system:
- Six months after regulation is adopted - stewardship plan(s) submitted to the Health Department.
- Three months after plan approval - program operations begin.
- Every four years stewardship plans must be updated.

Oversight and Enforcement
The Health Department will:
- Review and approve the stewardship plan(s).
- Ensure stewardship organizations are following the regulation.
- Investigate complaints and enforce regulations.
Why are leftover and expired medicines a public health problem?
Medicine cabinets provide teens and others with easy access to pharmaceuticals that can be dangerous or deadly if misused. Storing unwanted or expired medicines in our homes contributes to the epidemic of medicine abuse and preventable poisonings in our communities. Improper disposal of medicines down the drain or in the household trash adds to pharmaceutical pollution in the environment, including in Puget Sound and our drinking water sources.

What is Medicine Take-Back and Pharmaceutical Stewardship?
Medicines cure diseases and help keep us healthy, but to prevent harm, medicines need to be stored safely in the home and disposed of properly when leftover or expired. Medicine take-back programs provide a secure and environmentally sound way to dispose of unneeded medicines, and are part of a comprehensive approach to preventing prescription drug abuse.

Pharmaceutical Stewardship is a policy approach that requires the companies that manufacture medicines to provide a collection and disposal system for waste medicines. While medicine producers have the primary responsibility for pharmaceutical stewardship programs, there are important roles for other stakeholders including pharmacies, hospitals, healthcare providers, and consumers.

How much medicine is unused, and why?
About 1/3 of medicines sold go unused and need to be safely disposed of to protect our families and our environment. In a recent Whatcom County survey, 57% of respondents reported having unused, expired or unwanted medicines in their homes.

Some of the reasons this occurs are:
- A large amount of medicine is needed for a serious illness or end of life care, and the patient recovers or passes away.
- Prescribed medicines are changed because the patient has a bad reaction or to find the best course of treatment.
- “As needed” medicines expire before they are used.
- Medicine is overprescribed or excess over-the-counter medicines are purchased.
- Sometimes people choose to discontinue the use of their medication.

What local action is under consideration?
At the request of the Whatcom County Health Board, the Health Department is preparing legislation that will establish a convenient county-wide medicine return system for residents to securely dispose of leftover and unwanted medicine. The regulation would be modeled after the Secure Medicine Return Regulations enacted in King, Snohomish, Kitsap and Pierce counties that require pharmaceutical manufacturers to finance and coordinate the secure medicine take-back system.

The proposed policy would:
- Expand secure medicine disposal options for Whatcom county residents to reduce risks of medicine poisonings, misuse, and environmental pollution.
- Improve convenience for residents by expanding the number of secure drop box locations in the county, including at local pharmacies and medical centers.
- Provide prepaid return mailers for homebound residents and others who don’t have access to drop box locations.
- Ensure financial sustainability through a pharmaceutical manufacturer-financed system.
Isn't there already a medicine take-back program in Whatcom County?
Currently there are some medicine collection sites, but it is not a county-wide system and some drop boxes do not accept prescription drugs that are controlled substances, like OxyContin, Vicodin, and Adderall. These programs are very successful and have collected over 14,000 pounds since 2010.

Current drop boxes locations that accept all prescription and over-the-counter medicines, including controlled substances, are the Bellingham Police Department, the Ferndale Police Department, and one Walgreens store in Bellingham (1070 E. Sunset Drive). In addition, five pharmacies in Bellingham and one pharmacy in Ferndale accept most medicines but do not accept controlled substances. Current law allows pharmacies to accept narcotic pain relievers and other prescribed controlled substances for safe disposal; however, the special requirements for this waste make it more expensive to manage than non-controlled substances.

These medicine take-back programs are successful, but are limited in their services. More resources are needed to expand to more convenient collection sites at pharmacies and hospitals, to collect controlled substances at all locations, and to adequately promote the program to increase collection volumes.

How much will the county-wide medicine take-back program cost?
Under the proposed regulation, medicine producers would be required to finance the pharmaceutical stewardship program as a cost of doing business. There would be no direct cost to consumers to use the medicine take-back program.

Depending on program design and the amount of medicines collected, the cost to medicines producers is likely to be a few pennies per prescription or bottle of over-the-counter medicines. The pharmaceutical industry has estimated program costs of about $1.2 million per year under a similar law in Alameda County, CA, which has roughly seven times the population of Whatcom County. This works out to a cost to the producers of less than 0.1% of medicines sales in Whatcom County. It’s a small amount compared to the societal costs of substance abuse, poisonings, and overdose deaths.

How will the program be designed?
The pharmaceutical stewardship regulation will define performance requirements for the medicine take-back program, such as providing convenient drop boxes throughout the county, secure procedures, safe disposal, and effective education. Medicine producers will develop a stewardship plan explaining how they propose to meet the performance requirements. Producers can develop agreements with pharmacies, hospitals, disposal facilities, and other service providers to accomplish the program goals.

What other Counties have passed pharmaceutical stewardship laws?
In Washington State, the Boards of Health in four counties – King, Snohomish, Kitsap, and Pierce – have passed similar local pharmaceutical stewardship regulations. In California, eight counties have passed similar laws, including Alameda County and the City and County of San Francisco. A stewardship organization called MED-Project LLC is developing and operating secure medicine return programs on behalf of more than 400 pharmaceutical companies in these counties, see https://med-project.org/locations.

On behalf of drug manufacturers, MED-Project is providing 99 secure drop boxes in King County and at least 31 drop boxes in Snohomish County at participating drug stores, grocery stores with pharmacies, clinics, and hospitals. Additional pharmacies, hospitals, and law enforcement agencies can join to host secure drop boxes. Prepaid return mailers are also available to homebound residents upon request and available from distribution sites, such as libraries.
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October 2017