COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH AND
HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, November 10, 2010
1:25 p.m.

PRESENT:
COUNCILWOMAN MARIAN B. TASCO, CHAIR
COUNCILMAN W. WILSON GOODE, JR.
COUNCILWOMAN DONNA REED MILLER
COUNCILWOMAN BLONDELL REYNOLDS BROWN

RESOLUTION 100516 - Resolution authorizing the Committee on Public Health and Human Services to hold hearings to investigate the National and Local emergence of the improper use and disposal of Prescription Drugs and the need for a Prescription Drug Disposal Program in Philadelphia, PA.

- - -

COUNCILWOMAN TASCO: Good afternoon. The Council Committee on Public Health and Human Services will come to order. We note that we have a quorum in the presence of Councilwoman Donna Reed Miller, Councilman Goode, Councilwoman Blondell Reynolds Brown and myself. I'm Councilwoman Marian Tasco.

We ask the Clerk to please read the resolution.

THE CLERK: Resolution 100516, resolution authorizing the Committee on Public Health and Human Services to hold hearings to investigate the National and Local emergence of the improper use and disposal of Prescription Drugs and the need for a Prescription Drug Disposal Program in Philadelphia, Pennsylvania.

COUNCILWOMAN TASCO: Thank you very much.

We will have opening remarks by Councilwoman Blondell Reynolds Brown.

COUNCILWOMAN BROWN: Thank you, Chairwoman Tasco.

11/10/10 - PUBLIC HEALTH - RES. 100516

Good afternoon. On June 17th, 2010, I introduced this resolution calling for hearings for a Prescription Drug Disposal Program thanks principally and solely to our citizen, activist Bernie Strain, who is with us today, who very sadly lost his son to the improper disposal of drugs.

And so the question is, Madam Chair and Council colleagues, if we can dispose of cans and bottles properly, if government has made it a priority to instruct us and educate us on why we should dispose of cans and bottles properly, we should be able to do better when it comes to the disposal of prescription drugs, particularly when lives are at and have been at stake.

And for that, I'd like to first thank our activist citizen Bernie Strain for putting this on the radar screen in a magnificent way, both at the local level and at the federal level. Today, we will hear testimony that will help us to

determine what it will take to develop and execute a strategic plan that will create an ongoing prescription pill and drug disposal program right here in Philadelphia.

I want to say a huge, special thank-you to Dr. Gressitt for flying in from Maine. We appreciate your willingness to provide testimony on this effort very much, and to all of those who will speak on behalf of this resolution.

Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: Thank you, Councilwoman. And we certainly appreciate your leadership and bringing forth this issue to the City Council's Committee on Public Health and Human Services, and we certainly welcome all of you to this Council Chamber today and particularly our out-of-town guest, who has chosen to come at his own expense to testify. So we appreciate that. He sees the importance of this issue.

We will now have our first

witness and we call Bernie A. Strain, lifelong Philadelphian and the father of Timmy Strain.

(Witness approached witness table.)

COUNCILWOMAN TASCO: Would you please identify yourself for the record and proceed with your testimony.

MR. STRAIN: Good afternoon, Councilwoman Madam Chairman. My name is Bernie Strain, lifelong resident of Philadelphia.

Good afternoon, Chairwoman Tasco, members of the Public Health and Human Services Committee of our Philadelphia City Council. My name is Bernie Strain. I'm a 53-year-old lifelong Philadelphian. For 29 years, I have been married to Beverly, who was supposed to be here today but it's really difficult for her to go through this, and she chose me to go through it.

We had three wonderful sons together: Brian, 27, who is serving our

country as a Sergeant in the United States Air Force. He has served several tours overseas and one in the sands of Iraq. Andrew, 23, is a recent Penn State grad, who put himself through that great school without asking us for a dollar.

Our third son, Timothy Michael Strain, was 18 years old at the time of his untimely and tragic death. Tim was soon to attend college. Early in August 2009, while working to put money away for college, he severely burned his hand on a lawn mower after touching the muffler. He was treated by a doctor and then seen at Saint Christopher's Hospital in the Philadelphia Burn Unit. He was prescribed pain medication and was scheduled for skin grafts.

Time went by, and while at his girlfriend's mother's home, he complained of continuing severe pain in his hand. The mother, who was arrested for this act, gave him additional medication, methadone, from her own medicine cabinet.

The mixture of drugs that were in his system killed our son that night. Timothy Michael Strain, the charming, good-looking, great athlete, was dead.

Excuse me.

Months passed and a news article was published in the Philadelphia Daily News. The article was about the tragic way that my son Timmy died. After reading that newspaper article, Beverly and I wondered how medications are routinely disposed of -- excuse the sniffles -- as well as the incidence of misuse of prescription drugs. Our questioning led to realize that drugs and -- that there are drugs in many of our homes that are unused and outdated. If we can dispose of cans, bottles, computers, batteries, paint, oil, et cetera, properly, why can't we properly dispose of unused and outdated medication that could potentially be lethal?

The same news article caught the attention of an environmental

educator in Illinois, Paul Ritter. In my opinion, Paul is the teacher of the century. Paul and his students developed the P2D2 program. This is a prescription drug give-back program. Paul called my wife and me on one of our darkest days following the funeral for our youngest son. We never thought this could happen to us. When I worked for the Mayor's Office of Community Services here in Philadelphia, it was always someone else's child that was pictured on that T-shirt saying the words "rest in peace."

Paul had the answer to all of our questions. He has since become a dear friend. Following that night, he called us and offered us sympathy. One phone call initiated a new direction in our lives, to try to turn lemons into lemonade. With his experience and knowledge, he introduced us to Gail and David Katz. They too lost their son to prescription drug medication. Gail and David started the Save a Star Foundation

in honor of their son Daniel. Soon we were on our way to see how we were going to save a child, senior citizen or another potential victim.

Chairman Tasco, you might not be aware that on May 24th, our Timothy's birthday, a resolution was passed in the United States Senate calling on all 50 states to start thinking about the issue regarding how we can properly dispose of unused medications. Last summer, this Philadelphia City Council passed a resolution that called on our City of the First Class to start a drug give-back program. Councilwoman Brown introduced the resolution that was co-sponsored by Councilmembers Tasco, Green and Jones. I envision this drug give-back program to be administered through the District Attorney Seth Williams' office. Thankfully, this also fits with Mayor Michael Nutter's vision of Greenworks Philadelphia, which promises to make Philly the greenest city in America.

This program would be paid for by the $787 billion stimulus plan for green initiatives. With funds from this stimulus plan, we can develop a drug give-back program to clean our water that we drink and rid our water systems of dangerous pollutants. We can develop a drug give-back program where our citizens can properly dispose of medication and not dump them into the water system, which is a common practice, or simply throw them into the trash. According to the Philadelphia Water Department, there are 50-plus pharmaceuticals in every glass of water that we drink. This is from our own Philadelphia Water Department.

More people die in the United States from legal prescription drugs than from illegal drug use. It is our intent to save a life. It may be a member of your family. If this legislation is passed, I respectfully ask that you consider naming this "Timmy's Law" in

honor of our wonderful son.

In closing, I would ask that all of the members of this Committee tell your children and family members that you love them before you leave each day to serve our great city. As I left that fateful day to serve the citizens of Pennsylvania, I received that devastating phone call on my way to work, that Timmy was dead. You just never know.

My wife and I are most sincere and dedicated to this cause. Our two other sons, Brian and Andrew, are helping with this effort as well and hoping to make a positive difference in our neighborhoods, cities and nation while preserving the memory of our beloved son Timothy Michael Strain while just trying to save one other life.

Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: Thank you very much for your testimony, and we certainly share our sympathy with you over the loss of a son. You know, we

don't want to bury our children. We want our children to bury us. So it's very, very sad. And under the circumstances, I'm not sure that we are to give anyone medicine out of our medicine cabinet, that we are taught that and we're told that, don't give anyone else prescription drugs, because you never know the interaction and the problems that could cause, such as with your son. Maybe an aspirin, over-the-counter thing that we take or Tylenol, but --

MR. STRAIN: Councilwoman, I was advised by the District Attorney, who is prosecuting this case, to not discuss this in a legal matter, but I appreciate your sympathy.

COUNCILWOMAN TASCO: Okay. Thank you. I'm sorry.

MR. STRAIN: No, no, no. I just didn't want to cross that line.

COUNCILWOMAN TASCO: But that's public information.

MR. STRAIN: It is quite public

information, yes.

COUNCILWOMAN TASCO: And promoted on television.

MR. STRAIN: Yes, ma'am.

COUNCILWOMAN TASCO: I'm only repeating what I hear on TV and radio.

MR. STRAIN: I just didn't want to cross the line.

COUNCILWOMAN TASCO: Thank you very much.

MR. STRAIN: Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Good afternoon. Let me first acknowledge as well your sister, Beth Strain Berry, who walked this road with you and for you. I wanted to do that. And please tell us, who co-sponsored, who sponsored the resolution in the United States Senate?

MR. STRAIN: United States Senator Robert P. Casey.

COUNCILWOMAN BROWN: And can

you simply give us an update on where that is at that level of government?

MR. STRAIN: May 24th the United States passed -- United States Senate passed a resolution calling on all 50 states to start a conversation about how all 50 states are going to come up with or start the conversation on how we as a nation can come up with a plan. There's various plans, and you'll hear from some other people that are here today about some existing plans. But on May 24th, the Senate passed the bill unanimously.

And, Councilwoman Brown, while I have you here, I'd just like to thank you personally for your friendship, as well as your being there for our family and your leadership on this issue. It's a twofold problem. It's a drug problem, and if you're not interested or anyone listening is not interested on the drug side of it, they might be interested in it from the environmental side.

COUNCILWOMAN BROWN: And I would amend that to also include ultimately its impact on children and youth as well, who, quite frankly, they are children and youth because they still need adults to give them proper and adequate supervision around this issue. So it's a threefold problem ultimately. Again, we want to make a difference in the lives of our city's children as well.

MR. STRAIN: Councilwoman, you are known as the children's Councilwoman, and I applaud your effort and all the things that you do for our youth.

COUNCILWOMAN BROWN: You're welcome. We still have work to do.

I thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you very much.

Any other questions, comments?

(No response.)

COUNCILWOMAN TASCO: We'll listen to the testimony. You plan to stay in case we want to call you back and

ask --

MR. STRAIN: Until the cows come home.

COUNCILWOMAN TASCO: Thank you for your commitment. Certainly it takes strong commitment and perseverance to move an agenda of this nature. It's complex, and it's going to take a lot of work, but you've begun already, and we appreciate your tenacity and know that at the end of the day, someone, whether it's a young person or an elderly person, can be saved by your efforts. So we appreciate your advocacy for change.

MR. STRAIN: Thank you, Councilwoman, and thank you for your effort on behalf of the citizens of Philadelphia serving on this fine Committee --

COUNCILWOMAN TASCO: Thank you.

MR. STRAIN: -- to try to save some lives.

COUNCILWOMAN TASCO: Thank you.

We're going to call up now

11/10/10 - PUBLIC HEALTH - RES. 100516

Inspector Robert Snyder from the Narcotics Division and Mr. Jeremiah Daley from the Camden HIDTA.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon.

(Good afternoon, Madam Chairman.)

COUNCILWOMAN TASCO: Thank you for coming. Would you please identify yourself for the record and begin your testimony.

INSPECTOR SNYDER: Yes. My name is H. Robert Snyder. I'm the Inspector and the Commanding Officer in the Narcotics Field Division of the Philadelphia Police Department charged with enforcing all the laws in the City of Philadelphia, from street corner sales up and to disrupting and dismantling drug trafficking organizations throughout the City.

The dangers of prescription

drug abuse and misuse are quite evident, but we're not fully aware of the total amount of misuse and abuse by children here in the City of Philadelphia, because oftentimes this activity is conducted behind closed doors at unsupervised parties and other activities. However, when considering the increase in the number of pill confiscations that the Philadelphia Police Narcotics Field Division has experienced in recent years, combined with the statistics from local and nationwide surveys, research reports and drug threat assessments, we should never assume that the prescription drug misuse is not as prevalent here in the City of Philadelphia as it is throughout other large cities and small towns throughout the country.

While the Philadelphia Narcotics Division has not witnessed a remarkable increase in arrests or confiscations of prescription drugs from individuals under the age of 18, we have,

11/10/10 - PUBLIC HEALTH - RES. 100516

however, seen a drastic increase in the overall amount of confiscated prescription pills. In 2009, the Philadelphia Police Department Narcotics Field Division confiscated over 44,000 pills with a street value of over $280,000. So far in this year, 2010, we have already seen an eight percent increase with the confiscation of over 48,000 pills with a street value of over $360,000.

A report that also sheds some light on the illicit use of prescription medications is contained in the Assessment of Drug-Positive Toxicology Tests & Drug Treatment in the Philadelphia Metropolitan Area, which is compiled by my colleague here from the Philadelphia Camden High Intensity Drug Trafficking Area, which is a federal agency and we commonly refer to as HIDTA. This report indicates that benzodiazepines represent the highest drug reported in toxicology results

across the five-county Philadelphia region, with oxycodone running third.

Benzodiazepines are legitimately used to produce sedation, induce sleep and relieve anxiety. The most common prescription drug in this category that we see on the streets of Philadelphia today is Xanax, and in past recent years, it has been Valium.

Another common prescription pill that we see on the streets of Philadelphia is a synthetic opioid used for severe pain management called oxycodone. Common prescriptions include OxyContin, Percocets and Percodans. These pain relievers are popular among drug users because of the euphoria that they induce.

The misuse and abuse of prescription drugs nationwide has been researched and reported by the DEA and contained in the 2010 National Drug Threat Assessment. It displays alarming rates that have led to overdose,

addiction and accidental poisoning, and an undeniable contributing factor to this increased usage is their availability in home medicine cabinets throughout America.

With the potential prescription drug dangers being prevalent within the City of Philadelphia, the Philadelphia Police Department partnered with the DEA on Saturday, September 25th, 2010 in a coordinated effort with the DEA National Take Back Day Initiative. It provided a unique one-day nationwide opportunity for the public to surrender for destruction any expired, unwanted or unused pharmaceutical substances. Public service announcements and other promotions were employed by the DEA to announce the details of the event.

As an aid to DEA, the Philadelphia Police Department utilized its patrol districts throughout the City of Philadelphia to be utilized as drop-off points for the collection of

these substances.

A summary of the process for this initiative within our city was as follows:

Each district received four cardboard boxes measuring 12 inches by 12 inches by 36 inches tall.

For patient confidentiality purposes, the participants were to remove the pills and capsules from their containers and place the pills directly into the disposal box and then take the original pill container with them. No questions or requests for identifications were to be made by law enforcement personnel of anyone discarding any of the unused medications.

To prevent unnecessary police officer exposure to the wide variety of discarded pharmaceuticals, law enforcement personnel were not to physically handle any of the medications. And for obvious security reasons, the disposal boxes were constantly under

uniformed police observation at all times.

The hours of this initiative were from 10:00 a.m. to 2:00 p.m.

Due to the enormous amount of personnel work hours that would have been involved in documenting each discarded pill, no effort was made by the Philadelphia Police Department personnel to count or to inventory or log the discarded medications.

Once all the boxes were picked up, they were delivered and turned over to the DEA, who arranged for final weighing and destruction of the collected pharmaceuticals.

In summary, there were 21 Philadelphia Police Department collection sites that collected a total of 223 pounds of pills that day. In the entire State of Pennsylvania, there were 2.9 tons collected.

Although at first blush the program would seem simple to accomplish,

it did not come to fruition without some significant concerns on the Philadelphia Police Department's part and the DEA, which would need to be addressed in any future program designed by the City of Philadelphia.

Through the limited experience I have with the recent DEA Take Back Initiative, the following recommendations are offered for consideration if the City of Philadelphia were to establish its own program:

First, develop a working partnership with Drug Enforcement Administration and the Pennsylvania Department of Environmental Protection concerning the collection and the destruction of the discarded pills; relocate the collection sites away from the Philadelphia Police Department patrol districts and identify one City health center located within each Philadelphia police patrol district as a designated collection site; utilize the community

relations officers of the Philadelphia Police Department and religious and community leaders and organizations to promote the program within their communities; utilize Philadelphia police officers at each collection site for security purposes and for the removal of discarded pills to the final collection site.

In conclusion, although there are some concerns that the Philadelphia Police Department have with regards to the storage and disposal of all collected pharmaceuticals, the Philadelphia Police Department would be willing to work with City Council and any other agencies in designing a program for Philadelphia that would be similar to the DEA Take Back Initiative in an effort to protect the public's health and safety concerning the misuse of licit pharmaceuticals.

It should also be noted from speaking with members of the DEA that U.S. Senators Amy Klobuchar, a democrat

from Minnesota, and John Cornyn, a republican of Texas, introduced a bill titled, "The Secure and Responsible Drug Disposal Act of 2010," which was just recently signed into law by President Obama. The Senators recognized that consumers currently seeking to reduce the amount of expired or otherwise unwanted prescriptions in their homes have few disposal options. The Act is designed to permit individuals and long-term care facilities to deliver dangerous prescription drugs to law enforcement officials and other authorized individuals for safe disposal. It is my understanding the DEA is tasked with developing the nationwide protocols to fulfill the goals of the Act, and it's my understanding that this should be accomplished within the next 12 to 18 months.

Thank you for your time.

COUNCILWOMAN TASCO: We'll come back for questions. We'll let everybody

testify.

MR. DALEY: Good afternoon, Madam Chairwoman and members of the Committee. My name is Jeremiah Daley and I am the Director of the Philadelphia Camden High Intensity Drug Trafficking Area, or HIDTA as we call it for short, and we are a program out of the office of National Drug Control Policy that was created in 1988, and we are one of 28 HIDTAs around the country. Prior to me taking this position, I was a Philadelphia Police Inspector, who had the same job that the gentleman to my right in uniform has, Commanding Officer of the Narcotics Division, and I was with the Department for 25 years. I'm also a lifelong resident of the City.

Our HIDTA coordinates the activities of more than 25 federal, state and local law enforcement agencies, and we have over 200 law enforcement officers and agents participating every day. We cover the areas of Philadelphia, Chester,

Delaware Counties in Pennsylvania and Camden County in New Jersey.

Just from a high-level overview -- and I don't want to repeat the same things that Inspector Snyder has already testified to. I'll try to give you some highlights from some of the data that we would like to present to you in regards to this issue.

First of all, every year we do a threat assessment for the region here as far as drug abuse and drug trafficking is concerned, and in our most recent threat assessment looking forward to next year, we see a significant threat being posed by prescription drug abuse in the region. It is a problem that is not just unique to us; it is around the country. Reducing prescription drug abuse is one of the key initiatives in President Obama's National Drug Control Strategy this year and will be for future years.

According to the National Survey on Drug Use and Health in 2009,

seven million Americans used prescription drugs for non-medical purposes that year. That's an increase of 800,000 people over 2008, according to that survey, making prescription drug abuse the fastest growing drug problem in the country.

Nearly one-third of the people aged 12 or older who used drugs for the first time in 2009 began by using a prescription drug for non-medical reasons. Among 12- and 13-year-olds, prescription drugs were the most commonly abused drugs. So it's affecting young people and initiating them --

COUNCILWOMAN TASCO: What does that mean, "non-medical reasons"? They are just taking them?

MR. DALEY: For some non-therapeutic reason, for recreational purposes, if you want to call it that, to get that euphoric high or buzz, or whatever you want to call it. They're not under a doctor's supervision. They're taking it on their own.

And additionally --

COUNCILWOMAN TASCO: But they're getting them illegally, right?

MR. DALEY: They are obtaining them illegally. It would be illegal for them to obtain drugs without a prescription and to possess them as well.

Beyond the use of it, we're also seeing that the perceptions about prescription drugs among young people are such that they feel that they are safer somehow than the street drugs - heroin, cocaine, marijuana, things like that - they're safer to use because they are a prescription. So there's a tremendous problem growing here particularly among young people.

As Inspector Snyder testified to, the toxicology data out of the Medical Examiner's Office, our analysis of that showed that the most commonly abused prescription drugs - benzodiazepines, fentanyl, hydrocodone, methadone and oxycodone - were present in

almost 20 percent of all decedents that were tested at the Medical Examiner's Office, and in 90 percent of anyone who tested positive for any controlled substance, prescription drugs were there, too. So they're abusing street drugs and prescription drugs in combination.

From 2004 to 2008 across the country, the number of emergency department visits linked to non-medical use of prescription pain relievers more than doubled, while the number of visits for illicit drugs like heroin and cocaine remained constant. So it's just more evidence that this prescription drug abuse problem is growing and overwhelming us.

Treatment programs are also being overwhelmed. Among people 12 years old and over seeking treatment for prescription pain relievers, that number of people increased more than fourfold between 1998 and 2008.

The Centers for Disease Control

and Prevention reported that the number of unintentional drug-induced deaths involving opioid pain medications like OxyContin more than tripled between 1999 and 2006, totalling more deaths than those from heroin and cocaine combined. And Mr. Strain's testimony earlier is certainly one example of that.

As I said, two unique issues surrounding the prescription drug abuse problem, it's the public perception of risk and the relative accessibility of the prescription drugs. Recent studies found that the teens perceived prescription medication abuse as safer and less addictive and less risky than using illegal drugs from the street, and that the drugs obtained from a medicine cabinet or pharmacy were not the same as drugs obtained from a drug dealer. Quite frankly, that's often not true. The addiction potential for oxycodones is every bit as great as heroin. The addiction problems associated with

benzodiazepine, your Xanax, your Valium, your tranquilizer class, antianxiety medications, are very severe physical effects. These are problems that education and prevention programs will try to get through to young people about, but at least at this point, there has not been some consensus as to how best to get that message across to our young people.

Data from that National Survey on Drug Use found that over 70 percent of people who abused prescription pain relievers got them from relatives or friends, while only five percent of them got them from a drug dealer or off the Internet. This goes to the issue of accessibility. They're getting these drugs at home and they're using them themselves or they're sharing them with friends from homes. These are not large drug trafficking organizations that typically organizations like mine and the agencies that we have deal with. These are kids raiding mom and dad's or

grand-mom and grand-pop's medicine cabinets, or maybe themselves have had for some therapeutic reason been prescribed a prescription pain medication that are now no longer needed. They're going in and using them for recreational purposes, non-therapeutic purposes.

Abuse of these drugs is a severe problem and we have to balance the needs for controlling its abuse with maximizing their legitimate medical use. These are not necessarily bad things per se. We don't want to condemn the pharmaceutical companies or anything, but we do need to control access to them.

The National Drug Control Strategy that President Obama has put out include healthcare professional education on the appropriate use of prescription medications, especially opioid pain relievers, the use of prescription drug monitoring programs, and increasing the number of prescription drug take-back programs, as under consideration here.

11/10/10 - PUBLIC HEALTH - RES. 100516

Right now the current limitations of law of regulations that are in place make it challenging for the public to dispose of medications in a simple, legal and environmentally responsible manner. To that end, as was mentioned previously, Congress has passed a new law, The Secure and Responsible Drug Disposal Act, that will enable new prescription drug take-back programs to be put in place, but the regulations for those have not been published yet, and the Drug Enforcement Administration has been tasked by the Attorney General with putting them together to come up with a safe, environmentally responsible and reasonable means of disposing of them.

Right now the federal government advises people to dispose of prescription drugs in one of three ways: Throw them in the trash, after they're taking proper precautions to deter abuse, things like mixing them with coffee grinds or other substances that keep

someone from dumpster diving to get pills out of it; to flush them down the toilet, and we heard earlier what the problem is with that, it then gets into the water supply for communities and contaminates it, and even if you throw them in the trash and they go out, they're going to end up getting in the ground water. So those are not really good long-term solutions. But the third one is participation in community take-back programs. There's three types of take-back programs broadly: First, permanent sites where unused medications are collected and received; one-day events, like was hosted earlier this year by Drug Enforcement Administration and law enforcement agencies throughout the country; and then mail or ship-back programs where patients can send their unused drugs to a central location for destruction. All three of these types of programs make sense, but all of them still require to be done under the

regulations that have been promulgated by the Drug Enforcement Administration.

So in conclusion, all indicators lead one to conclude that prescription drug abuse is a problem of great magnitude and one that's not going to go away any time soon, and we should take steps now, through whatever means we can, to find ways of keeping these drugs from reaching young people's hands. A regularly occurring or permanent environmentally responsible and easily accessible prescription drug take-back program can be an essential part of a comprehensive strategy to reduce prescription drug abuse and its related consequences in our community. The development of such a program would be a welcomed step, provided that such program conforms to the yet-to-be-formulated regulations from experts at Drug Enforcement Administration. For this reason, I would urge the Committee and the City Council to delay taking action

until such time as those regulations are published, and I thank you for your attention today.

COUNCILWOMAN TASCO: Is this gentleman going to testify?

LIEUTENANT HEALY: No. Actually, Councilwoman -- Lieutenant Healy, Special Advisor to Police Commissioner Ramsey, and on his behalf, he wanted to thank the City Council for allowing us to voice our opinion on this important resolution. I'm here basically as back-up to the Inspector today.

COUNCILWOMAN TASCO: The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you all very, very much for your informative, deeply informative, testimony and for guiding us. You were actually reading my script here, because my question was going to be would it behoove us to push the pause button and wait until DEA and the feds have stipulated the regulations for The Secure and Responsible Drug

Disposal Act, and your concluding statement was that you would advise us to delay any action until those regulations are in place. Is that a fair --

MR. DALEY: That is fair, Councilwoman Brown. I think the best intentions are certainly being expressed by this Committee and the City Council to put something in place. The status quo is not good and we need to take some proactive steps, and I think this is an excellent proactive measure that can be taken, but timing is everything.

COUNCILWOMAN BROWN: Surely.

MR. DALEY: And it would be unfortunate if the Council went through the troubles of passing an ordinance and putting some citywide prescription drug take-back plan in place to find out that they were, for one reason or another, in contravention to the regulations that were coming out of the federal government which would require you to reopen the matter and have an amended ordinance

11/10/10 - PUBLIC HEALTH - RES. 100516

passed.

COUNCILWOMAN BROWN: Well, thank you for that instruction.

My second question is -- I don't believe your testimony revealed it -- would it be accurate to say that the abuse of prescription drugs is now matching the abuse of illegal drugs in America? Are we headed that way?

MR. DALEY: Across the country, after marijuana, prescription drug abuse is now the second highest form of drug abuse in the country. There are more people abusing prescription drugs than there are abusing heroin, cocaine, methamphetamine and all those other so-called street drugs. Marijuana ubiquitously around the country still is the number one controlled substance that's being abused, and, of course, alcohol is the number one substance of all but is not a controlled substance.

COUNCILWOMAN BROWN: Amazing.

Then, lastly, do you know right

now as you sit here if there are roles for school districts in The Secure and Responsible Drug Disposal Act? Do you know just based on your own memory or knowledge base?

MR. DALEY: From my reading of the Act, there was nothing specific to school districts in there. Certainly, again, talking about a comprehensive strategy, education programs in schools, be it in health classes or with special assemblies or things like that, to get young people to recognize the dangers that prescription drug abuse poses to them, that's part of a holistic strategy that needs to be included in this.

More broadly, I think school districts have done a good job in promoting drug prevention, drug abuse prevention messages, but this issue has become so prominent that I think we may have been focused so much on the street drug side that we need to emphasize this in programs.

COUNCILWOMAN BROWN: Well, thank you all very much for your testimony.

MR. DALEY: Thank you.

COUNCILWOMAN TASCO: Before you go, we have questions. This is her resolution, and protocol requires me to let her go first on the questions. I have a number of them.

The new regulations -- and Councilwoman Brown asked. Part of the question is about -- this Act solely deals with the disposal of prescription drugs? Is that what the Act does?

INSPECTOR SNYDER: That's my understanding of the Act. I'm not real familiar with it.

COUNCILWOMAN TASCO: So there's nothing in there about an education component, which is very important?

MR. DALEY: Not to my knowledge, ma'am, no. And I would also just call to the Committee's attention, present in the room is Mr. John

Bryfonski, the Special Agent in charge of the Drug Enforcement Administration in Philadelphia, who may be better positioned to answer those questions about the Act and the regulatory process than either Inspector Snyder or I.

COUNCILWOMAN TASCO: So, Inspector, when you talked about the disposal program that was held in Philadelphia, you gave recommendations to how to pursue it in the future, but you wouldn't be able to do that -- you're not going to take any action on doing that until the regulations are done by the feds --

INSPECTOR SNYDER: That's correct.

COUNCILWOMAN TASCO: -- and the DEA?

INSPECTOR SNYDER: That's correct. It's my understanding also that DEA is going to take another one of these one-day initiatives sometime in April. So we'll be participating with them

again. But working and talking to DEA, we expected to get more than 225 pounds of pills, and that's why I mentioned about taking them out of the police districts, because some people may be hesitant or apprehensive about going to a police district to turn it in. So I think it was because I'm involved in narcotics, they had me set it up, but I think it would be more suited in the health field somewhere. They seem to have the best response on community groups that might have a fair that people can come by. The best date they tell me is when they have these drive-by, they can just drive by, dump it in and be on their way. They get a good result from that. We would certainly have to have a role in that, because there's the pills, the danger of crime. So we would certainly have to assign someone, and that's why I mentioned maybe if we had one health facility in one of our -- each one of our police districts, that would

be something that we'd be able to manage. We wouldn't be able to man a vast amount of them throughout the City. We just don't have the personnel strength to do that, but I think just from -- if we had one in each police district, we would be able to do that, to man that for a few -- a four-hour program. It won't be any problem.

COUNCILWOMAN TASCO: Well, if you had a steamroller, you could crush them right there.

INSPECTOR SNYDER: That's true.

COUNCILWOMAN TASCO: At that time. I mean, it's a lot to dispose of, and I'd be curious as to where they do dispose of them.

INSPECTOR SNYDER: Well, you know, that was something that -- once again, I didn't get involved in that part of it, but I did find out that -- well, there's two issues. One, with the Philadelphia Police Department, I asked our Forensic Science Bureau could they

store the pills that we collect until DEA was able to come and destroy them, and they said they don't have the storage capacity to do that.

The other issue was if they even had the storage capacity, they now are accredited. They have worked for a couple years to get accreditation, and they can only take things in that was documented.

They have a bar code system, and anything that comes into our Forensic Science Lab now has to go through a certain process, and that would be labor intensive for us and it would be self-defeating to the program, because we want to be -- just to give you an example, just one pill bottle would take an officer probably close to an hour to do the paperwork that was necessary. That's not even counting taking it down and transporting it and putting it into the chem lab. So that would be too labor intensive.

And so we worked with DEA and we told them we want to participate, and they worked out a protocol where they would take it immediately, they would store it, and they would worry about destroying it. But I understand that they also had some issues with destroying it, because there's two types of narcotics that we're talking about now in prescriptions. One are controlled, like the Xanax, the Percocets, the Percodans. The other that we get a majority of actually are the antibiotics that people have in their medicine cabinets and the blood pressure medications. And the Pennsylvania Department of Environmental Protection oversees the destruction and collection when it comes to the non-controlled, the blood pressure, those types of things, the antibiotics, and they deem that as hazardous waste. And so then Pennsylvania state hazardous waste laws come into play and they have to -- anyone that collects them has to be

registered. So technically every one of our police districts would have had to have a registration. Anyone that hauls them has to have a special registration, and they have to be designated to a specific incinerator that has, I guess, special considerations to destroy this type of narcotics. So with the help of the DEA, we were able to get one registration for the whole City and then one registration for hauling it. And what I find out is that Pennsylvania does not have a qualified incinerator in the state, so they actually had to haul it to Ohio somewhere to have it destroyed.

So there's a host of issues, and I think that's why at some point even with the federal laws we'll probably have to work with Pennsylvania Department of Environmental Protection to work along with us, how we can streamline this process and make it feasible.

COUNCILWOMAN TASCO: That's very complicated.

COUNCILWOMAN BROWN: It sure is.

COUNCILWOMAN TASCO: Councilman Goode, do you have any questions?

COUNCILMAN GOODE: No.

COUNCILWOMAN TASCO: In your testimony, Mr. Daley, did you talk about -- I have down here census. You talked about the young people getting the drugs from home, their medicine cabinet. Is that more prevalent than getting the drugs on the street?

MR. DALEY: Yes.

COUNCILWOMAN TASCO: Is that what you're finding?

MR. DALEY: Yes, at least for the initial phases of recreational drug use by young people. The survey data here from the National Survey on Drug Use and Health found that over 70 percent of people who abuse prescription pain relievers got them from friends or relatives, while only approximately five percent got them from a drug dealer or

via the Internet. So clearly the accessibility to drugs in the household poses a major risk for abuse, especially for young people.

COUNCILWOMAN TASCO: Okay. Well, thank all of you for coming this afternoon and presenting your testimony. It certainly is very interesting, and the whole issue of the disposal, disposing of these drugs, is really much more complicated than I would imagine or would have imagined. Thank you very much.

INSPECTOR SNYDER: My pleasure.

MR. DALEY: Our pleasure.

COUNCILWOMAN TASCO: The Chair now calls on Dr. Stevan Gressitt and Dr. Julie Becker. If she's here, she can come up too at the same time.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: We will recognize that testimony has been submitted for the record by Mr. Paul Ritter, science teacher from the Pontiac

Township High School in Pontiac, Illinois. He's the founder of the National Prescription Pill and Drug Disposal Program; testimony from Shawn M. Garvin, Regional Administrator, United States Environmental Protection Agency; and Mary Hendrickson, PharmD, MBA, RAC, Director of Quality and Regulatory Affairs, Capital Returns, Genco Pharmaceutical Services. That testimony will be entered into the record. And I have here testimony from the American Health Care Association, Bruce Yarwood, CEO and President, from Washington, DC. That testimony in its entirety -- all of these testimonies will be put in and added to the record for review by anyone who cares to read the testimony.

Good afternoon, Doctor.

DR. GRESSITT: Good afternoon, Chairwoman Tasco, Councilmembers and Councilwoman Blondell Reynolds Brown. Thank you for the opportunity to testify.

Approximately two weeks before

the U.S. Senate hearing on S 3397 was the date that I understand this resolution was certified. Since that was passed, we now are in a different situation, as we are pending the Attorney General promulgating regulations. So as time has caught up with us, another event has occurred.

On September 25th, the U.S. DEA held the first-ever National Drug Take Back Day at 4,094 separate sites in all 50 states with 2,992 law enforcement agencies involved and over 121 tons of returned unused drugs. Unfortunately, all we have is weight, and there will be an effort in the future to take a look at what drugs specifically may come back.

It is very likely that a law passed or a regulation that this Committee could come up with might be overridden by a federal rule, but as I tried to tailor my testimony, I realized some of what I was hearing I'd like to offer another view on, and, that is,

rather than hitting the pause button, could we hit the shift button and shift up a bit. And there are some things. First of all, to recognize that this hearing, in and of itself, is a significant contributory public health message.

Within 3397 are two references towards the end, and I have the language here. There are two references to being consistent with the public health and questions around education or -- it's specifically in 3397 at Section 3, Subsection (3) in 3397 on the last page. Something that would be consistent with public health would certainly involve some sort of educational component, I would think. There's no funding attached to this federal rule. It's up to the Attorney General, and the DEA is looking on writing those.

What I'd like to say is that there's some history, and it's important to say this here, and I'm going to

salvage this from what I submitted. It's in the history of this city in some ways that we can put a different perspective on this.

Philadelphia was the first capital under the First Continental Congress from September 5th, 1774 to October 24th, 1774. The best estimate I have found of the total number of casualties for the entire Revolutionary War is approximately 25,000. Our country was founded on that level of sacrifice.

Unfortunately today, we have more deaths in a single year from inadvertent drug overdose or overdose, and that's a statistic that should at least raise this to some significant level of attention, and that is something this Committee could state, this Council could state. Even if it doesn't come up with a specific plan, it can take a position.

My contribution to this hearing will not be a thorough review of national

or local rates, but I'll bring to your attention a mail-back program for which there is a sample mailer, precisely what is in use now, and I would point out that there are several ways that drugs can be returned. One that's been referred to earlier is a mail-back, and that is a pilot EPA-funded, then State of Maine Legislature-funded and currently Department of Public Safety-funded that does, due to an agreement with the Postal Service and the U.S. DEA, handle as a pilot controlled and uncontrolled drugs. We are, however, curtailed by our agreement to the geographic boundary of Maine, although that is under some discussion at this point.

There's a second method, which is the drop-off event under law enforcement that would be consistent with DEA regulations.

The third is a permanent drop-off, as is done in San Mateo and other places where there's a drop box

within a law enforcement facility. And there's been some discussion of that being in a municipal building as well as opposed to a healthcare facility, where it would not meet in many ways the DEA regulations.

But there's a fourth. In Caribou, Maine, the Chief of Police, if he gets a call from any of his citizens, will send a cruiser to your house and pick up the drugs, no questions asked. And the reason is, it engages him with his community. And it's my understanding there may be one or two other places around the country where that level of attention to the problem has bubbled up.

Now, paying attention to what specifically comes back can also drive policy. In Maine, drug policy and reimbursement has been altered by our MaineCare to curtail first prescriptions of opiate, second generation antipsychotics, antidepressants and nicotine replacement and antispasmodics.

Meaning that when you get a first prescriptions of these, the state will only pay for 15 days. They will not pay for a first prescription for 90 days. If you have a good effect from that first 15 days, then a 90-day prescription can be paid. I'm not sure at what level a city can impact that. I bring it up simply for your consideration, that paying attention to what's coming back.

Finally, I draw your attention to what's known as the Athens Declaration that was drafted in 2007 by an international group of people who addressed the reasons for why attention should be paid, and that is also why I would use the phrase "shift" rather than "pause." One was to curtail childhood overdose; second, to curtail teenage theft; third, accumulation among the elderly. Fourth was the impact -- to curtail the impact on the environment. The fifth was to address pharmacoeconomic waste, and the sixth was to curtail bad

international drug donations, which occur after every disaster; for instance, after the tsunami in Banda Aceh. In Indonesia there were 30,000 tons of drugs within 47 languages that people couldn't understand what to do with.

I also would like to modify the written testimony which I've given you, because on the flight here, I finally got to read testimony or a response rather from the American Health Care Association, which I brought to your attention.

This was addressed to the EPA, which has just issued some national proposed guidelines on disposal of pharmaceuticals in long-term care facilities without dividing this.

COUNCILWOMAN TASCO: So this did not come from them as testimony; this is an exhibit?

DR. GRESSITT: It's an exhibit.

COUNCILWOMAN TASCO: American Health Care Association information is an

exhibit?

DR. GRESSITT: Correct.

COUNCILWOMAN TASCO: Okay.

DR. GRESSITT: This was brought to my attention just two days ago. It was issued two days ago, and I finally got to read it on the plane.

COUNCILWOMAN TASCO: You're going to read it?

DR. GRESSITT: And so I would just point out that this represents the organization that represents all of the long-term care facilities, both non-profit and profit. And after I weighted through it, I find that there are two recommendations that they make to the U.S. EPA:

Recognize the barriers that make it difficult for long-term care facilities to comply, and the previous nine pages go through all the difficulties they have with these regulations. These are only the EPA regulations. There will probably be one

just as long when the DEA has their regulations for some of the identical reasons, because of, in part, the inconsistency between current recommendations of federal governments, state governments and where they can be harmonized. But I ran across the final recommendation, and I'd just like to read part of it.

COUNCILWOMAN TASCO: What page is that?

DR. GRESSITT: It's the final page.

As we note, meaning the American Home Care Association, many recommended disposal practices such as take-back programs have serious limitations due to regulatory barriers -- and some of those the Inspector referred to earlier -- cost, complexity or perceptions that the programs are not safe. In contrast, the Maine Mail Back program for unused pharmaceuticals was highly successful because it was simple,

inexpensive and addressed all unused pharmaceuticals in the same manner. Importantly, it did not require consumers to undertake a sophisticated analysis of their unused medications or to sort drugs into different classes for different disposal techniques. Also, the Maine program offers safe disposal of newer medications where it is not yet known whether a P or a U hazard list is needed. Based upon conversations with the leadership of the Maine program, we hypothesize that the elements that led to success in Maine may be the keys to success for other programs as well. We call upon the EPA to provide additional funding to test an expanded version of the Maine program that would encompass long-term care facilities. And, alternatively, we urge EPA to partner with healthcare providers and other federal agencies to explore how we can replicate, expand and sustain such programs on a national scale.

It does not -- it's certainly an assessment from an outside group that refers to one of the programs, but I think it was the Inspector who referred to a coordinated series of approaches, meaning both drop-off, take-back events and mail harmonized together is probably the best way to go, taking into account urban-rural community engagement.

And I appreciate your time. Be welcomed to answer any questions.

COUNCILWOMAN TASCO: Could I just ask a question? This testimony talks about prescription drugs, right?

DR. GRESSITT: Correct.

COUNCILWOMAN TASCO: What about the disposal of non-prescription drugs, left over over-the-counter drugs?

DR. GRESSITT: We accepted over-the-counter drugs. We accept openly controlled, non-controlled, because of our letter of agreement with the DEA, which probably I should give you some history to.

The first step was actually not setting up a program. It was to come to a representative body like this, our state legislature. And when we went to our state legislature, we defined the job, the role, of our state drug control agency as to facilitate the community, and that then met with this Controlled Substances Act definition of law enforcement "within the line of duty" being able to handle controlled drugs. We defined it as in the line of duty. Once that was defined, that made us eligible. And I think that has maintained the uniqueness of what there was in Maine simply because that was not in place anywhere else.

So we took back controlled drugs, non-controlled drugs, over the counter. I actually personally am of a mind that illegal drugs could come back, because of the level of security we have in place. We never touch the drug. Once someone puts it in the mailer, if you

look at that mailer, the address is the MDEA. It goes to a post office box and then into the MDEA. We never touch it. The only time we touch it is when we count it to assess it, and there's some guys with guns in the room.

COUNCILWOMAN TASCO: What about security? I mean, what about theft of these mailers?

DR. GRESSITT: We set up a redundant security system with a voluntary phone-in system to identify for us when certain mailers -- if you'll notice, there is a code number on that mailer, each one's serial. That code --

COUNCILWOMAN BROWN: What did you call that? A redundant?

DR. GRESSITT: Well, there's a redundancy here, because also the post office was identifying when these came into the system. And so when this number was called in, we had a list of numbers, not names, no names. We had numbers, and we could take that number set either with

the post office or with the MDEA. There's been no slippage. We would not keep up that after we've proved the pilot. We would not find it necessary. There are a number of savings even that can drive the cost down significantly. Remember, this was set up in such a way that for one year we didn't do anything except talk to lawyers. I mean, nothing. Talk to lawyers.

COUNCILWOMAN TASCO: Well, they did well.

Okay. Don't go away.

Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you again for your testimony. And given your rich experience with this, whom do you believe, whom or what, should be the spoke in the wheel between DEA and EPA to have some uniformity in the execution of this new law?

DR. GRESSITT: If I could, I'd like to suggest there's actually another complication. There's FDA and there's

EPA. So you have DEA promulgating regs, which will be the controlling agency or authority. The desire on DEA's part or FDA's part or EPA's part is not something I can read the tea leaves about, but going back to the use of the word "a public health message," we need -- and that's something this Council could also take a shift key on and recommend harmonization of federal guidelines for us poor citizens.

COUNCILWOMAN BROWN: The four, DEA, FDA, EPA and what was the fourth one?

DR. GRESSITT: DEA, FDA, EPA, one can argue Fish and Wildlife and one could also argue the Office of National Drug Control Policy. It may very well be that ONDCP is best suited to be the coordinating function, but I'm not a wizard on federal agency mysteries.

COUNCILWOMAN BROWN: Lastly, the Athens Declaration, state again those six categories, and who came up with this

document?

DR. GRESSITT: I believe it's in the supporting documents.

COUNCILWOMAN BROWN: Okay, then. Very well. No need to repeat then.

DR. GRESSITT: That came up at an environmental meeting held in 2007 in Athens with an international group from South America, North America, Europe, Asia, and at the end of it, based on presentations, it was put together and drafted and unanimously agreed to. I happen to be the person --

COUNCILWOMAN BROWN: I did discover mine here.

DR. GRESSITT: -- in North America who is the contact person on it.

COUNCILWOMAN BROWN: Forgive me. What did you say?

DR. GRESSITT: I happen to be the contact person for North America.

COUNCILWOMAN BROWN: So then was this sent to the 50 states, some

designated agency in the 50 states?

DR. GRESSITT: No. We didn't do a very good job of publicizing it because we didn't have any support or infrastructure to send it around. We put it up on our web page.

COUNCILWOMAN BROWN: I see. Okay, then. Well, thank you again for the instruction and for the guidepost in what our action steps could be or should be following this hearing. Thank you very much for your contribution.

Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: Thank you very much. We appreciate your coming down and appreciate your testimony. Never things seem to appear to be what they are, or whatever it is.

Dr. Becker.

DR. BECKER: My name is Dr. Julie Becker and I'm President and Founder of the Women's Health and Environmental Network. On behalf of WHEN, I would like to thank Councilwoman

11/10/10 - PUBLIC HEALTH - RES. 100516

Marian Tasco, Councilwoman Blondell Reynolds Brown, the Committee on Public Health and Human Services for holding these hearings on a potential prescription drug disposal program in Philadelphia.

WHEN is a non-profit located in Philadelphia whose mission is to champion our health through environmental action. To that end, we started working on pharmaceutical disposal issues in 2007. While the vast majority of medications are eliminated as human waste, WHEN acknowledges that the disposal of unwanted, unused or expired medications present numerous challenges. A small pilot grant was submitted to EPA Region III and the Philadelphia Water Department to test a mail-in disposal process before Maine and Wisconsin began their large-scale, statewide programs. The objectives of this short, limited-scale pilot included educating consumers and health professionals about the potential

environmental impacts of improper disposal of medications; providing opportunities for safer disposal of unwanted pharmaceuticals through a mail-in system and reverse distribution; testing the feasibility of the model to be used on a larger scale; and testing educational materials that could be used to educate seniors about safer disposal options of unwanted or unused medications. The pilot worked with low-income, African American seniors in two Philadelphia settings, a senior center and a home-based nurse-managed program that helped seniors age in place in their homes.

The results of the pilot proved that mail-in programs were feasible, the educational materials were helpful to the intended population and awareness of this issue was raised. A total of 142 non-controlled medications valued at over $6,300 were diverted from wastewater. The types of pharmaceuticals that were

sent to the reverse distributor included antidepressants, anticonvulsants, cholesterol lowering drugs, over-the-counter analgesics, like aspirin or Tylenol, and cold medicines. Other medications identified frequently were asthma medications, primarily inhalers, high blood pressure, antibiotics and digestive aids.

During the time of this pilot, we began working collaboratively with the Philadelphia Water Department and University of the Sciences, as well as interested parties as part of the Philadelphia Partnership for Pharmaceutical Pollution Prevention, P-5. That's a mouthful. I spearheaded a qualitative research project to identify what four stakeholder groups knew about pharmaceutical disposal and to test reactions to disposal and pollution prevention strategies. The preliminary results from this multi-state study discovered that most medical

professionals, pharmacists, insurance companies and consumer advocacy groups do not know about the White House Office of National Drug Control Policy guidelines for home-based disposal practices, do not advise consumers on how to use these guidelines and would like better educational materials. The ONDCP guidelines describe how to dispose of unwanted or unused medications by mixing the medications with undesirable materials, such as coffee grounds or kitty litter, putting it in a leak-proof container and disposing in the household trash. One of the ideas posed during the study was to use a logo on a sticker that would identify medications that could be disposed of using ONDCP guidelines. Almost all of the participants who were asked about this idea thought that it was an easy, low cost way to improve education about guideline disposal.

Working collaboratively with the Philadelphia Water Department, WHEN

developed a logo and a graphical, low-literacy flyer that I have over here and I'm happy to submit later for you folks.

We are testing its efficacy in a Pennsylvania Prescription Assistance Program pharmacy in Northeast Philadelphia. That's referred to as PACE. They do Medicare and Medicaid for senior citizens in the State of Pennsylvania. The goal of this pilot is to provide education about the ONDCP guidelines and increase awareness about safer disposal practices. Since this is a research project, it has received institutional review board approval at University of the Sciences. We have conducted the pre-test at the pharmacy. Some key points from our pre-survey include: 74 percent of the participants use only this pharmacy and no other, indicating high level of consumer loyalty; 36 percent of the folks we asked disposed of medications in the last year,

mostly by putting in the trash, unwrapped; six percent by wrapping; and some flushed down the toilet or the sink.

Implementation of the logo on the stickers with the educational materials to increase knowledge of ONDCP guidelines begins this week and will continue for three months. We will conduct surveys of consumers in about six to eight weeks and one month post-intervention to assess the educational materials. We will have the results from this research project in spring 2011. If this pilot is successful, it can be scaled throughout the state as well as the country with some slight modifications.

From our experiences, there are a number of challenges that impede pharmaceutical stewardship. These include what to do with controlled substances. The Drug Enforcement Agency is responsible for implementing policy on this issue. These remain the largest

stumbling block to effective pharmaceutical stewardship since controlled substances, especially pain medications, may pose significant environmental harm to aquatic life and are most likely to be diverted by unauthorized users.

The need for ongoing funding to finance public take-backs or mail-in programs is essential. Currently, grant funding is haphazard and infrequent.

Infrequent collections and mail-in programs are confusing and not consistent for public adoption of safer practices for disposing of medications. Location matters for many people, and it's not clear if having law enforcement is the best possible place for take-backs. Additionally, with limited data collection on the types and amounts of drugs or the reasons for disposal from these events, it will be harder to move away from disposal to pollution prevention. The final disposition of the

medications is generally incineration, which raises the question are there alternatives that might impact less on air quality, yet render medications biologically and chemically inert.

There continues to be the need to develop ongoing sustainable partnerships that involve local, state and federal government agencies, non-profits and pharmaceutical companies.

State rules about the implementation of Resource Recovery and Recreation Act, RCRA, waste differ from federal laws. So Pennsylvania law is different than the federal law, making it confusing and hindering public collections.

The roles and responsibilities of pharmaceutical manufacturers in developing and implementing safer disposal practices need to be mandated and enforced, creating product stewardship programs similar to those in other countries.

11/10/10 - PUBLIC HEALTH - RES. 100516

Additional upstream approaches must be explored, including the education of healthcare providers and insurance companies to revise prescribing and dispensing practices for medications that address short-cycle prescribing, which WHEN is already starting to look at in terms of trying to do, with the help of our P-5 partners.

A better job of risk communication to the public needs to be developed and implemented to facilitate greater compliance with safer pharmaceutical disposal.

We are at a pivotal moment. With the largest number of humans aging at one time, the potential for unused or unwanted drugs increases as well. By looking at easier, more consistent disposal processes, we can further protect drinking water from pharmaceutical pollution and begin to consider pollution prevention strategies. The collaboration between WHEN and the

Philadelphia Water Department highlight different low-cost approaches to providing informational materials on disposal to consumers and testing ways to implement these approaches. We look forward to expanding our efforts with the Philadelphia Water Department and the Philadelphia Partnership for Pharmaceutical Pollution Prevention as WHEN tackles reducing the amount of unused or unwanted medication through source reduction.

Thank you for your consideration.

COUNCILWOMAN TASCO: That's very interesting.

Now, will the Resource Recovery and Recreation Act come under the DEA rules and regulations that are being --

DR. BECKER: No. They're under EPA.

COUNCILWOMAN TASCO: All right.

DR. BECKER: So what happens right now -- and Pennsylvania is really a

unique place in many ways, but in this particular case, what happens is is that if we are to try to have a collection here in the state, if we collect the waste into one area, we collect the unused pharmaceuticals, it no longer becomes household waste. It becomes now hazardous waste. So, therefore, you need this special type of collection which classifies it as RCRA waste. You need a special hauler. And I believe the gentleman from the police force was talking about the importance of having that and how that needs to be set up. So when we initially did the mail-in here, we did not have a collection. We had a mail-back situation in order to test the proof of concept.

COUNCILWOMAN TASCO: Councilwoman.

COUNCILWOMAN BROWN: I think he wanted to comment as well.

COUNCILWOMAN TASCO: Go ahead, Doctor.

DR. GRESSITT: Can I comment? There's something that Pennsylvania and Maine have in common. Our states have really tight, tight environmental rules.

DR. BECKER: We do.

DR. GRESSITT: We are both unique. It makes it extremely more costly, extremely more cumbersome and far more burdensome on law enforcement. Actually, in some ways what is most restrictive and is chewing up a significant amount of the resources is the destruction costs.

COUNCILWOMAN BROWN: And the fact that we have to travel to Ohio --

DR. GRESSITT: We did, too.

COUNCILWOMAN TASCO: From Maine.

DR. BECKER: Well, there's not as many incinerators as there used to be, which really isn't a bad thing per se. Having incineration close by is not necessarily a good thing.

DR. GRESSITT: One of the

issues is, the actual incidence of hazardous drugs and the total mix and in what we've counted coming back is very low. It's maybe 12 percent. We've got 17 percent of what's coming back controlled drugs. So we think we're having an impact on controlled drugs, but then this very small percentage -- and for controlled hazardous drugs, the last time we did a count, we got one. And the whole thing was going to -- if we had not identified that, they would have required hazardous waste for the whole thing, and as a matter of fact, I think that's what ended up happening.

COUNCILWOMAN BROWN: How old is the Women's Health and Environmental Network?

DR. BECKER: We've been around for 14 years. We just celebrated our 14th anniversary.

COUNCILWOMAN BROWN: And what prompted the concept and ultimate creation of the organization?

DR. BECKER: We were birthed out of the breast cancer movement. So we initially come at this from looking at the nexus between environment and health, and myself and the other women who co-founded this had both served for a long time on breast cancer organizations.

COUNCILWOMAN BROWN: Okay.

DR. BECKER: We wanted to address more of the root cause of why people get sick and not really focus on just treatment and diagnosis.

COUNCILWOMAN BROWN: Okay. Well, thank you for your testimony and your unique perspective.

Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: Just a minute. When I first came into Council, there was this discussion about trash to steam. David Cohen was a strong opponent of incinerator trash. I have since been approached by individuals who it's now called waste to energy.

Is there any way that if this

material is to be burned, it could be turned into energy?

DR. BECKER: A number of the large waste folks that are doing incineration of different materials, including pharmaceuticals, are now calling this waste to energy. It's still incineration. The question is what's coming out of the smoke stacks. And also it is too an environmental justice issue, because most times where these places are located in terms of where the incinerators are located are located in low-income neighborhoods. And so for us, we would love to see something other than incineration being the final resting place for unused or unwanted pharmaceuticals. But we have an issue right now. We don't have the technology where we can thereby render pharmaceuticals both chemically and biologically inert, and that's sort of the DEA gold standard right now for saying where the final resting place

needs to go for pharmaceuticals.

COUNCILWOMAN TASCO: Where do they go?

DR. BECKER: Pardon?

COUNCILWOMAN TASCO: Where do they go?

DR. BECKER: They go to incineration, that's it. So the waste to energy kind of component is still incineration.

DR. GRESSITT: The difficulty is that there is a difference in temperature between the waste to energy and hazardous waste incineration. I believe both of our states are blessed with the same rule, that even though it's pretty hot, it might not be hot enough, but nobody has got any science that argues really one way or the other.

DR. BECKER: How hot do you need it to be.

DR. GRESSITT: How hot do you need it to be.

DR. BECKER: In order for it to

be, quote, rendered biologically and chemically inert.

DR. GRESSITT: So using the precautionary principle that something might have a risk, waste to energy is peremptorily dismissed and it must be hazardous waste, and we both get blessed with the taxi cab ride to Ohio.

COUNCILWOMAN TASCO: So if at the end of the day they burn it, what do they do with the ash? Is something --

DR. GRESSITT: I believe each company may handle it differently, but what I know is it goes into landfills.

DR. BECKER: Landfills, right.

COUNCILWOMAN TASCO: Which still could end up in the water stream.

DR. BECKER: It could, but theoretically it should be, because it's been burned at such a high temperature, it should be inert.

DR. GRESSITT: And it would go into a hazardous waste landfill, which is also special, as opposed to a regular

landfill, all of which costs more.

COUNCILWOMAN TASCO: Yeah. It's certainly depressing.

DR. GRESSITT: We hope to keep you optimistic, I think we both do, because we look forward to you being able to help us move forward on this. And I mean that.

COUNCILWOMAN TASCO: But what is gratifying is to know that you all are working on this.

DR. BECKER: We're trying.

DR. GRESSITT: We're trying.

DR. BECKER: We're trying.

COUNCILWOMAN TASCO: While we have a thousand other things to deal with, we appreciate your taking on this issue, but to the extent that we can be helpful and let us know what we can do to be helpful, certainly in this community, we would certainly be open to that.

DR. BECKER: Great. Thank you so much.

COUNCILWOMAN TASCO: But thank

you so much for taking time.

Dr. Gressitt, thank you so much for coming down. We appreciate it. You certainly have a great biography here and vitae, and we appreciate your expertise.

Is there anyone else here to testify on this bill?

(No response.)

COUNCILWOMAN TASCO: Certainly, Mr. Strain. Bernie. Is he still in the room? Would you have some closing comments you want to make or any recommendations right now?

We will not adjourn this Committee. We will just recess it until the call of the Chair, so when we want to come back to further discuss the new developments or any other actions that we're asked to take, we would not have to introduce another resolution, unless we're going to do something totally different.

MR. STRAIN: Councilman Goode, thank you for your being here this

afternoon.

Councilwoman Tasco, as always, it's good to see you.

Councilwoman Brown, thank you for your effort in spearheading this cause. People sitting in this room, along with myself, are all rowing in the water at the same time. We just want to get all the oars in the water and all head in the same direction. You see that this is a very, very, very complex issue. You see there's federal guidelines, you see there's state guidelines.

So I'd just like to thank the doctor for coming all the way from Maine and everyone in this room, who has a cause in this effort to try to save lives and to save our environment, and I'd just like to thank you and this Committee for meeting here today when there's other things that people could be doing on this beautiful day. And at that time, thank you very much.

COUNCILWOMAN TASCO: Well, we

appreciate your effort. We're sorry for your loss, but we thank you for taking this on. Certainly we will follow, through Councilwoman Brown, your direction and how we move forward to be helpful. During the course of the budget hearings during the spring when the Water Department testifies, you might want to come in and make further testimony just as an educational piece and conscious-raising. Other Councilmembers will know what's going on, what you've been doing, and it keeps us aware of -- certainly we've had hearings on what is in the water, the Philadelphia water, I think a year or two ago. There was concern about contaminants in the water, so we had that discussion.

MR. STRAIN: Councilmembers, this isn't about me. This is about us, and this is about making Philadelphia the greenest city in America. Thank you for your cause.

COUNCILWOMAN TASCO: I think

you might want to talk to the Office of Sustainability if you have not. We should have had her here, Katherine -- I can never pronounce her last name -- Gajewski. But she's very open to ideas, because her mission is to make Philadelphia green. So I suggest you schedule an appointment with her.

MR. STRAIN: I'll be glad to. Thank you for your time.

COUNCILWOMAN TASCO: Is there anyone else here to testify on this bill?

(No response.)

COUNCILWOMAN TASCO: There being none, we will recess this Committee until the call of the Chair.

Thank you very much.

MR. STRAIN: Thank you very much.

(Committee on Public Health and Human Services adjourned at 3:55 p.m.)

- - -

CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on November 10, 2010, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying reporter.)