



Maine: First US Legislation for Unused Pharmaceutical Returns



Appendix A

Chemical Name	Brand Names	GPI	ATC	DEA ⁴	VA ²	DEA Schedule	Maine
		Generic Product Identifier	Anatomic, Therapeutic, and Chemical	DEA Controlled Substances Code Number	US VA Drug Number		Main Statutory Controlled Drug Classification
Alprazolam	Xanax	571000	N05BA12	2882	CN302	IV	Z
Chlordiazepoxide	Librium, Libritabs, Limbitrol, SK-Lygen	571000	N05BA02	2744	CN302	IV	O
Clonazepam	Klonopin, Clonopin	721000	N03AE01	2737	CN302/CN400	IV	Z
Clorazepate	Tranxene	571000	N05BA05	2768	CN302/CN400	IV	Z
Diazepam	Valium, Valrelease	571000	N05BA01	2765	CN302/CN400; MS200	IV	P
Estazolam	ProSom, Domnamid, Eurodin, Nuctalon	602010	N05CD04	2756	CN302	IV	Z
Flurazepam	Dalmane	602010	N05CD01	2767	CN302	IV	Z
Halazepam	Paxipam	571000	N05BA13	2762	CN302	IV	Z
Lorazepam	Ativan	571000	N05BA06	2885	CN302/MS200/CN400; GA609	IV	Z
Midazolam	Versed	602010	N05CD08	2884		IV	Z
Oxazepam	Serax, Serenid-D	571000	N05BA04	2835	CN302	IV	Z
Quazepam	Doral, Dormalin	602010	N05CD10	2881	CN302	IV	Z
Temazepam	Restoril	602010	N05CD07	2925	CN302	IV	Z
Triazolam	Halcion	602010	N05CD05	2887	CN302	IV	Z
SOURCE:	Manufacturer		WHO	DEA	VA (as published in USP DI)	DEA	Title 17-A: MAINE CRIMINAL CODE, Part 2: SUBSTANTIVE OFFENSES Chapter 45: Drugs §1102. Schedules W, X, Y and Z

Compiled by Stevan Gressitt, M.D.
 (Still needs, Canadian codes, EPA codes)

Appendix B

Deaths from unintentional ingestion of potentially poisonous substances among children under 5 years of age have decreased from a high of 456 in 1959 to a low of 57 in 1981 (1,2). Mortality data, however, underestimate the magnitude and public health impact of the childhood poisoning problem (Table 1). Data from the National Hospital Discharge Survey (NHDS), conducted by the National Center for Health Statistics (NCHS), show that, for each year between 1979 and 1982, an estimated 20,000 children under 5 years of age were hospitalized in the United States for ingestion of potentially toxic substances. Therefore, for each child death from unintentional poisoning, approximately 300 children were hospitalized. Medicinal substances accounted for 45% of the hospitalizations, and nonmedicinal substances accounted for the remainder. Of the medicinals, aspirin and other analgesics accounted for the most hospitalizations (11.8%). Of the nonmedicinals, products containing lead accounted for an additional 11.7% of hospitalizations.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000496.htm>

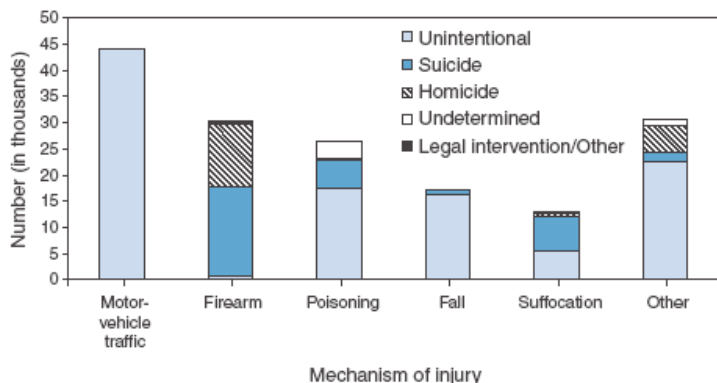
Appendix C.

QuickStats: Number of Injury Deaths, by Mechanism and Intent --- United States, 2002

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Number of Injury Deaths, by Mechanism and Intent — United States, 2002



In 2002, the five leading mechanisms of injury death accounted for 81% of all 161,629 injury deaths: motor-vehicle traffic (MVT) (27%), firearm (19%), poisoning (16%), fall (11%), and suffocation (8%). All MVT-related and nearly all fall deaths were classified as unintentional. Of the firearm deaths, 57% were suicides, and 39% were homicides. Two thirds of poisonings were unintentional. Half of suffocations were suicides, and 43% were unintentional. Additional information is available at <http://www.cdc.gov/nchs/injury.htm>

Appendix D.

Some 30 children die every year due to accidental poisonings, and approximately 1 million phone calls are placed to Poison Control Centers annually by adults seeking help when children have swallowed something harmful. In an effort to prevent such tragic events, National Poison Prevention Week was established by the U.S. Congress on September 16, 1961 (P.L. 87-319). Shortly thereafter, the Poison Prevention Week Council was organized to coordinate this annual event.

<http://www.poisonprevention.org/main.html>

Appendix E.

Inventors:	Dean; David M. (Burgettstown, PA); McGrady; R. Michael (Baden, PA)
Abstract:	An apparatus for accepting return of unused medical items is part of a system (10) used for automated dispensing and tracking of medical items within a medical facility. The apparatus includes a return drawer (52) and a retrieve drawer (54) which are opened responsive to signals received from a display terminal (26) which is networked with a computer (12) which includes a database (14). The return drawer includes a pocket (74) therein. The pocket is accessible from outside of a housing (56) when the return drawer is moved to an open position. The pocket includes an opening (76). The pocket is closed by a trap door (78) when the return drawer is in the open position. Medical items to be returned (132) are placed in the pocket and the return drawer is closed. Upon the closing of the return drawer the trap door is moved to an open position by an actuator. The returned medical item passes from the pocket to a retrieve area (84) in the retrieve drawer. Medical items are stored in the retrieve area until the retrieve drawer is opened by a user authorized to retrieve items from said retrieve area. The opening of the return and retrieve drawers is controlled responsive to the input of data at the display terminal corresponding to information in records (16) in the database.
Assignee:	Diebold, Incorporated (North Canton, OH)
Application Number:	679203
Filing Date:	July 12, 1996
Publication Date:	September 28, 1999
Current Classes:	232/43.1; 221/9; 232/1D; 232/44; 312/330.1; 700/231
International Classes:	B65D 091/00

<http://www.freepatentsonline.com/5957372.html>



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Use this form to search our online database of pending and approved legislation concerning prescription drugs and controlled substances. Information is provided by state on topics like the handling of unused prescriptions, the reuse of prescription drugs and the disposal of prescription drugs; references to controlled substance statutes are also included.

Each citation includes the number, title, subject, reference URL, and, when possible, the actual text of the legislation. These citations were collected from the LexisNexis (tm) Academic database in addition to individual state government websites.

Other Resources:

- [The National Association of State Controlled Substances Authorities](#)
- [State Legislative Actions Targeting Methamphetamine](#)
- [National Alliance for Model State Drug Laws](#)

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LD 1826

An Act to Encourage the Proper Disposal of Expired Pharmaceuticals

Sponsored by Senator Lynn Bromley (D-Cumberland County)

[LD 1826 Bill Text](#) • [Background](#) • [Supporters of LD 1826](#) • [Important Links](#) • [LD 1826 HomePage](#)

Supporters of LD 1826

[Maine Medical Association](#)

[Maine Benzodiazepine Study Group](#)

[Northeast Occupational Exchange](#)

Maine Psychiatric Association

Maine Association of Substance Abuse Programs

Maine Association Prevention Programs

[Senator Bromley Introduces Bill to Deal with Unused Medications](#)



Augusta—State Senator Lynn Bromley (D-Cumberland County) of South Portland has introduced a bill that will encourage the proper disposal of expired pharmaceuticals in Maine. If approved, the bill would be the first of its kind in the United States.

“Many of us have had the experience of getting a prescription and for a variety of reasons we don’t use it all. Our choices are to leave the medication in the cabinet, throw it in the trash, or flush it down the toilet. There are problems with all these alternatives,” said Sen. Bromley.

LD 1826, An Act to Encourage the Proper Disposal of Expired Pharmaceuticals will provide for safe and proper disposal of unused or expired prescription drugs by making use of pre-paid mailing envelopes. This would allow the unused medication to be mailed to an appropriate location for proper disposal.

Related Links to Expired Pharmaceutical Bill

- [Legislative Review of Current Substance Abuse Statutes \(CESAR\)](#)
- [Alberta Canada looks for ways to cut unused pill costs](#)
- [Specific medications wasted and disposed](#)
- [U.S. EPA paper on pharmaceutical disposal](#)
- [British Columbia Ministry page on their pharmaceutical return program](#)
- [U.S. Geological Survey site with links to water reports on pharmaceuticals](#)
- [The original U.S.G.S. environmental study and map of study](#)
- [The Lake Mead study regarding pharmaceuticals \(no study has been done yet on Maine\)](#)

[More links...](#)

Headlines on LD 1826

[Senator Bromley Introduces Bill to Deal with Unused Medications](#)

[More news...](#)

Appendix H.

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§2700. Unused Pharmaceutical Disposal Program (CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

(WHOLE SECTION TEXT EFFECTIVE 7/1/05)

1. Establishment; purpose. There is established the Unused Pharmaceutical Disposal Program, referred to in this chapter as "the program." The purpose of the program is to ensure the safe, effective and proper disposal of unused pharmaceuticals. For purposes of compliance with federal law and regulation, the return of pharmaceuticals under this section is deemed to be for law enforcement purposes. [2003, c. 679, §1 (new); §4 (aff).]

2. Administration. The program is administered by the Maine Drug Enforcement Agency, referred to in this chapter as "the agency," established in Title 25, section 2955. [2003, c. 679, §1 (new); §4 (aff).]

3. Return of pharmaceuticals. The agency shall create a system for the return of unused pharmaceuticals. The system must use prepaid mailing envelopes into which the unused pharmaceuticals are placed and returned to a single collection location. The prepaid mailing envelopes must be made available to the public at various locations, including, but not limited to, pharmacies, physicians' offices and post offices. The agency may randomly assess the toxicity of materials received under the program as long as the assessment results do not identify the patient, person who mailed the material, prescriber or pharmacy. [2003, c. 679, §1 (new); §4 (aff).]

4. Disposal of pharmaceuticals. The agency shall ensure that only agency officers handle the unused pharmaceuticals received pursuant to subsection 3. The unused pharmaceuticals must be disposed of by the agency in a manner that is designed to be effective, secure and in compliance with local, state and federal environmental requirements, including the federal Resource Conservation and Recovery Act of 1976, as amended. [2003, c. 679, §1 (new); §4 (aff).]

5. Unused Pharmaceutical Disposal Program Fund; funding. The Unused Pharmaceutical Disposal Program Fund, referred to in this chapter as "the fund," is established within the agency to be used by the director of the agency to fund or assist in funding the program. Any balance in the fund does not lapse but is carried forward to be expended for the same purposes in succeeding fiscal years. The fund must be deposited with and maintained and administered by the agency. The agency may accept funds into the fund from any non-General Fund, nonpublic fund source, including grants or contributions of money or other things of value, that it determines necessary to carry out the purposes of this chapter. Money received by the agency to establish and maintain the program must be used for the expenses of administering this chapter. [2003, c. 679, §1 (new); §4 (aff).]

6. Rulemaking. The agency shall adopt rules to carry out the purposes of this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [2003, c. 679, §1 (new); §4 (aff).]

Sec. 2. Maine Drug Return Implementation Group. The Maine Drug Return Implementation Group, referred to in this section as "the implementation group," is established to work on implementation issues for the Unused Pharmaceutical Disposal Program, established in the Maine Revised Statutes, Title 22, chapter 604, referred to in this section as "the program."

1. Issues. The implementation group shall study the following issues and make recommendations for implementation of the program in a manner that addresses the issues, safeguards the public health and environment and meets the requirements of local, state and federal law, rule and regulation:

- A. Postal regulations;
- B. The methods and requirements for packaging, including prepaid mailing envelopes;
- C. Minimizing drug diversion and theft;
- D. Public education regarding program requirements and operation; and
- E. Encouraging the development of drug drop-off programs at the local level.

2. Membership. The implementation group consists of 11 members.

- A. The President of the Senate shall appoint one Senator, one representative of local municipal enforcement agencies and one representative of pharmacies. The appointed Senator serves as chair of the implementation group.
- B. The Speaker of the House shall appoint 2 representatives, one person representing pharmaceutical manufacturers and one representative of a statewide association of medical professionals.
- C. The implementation group must also include the Attorney General or the Attorney General's designee, the Commissioner of Human Services or the commissioner's designee, the Commissioner of Environmental Protection or the commissioner's designee and the Director of the Maine Drug Enforcement Agency or the director's designee.

The implementation group shall invite the participation of the federal Drug Enforcement Agency, the Office of the United States Attorney for the District of Maine, the United States Postal Service and interested parties and persons with expertise and interest in issues related to the disposal of unused pharmaceuticals.

All appointments must be made by September 1, 2004. The appointing authorities shall notify the Executive Director of the Legislative Council upon making their appointments. When appointment of all members of the implementation group is completed, the chair shall call and convene the first meeting no later than September 30, 2004.

3. Staffing. Staffing must be provided by a statewide association of medical professionals and, upon approval of the Legislative Council, the Office of Policy and Legal Analysis.

4. Compensation. Legislative members of the implementation group are entitled to the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the group. Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the implementation group.

5. Report. The implementation group shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2005. The report must include information and recommendations on implementing the program. The joint standing committee of the Legislature having jurisdiction over health and human services matters shall review the report and may report out legislation to the First Regular Session of the 122nd Legislature.

6. Extension. If the implementation group requires a limited extension of time to conclude its study and make its report, it may apply to the Legislative Council, which may grant an extension.

7. Funding. The implementation group shall seek outside funds to fully fund all costs of the implementation group. If sufficient outside funding has not been received by September 15, 2004 to fully fund all costs of the implementation group, no meetings are authorized and no expenses of any kind may be incurred or reimbursed. Contributions to support the work of the implementation group may not be accepted from any party having a pecuniary or other vested interest in the outcome of the matters being studied. Any person, other than a state agency, desiring to make a financial or in-kind contribution must certify to the Legislative Council that it has no pecuniary or other vested interest in the outcome of the study. Such certification must be made in the manner prescribed by the Legislative Council. All contributions are subject to approval by the Legislative Council. All funds accepted must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of funds, the date the funds were received, from whom the funds were received and the purpose of and any limitation on the use of those funds. The Executive Director of the Legislative Council shall administer any funds received by the implementation group. The executive director shall notify the chair of the implementation group when sufficient funding has been received.

Sec. 3. Appropriations and allocations. The following appropriations and allocations are made.

LEGISLATURE

Miscellaneous Studies - Funding

Initiative: Allocates funds for the per diem and expenses of members of the Maine Drug Return Implementation Group and printing a report in fiscal year 2004-05.

Other Special Revenue Funds 2003-04 2004-05

Personal Services \$0 \$660

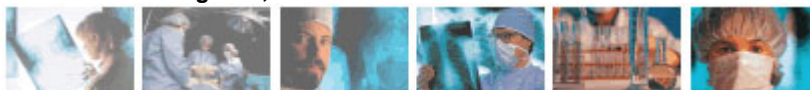
All Other 0 2,200

Other Special Revenue

Funds Total \$0 \$2,860

Sec. 4. Effective date. That section of this Act that enacts the Maine Revised Statutes, Title 22, chapter 604 takes effect July 1, 2005.

August 7, 2005



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Registries

The U.S. National Registry for Unused and Expired Medications (USNRUEM) is developed through collaboration with CRG Medical Foundation for Patient Safety, Maine Benzodiazepine Study Group, and Northeast Occupational Exchange.



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The systematic collection and safe disposal of unused and expired medications is an important aim of these agencies for the purpose of improving patient safety at home and protecting the environment. This Registry is intended as a focal point for national efforts to remove excess medications from medicine cabinets and drawers across the U.S. It is anticipated that this will result in fewer childhood overdoses, less abuse and misuse of medications and adverse medication error in the homes among other age groups, and protection of the environment.

Data collected will help researchers, physicians, drug manufacturers, and health policy makers understand the diverse impact of unused and expired medications in order to improve pharmacy policy, patient education and safety, and options in prescribing medications.

The electronic Registry is under implementation and will be operational within 3 months, and it is hoped that a broad array of involvement will ensure balance, utility, and value of the Registry. Please check this website for further notice. If you have comments about or suggestion for the Registry, contact Matthew Mireles, Ph.D., at mirelesmc@earthlink.net or Stevan Gressitt, M.D., at gressitt@uninets.net

USNRUEM will provide users the options among four versions of questionnaires or forms to submit medication data into the Registry, depending on the mode and purpose of data collection:

Version 1: Individual Donor (CRGFORM19) The user/donor at home may complete this anonymous questionnaire for individual return of medications.

[Download "Individual Donor Form"](#)



Version 2: Bulk Collection (CRGFORM17) In an organized collection event, the user provides data for many returned medications on one form. Only the collector or collection sponsor of the event is identified

[Download "Bulk Collection Form"](#)



[Download "Bulk Collection Supplemental Form"](#)



Version 3: Research Questionnaire (CRGFORM15) This questionnaire is the most detailed in data collection and is used only in a closely monitored research study with a defined study population. Access to this questionnaire is provided by approval and permission of CRG Medical Foundation for Patient Safety.

[Download "Research Questionnaire Form"](#)



[Download "Research Questionnaire Supplemental Form"](#)












Version 4: Original Form (MBSG Version 1.1) This form is the most basic data collection format with minimal data fields.

[Download "Original Form"](#)



See related documents for more information.

Documents

- [World Health Organization, WHO](#)
The World Health Organization presents recommended procedures to safely dispose unused and expired medications.
 
- [Study of Medication Waste](#)
A Canadian study examines the economic impact of returned medications.
 
- [EPA-Patient Safety](#)
Christian G. Daughton describes a cradle-to-cradle stewardship for medications to protect the public and environment.
 
- [Questionnaire for Unused and Expired Medications](#)
CRG Medical Foundations offers a questionnaire to record return of unused and expired medications, that is used as the framework for the U.S. National Registry for Unused and Expired Medications.
 
- [Supplemental Form](#)
Referenced Questionnaire for Unused and Expired Medications, use this form for addition listing of unused and expired medications.
 

Collaborators



CRG
Medical Foundation
for
Patient Safety



Northeast Occupational Exchange
www.noemaine.org
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Maine Benzodiazepine
Study Group
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www.communityofcompetence.com

Appendix J.



September 2004 Preliminary NOE Unused Pharmaceutical Return

DRUG (Sorted Alpha)	Strength	Quantity	Price quote	Cost	DEA SCHEDULE	EPA CLASSIFICATION ?	EPA preferred Destruction method?	Pos-Session Charge	Sex ?	NDC Code ?	age ?
ADDERALL	5MG	1	8.49	1.52	2						
ALAVERT	OTC	7	5.25	4.28	6						
ALAVERT	OTC	19	12.25	11.61	6						
ALAVERT	OTC	28	18.05	17.11	6						
ALAVERT	OTC	11	7.09	6.72	6						
ALBUTEROL IH	17GM	1	19.68	14.50	6						
ALBUTEROL IH	90MCG	1	8.49	7.64	6						
ALPRAZOLAM	1MG	24	12.10	7.20	4						
AMITRIPTYLINE	10MG	15	8.49	1.43	6						
AMITRIPTYLINE	25MG	15	8.49	2.10	6						
AMITRIPTYLINE	25MG	20	8.49	2.80	6						
AMOXICILLIN	875MG	1	3.49	1.02	6						
APAP/COD	#3	14	8.49	3.98							
BENEADRYL	25MG	6	8.49	8.28	6						
CARBAMAZEPINE	200MG	19	12.54	7.48	6						
CIMETIDINE	300MG	9	12.00	8.00	6						
CLONAZEPAM	1MG	1	8.49	0.26	4						
CLONAZEPAM	0.5MG	6	8.49	2.64	4						
CLONAZEPAM	1MG	29	12.50	7.45	4						
CLONAZEPAM	0.5MG	90	29.60	23.13	4						
CLONIDINE	1MG	1	8.49	0.81	6						
CLONIDINE HCL	0.1MG	10	8.49	1.20	6						
DEPAKOTE	500MG	16	38.10	37.10	6						
DEPAKOTE	500MG	1	3.49	2.32	6						
DEPAKOTE ER	500MG	39	87.24	86.24	6						
DEPAKOTEER	500MG	1	3.49	2.21	6						
DIGOXIN	250MCG	1	8.49	0.16	6						
DIPHENHYDRAM	25MG	24	8.49	0.64	6						
DOCUSATE SODIUM	50MG	1	5.25	0.32	6						
DOCUSATE SODIUM	100MG	28	5.25	1.63	6						
EFFEXOR XR	150MG	52	193.95	192.95	6						

DRUG (Sorted Alpha)	Strength	Quantity	Price quote	Cost	DEA SCHE DULE	EPA CLAS SIFIC ATION ?	EPA preferred Destructi on method?	Pos-Session Charge	Sex ?	NDC Code?	age ?
EFFEXOR XR	150MG	62	231.06	230.06							
EFFEXOR XR	75MG	8	28.26	27.26							
ENALAPRIL	5MG	2	8.49	0.40							
ENALAPRIL/HCTZ	10/25MG	5	10.38	6.10							
ENALAPRIL/HCTZ	10-25MG	8	14.16	9.54							
EPI E-Z PEN JR	0.15MG	1	65.12	52.28							
EPI E-Z PEN JR	0.15MG	1	65.12	52.28							
EPI E-Z PEN JR	0.15MG	1	65.12	52.28							
ESKALITH CR	450MG	136	105.84	86.82							
FOCALIN	2.5MG	2	8.49	1.07							
GEMFIBROZIL	600MG	1	8.49	0.42							
GLUCOTROL XL	5MG	61	31.55	24.83							
GUANFACINE	1MG	7	8.49	2.73							
HYD.COD.APAP	5/500	20	10.22	6.00							
IBU	800MG	22	8.49	2.99							
INDERAL LA	80MG	11	20.60	15.30							
INDERAL LA	60MG	16	26.07	20.06							
LAMICTAL	100MG	1	4.62	3.62							
LAMICTAL	200MG	3	12.96	11.96							
LEXAPRO	10MG	23	54.19	53.19							
LISINOPRIL	20MG	1	8.49	0.50							
LORAZEPAM	1MG	25	11.60	6.88							
LORAZEPAM	0.5MG	9	8.49	1.80							
LORAZEPAM	1MG	17	8.60	4.68							
METHYLPHENIDATE	5MG	40	18.36	13.36							
NAPROXEN	375MG	20	8.49	4.00							
PAXIL CR	25MG	5	16.20	15.20							
PERPHENAZINE	8MG	7	8.49	4.11							
PERPHENAZINE	16MG	18	19.34	14.21							
PERPHENAZINE	4MG	171	133.65	111.00							
PHENOBARBITAL	30MG	4	8.49	0.09							
PROMETHAZINE	25MG	2	8.49	1.01							
PROPOX-N/AP	100/650	20	11.57	6.86							
QUINNE SULFATE	260MG	2	8.49	0.70							
RISPERDAL	0.5MG	1	4.44	3.44							
RISPERDAL	1MG	3	11.96	10.96							
RISPERDAL	4MG	1	10.37	9.37							
RISPERDAL	1MG	1	4.65	3.65							
RISPERDAL	0.5MG	40	138.43	137.43							
RISPERDAL	4MG	23	216.58	215.58							
RISPERDAL	0.5MG	1	4.44	3.44							
SEROQUEL	100MG	90	293.77	292.77							
STRATTERA	10MG	18	73.47	59.54							
STRATTERA	25MG	26	104.90	86.00							

DRUG (Sorted Alpha)	Strength	QUANTITY	PRICE QUOTE	COST	DEA SCHEDULE	EPA CLASSIFICATION ?	EPA preferred Destruction method?	Possession charge?	Sex ?	NDC Code?	age ?
SUDAFED	OTC	11	5.25	4.83							
TEQUIN	400MG	3	30.18	29.18							
TRAMADOL	50MG	11	12.04	8.03							
TRAZODONE	50MG	36	20.14	14.90							
VERAPAMIL	120MG SR	13	8.49	4.04							
VIOXX	25MG	3	10.47	9.47							
WELBUTRIN SR	200MG	19	76.94	75.94							
WELLBUTRINSR	100MG	31	76.59	62.25							
WELLBUTRINSR	150MG	33	72.02	71.02							
ZOLOFT	100MG	1	3.87	2.87							
ZONEGRAN	100MG	6	14.80	13.80							
ZYPREXA	10MG	11	119.95	118.95							
ZYPREXA	5MG	16	121.26	120.26							

TOTALS		1621	3093.17	2666.04
Controlled Pharmaceuticals		291	165.96	87.02
Benzodiazpines		201	99.87	54.04
Controlled Pharmaceuticals		17.95%	5.37%	3.26%
Benzodiazpines		12.40%	3.23%	2.03%

Questions?

Where possible include number of people returning per take back?

Where possible count the number of mail packages that returned?

Summarize by Drug Class? If so Which Classification?

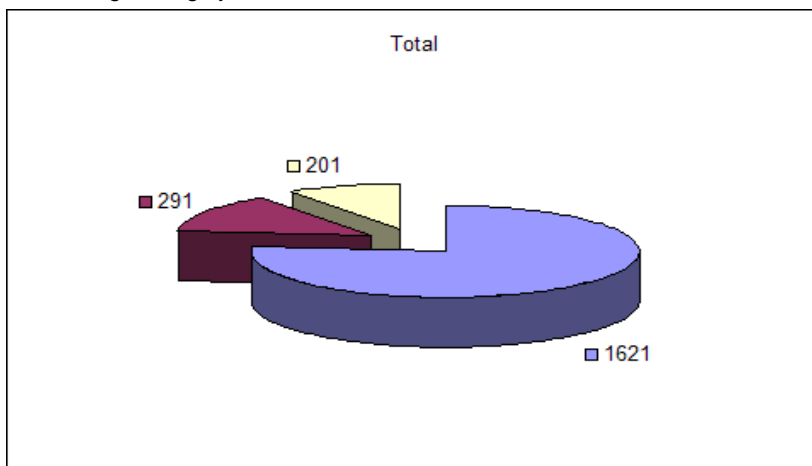
Where possible identify source of prescription (Chain, mail order?)

Where possible estimate number of doses taken from the returned prescription?

Estimate rates of non-compliance?

Compress each name or dose of drug?

Which Drug coding system to use?



Who	Collected, from whom
What	count/volume/weight
When	date
Where	location(s)
Why	Type of collection, mail, drop off, etc.

Data Registry:

Appendix K.



June 2005
 Preliminary NOE
 Unused
 Pharmaceutical
 Return

	DRUG (Sorted Alpha)	Strength	Quantity		Price Quote	COST	DE A Schedule	EPA Classification?	EPA preferred Destruction method?	Possession charge?	Sex?	Age of Patient?	NDC Code?
zip code				Why Unused									
4401	Amoxil	500 mg	42	Discontinued									
4401	APAP/Codeine	300-30 mg	40	Expired									
4401	Atenolol	25 mg	35	Discontinued									
4401	Atenolol	50 mg	9	Discontinued									
4401	Baclofen	10 mg	30	Discontinued									
4401	Buspar	10 mg	84	Discontinued									
4401	Carbatrol bottle	various pills	many										
4401	Celexa	20 mg	29	Discontinued									
4401	Cephalexin	500 mg	15	Expired									
4412	Chloral Hydrate	50	95 ml	Discontinued									
4401	Clarinex	5 mg	15	Discontinued									
4412	Cogentin	1 mg	18	Discontinued									
4401	Depakote	250 mg	120	Discontinued									
4401	Diphenhydramine	25 mg	1	Discontinued									
4401	Docusate Sodium	100 mg	34	Discontinued									
4401	Enalapril Maleate	10 mg	54	Discontinued									
4401	Enalapril Maleate	10 mg	3	Discontinued									
4401	Enalapril Maleate	10 mg	44	Discontinued									
4401	Etodolac	500 mg	28	Discontinued									

	DRUG (Sorted Alpha)	STRENGTH	QUANTITY		PRICE QUOTE	COST	DEASCHE DULE	EPA CLASSIFICATION ?	EPA preferred Destruction method?	Possession charge?	Sex ?	Age of Patient?	NDC Code?
4401	Flonase N/S	16 gm	1	Discontinued									
4401	Folic Acid	1 mg	104	Expired									
4401	Gemfibrazil	600 mg	28	Discontinued									
4401	Gemfibrozil	600 mg	1	Discontinued									
4401	Geodon	20 mg	36	Discontinued									
4401	Geodon	80 mg	29	Discontinued									
4412	Geodon	20 mg	6	Discontinued									
4412	Haldol	5 mg	40	Discontinued									
4401	Hydrocodone/AP AP	5/500 mg	1	Discontinued									
4401	Ibuprofen	800 mg	31	Discontinued									
4401	Ibuprofen	800 mg	27	Discontinued									
4401	K-Dur	20 meq	16	Expired									
4401	Keflex	500 mg	21	Discontinued									
4412	Keppra	500 mg	88	Discontinued									
	Lexapro	20 mg	13	Discontinued									
4401	LExapro	20 mg	14	Discontinued									
4401	Lexapro	10 mg	5 1/2 tabs	Discontinued									
4401	Lipitor	10 mg	23	Discontinued									
4401	Lipitor	20 mg	30	Discontinued									
4401	Lithium Carbonate	300 mg	78	Hospitalized									
4401	Lithium Carbonate	300 mg	52	Discontinued									
4401	Lithium Carbonate	300 mg	26	Left behind									
4412	Lithium Carbonate	300 mg	101	Brought to office									
4412	Lithium Carbonate	300 mg	99	Brought to office									
4412	Lithium Carbonate	300 mg	5	Discontinued									
4412	Lithium Carbonate	300 mg	64	Discontinued									
4401	Loperamide	2 mg	74	Discontinued									
4412	Lorazepam	1 mg	29	Discontinued									
4401	Luvox	100 mg	13	Discontinued									
4412	Mirapex	0.25 mg	51	Discontinued									
4401	Nicotine Patches	21 mg	7	Discontinued									
4401	Nicotine Patches	21 mg	7	Discontinued									
4401	Omeprazole	20 mg	26	Discontinued									

	DRUG (Sorted Alpha)	STRENGTH	QUANTITY		PRICE QUOTE	COST	DEASCHE DUL E	EPA CLASSIFICATION ?	EPA preferred Destruction method?	Possession charge?	Sex ?	Age of Patient?	NDC Code?
4401	Pepcid	20 mg	108	Expired									
4401	Phenytoin EX	100 mg	94	Expired									
4401	Phenytoin EX	100 mg	40	Expired									
4401	Phenytoin EX	100 mg	86	Expired									
4401	Prevacid	30 mg	19	Discontinued									
4401	Protonix	40 mg	12	Discontinued									
4401	Protonix	40 mg	25	Discontinued									
4401	Relafen	750 mg	20	Discontinued									
4401	Relafen	750 mg	18	Discontinued									
4412	Risperidol	2 mg	22	Discontinued									
4401	Ritalin	5 mg	21	Discontinued									
4401	Senna	8.6 mg	60	Discontinued									
4401	Seroquel	100 mg	1	Discontinued									
4401	Seroquel	100 mg	8	Hospitalized									
4401	Seroquel	200 mg	20	Left behind									
4401	Seroquel	100 mg	29	Discontinued									
4401	Seroquel	200 mg	1/2 tab	dose change									
4401	Stelazine	10 mg	38	Discontinued									
4412	Topamax	100 mg	56	Discontinued									
4412	Trazodone	150 mg	1/2 tab	Discontinued									
4401	Trileptal	150 mg	3	dose change									
4401	Trileptal	300 mg	1	dose change									
4401	Verapamil	180 mg	8	dose change									
4401	Verapamil HCL	240 mg	30	Discontinued									
4401	Verapamil HCL	240 mg	30	Discontinued									
4401	Verapamil SR	240 mg	19	Discontinued									
4401	Vioday M-V		30	Discontinued									
4401	Vioxx	25 mg	2	Discontinued									
4412	Vistaril	50 mg	82	Discontinued									
4401	VOID												
4401	Void												
4401	Wellbutrin XL	150 mg	1	Discontinued									
4401	Zithromax	250 mg	4	Discontinued									
4412	Zoloft	100 mg	4	Discontinued									
4401	Zonegran	100 mg	18	Discontinued									
4457	Zonegran	100 mg	79	Discontinued									
void													
void													

Appendix L.

National Unused Pharmaceutical Return Registry

Collector or Collection Sponsor: _____

Contact Person, email, phone, address: _____

Date(s) From: _____ To: _____		
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Page ___ of ___

	ZIP CODE	DRUG	STRENGTH	QUANTITY	WHY UNUSED?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

National Unused Pharmaceutical Registry

Program Description (Attach or use reverse)

Return form to: mbsg@noemaine.org

version 1.1

TABLE IV**Medications Returned with the Greatest Frequency**

Medications	Frequency	Medications	Frequency
Ranitidine 150 mg	64	Losec 20 mg	24
Tylenol #3	52	Tylenol #2	24
Pen Vk 300 mg	36	Docusate Sodium 100 mg	23
Novasen 325 mg	29	Erythromycin 250 mg	22
Slow K	29	Naproxen 250 mg	22
Ibuprofen 400 mg	28	Furosemide 40 mg	21
Imodium 2 mg	28	Toradol 10 mg	21
Lorazepam 1 mg	26	Norflex 100 mg	20
Amoxicillin 250 mg	25	Sulfatrim DS	20
Lanoxin 0.25 mg	25	Cytotec 200 µg	19

Appendix N.

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Organization</u>	<u>Address</u>	<u>City</u>	<u>St.</u>	<u>Zip</u>	<u>E-mail</u>	<u>Phone</u>	<u>Status</u>	<u>Type</u>
						Alberta				active	to Pharmacy
						Bahrain					
						British Columbia				active	to Pharmacy
						California					
						Colorado					
						Finland				active	to pharmacy
						Florida					
						France					
						Great Britain				active	to pharmacy
						Illinois					
						Indiana				active	TRIAD
						Italy					
						Kuwait					
						Maine				active	TRIAD / Mail pending
						Oman					
						Poland				active	to pharmacy
						Prince Edward Island				active	to pharmacy
						South Africa					pick up
						Washington					
						Oklahoma					recycle
						Australia					
						Australia					

Appendix O.



After the preliminary fire is started, drugs are injected into the fire with the EZ Feed system.

This innovative, easy to use incinerator is specifically designed for safe and efficient disposal of confiscated drugs. Drug Terminator is used by local law enforcement when other disposal options are limited. Drug Terminator is wood or charcoal fired. Two high velocity electric blowers create a cyclone of intense heat eliminating illicit drugs quickly and completely. The volume of material is reduced to an average of 1% ash. Non-combustible drug paraphernalia is sterilized by heat and can be disposed in municipal waste.

Appendix P.

