F I S C A L I M P A C T R E P O R T

SPONSOR Padilla **ORIGINAL DATE** 02/22/15 **LAST UPDATED** _____ **HB** _____

SHORT TITLE Study Unused Prescription Drug Program **SJM** 23

ANALYST Dunbar

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	**FY17**		
	NA		

(Parenthesis ( ) Indicate Expenditure Decreases)

SJM 23 relates to SB 21
Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

Responses Received From
Department of Health (DOH)
Department of Public Safety (DPS)
Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of the Bill

Senate Joint Memorial 23 requests that the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council convene a working group of stakeholders to study opportunities and challenges to remove the threat of unused prescriptions drugs. A task force would be convened to study the new federal regulations. The Council is further requested to invite as wide a group of stakeholders as possible to this task force. The task force is to meet during the 2015 interim, and to compile a report of its recommendations for presentation to the Governor and the Legislative Health and Human Services Committee by November 1, 2015.

FISCAL IMPLICATIONS

None indicated.

SIGNIFICANT ISSUES

SJM 23 outlines issues related to prescription drug overdose, misuse, diversion and disposal that pose a risk to the public's health. SJM 23 outlines issues related to drug take-back events, i.e., that they occur infrequently and are difficult to access for people living in rural or frontier areas.

On September 9, 2014, the Drug Enforcement Administration (DEA) of the Department of Justice issued its final rule on the disposal of controlled substances (21 CFR Parts 1300, 1301, 1304, 1305, 1307, and 1317). The intent of this rule was to expand the options available to collect controlled substances from ultimate users for the purpose of disposal. These options include take-back events, mail-back programs, and maintenance of collection receptacles at retail and institutional pharmacies, as well as long term care facilities. The new DEA rule does not require retail pharmacies to participate. However, if they do elect to do so, they must register as an authorized disposal site, and follow strict regulations on the collection and disposal of these drugs, including procedures to prevent diversion of these substances. According to DOH, to date, no New Mexico pharmacy has registered with the DEA to become an authorized disposal site, because of perceived risks and expenses for the entities that elect to receive unused drugs (Ben Kesner, Executive Director, NM Board of Pharmacy, personal communication, 12/22/14).

In 2010, the New Mexico Board of Pharmacy (BOP) recognized the need for safe disposal of unused dangerous drugs and stipulated under NMAC 16.19.6.15 that patients may return dispensed legend medications and over-the-counter drugs to an authorized pharmacy for destruction. In order to be authorized, the pharmacy must submit a protocol to the Board or its agent for approval, which stipulates mechanisms of collection, destruction, security; name of disposal contractor; frequency of collection; and records of collection and disposal.

In 2012, the University of Wisconsin Extension funded the Product Stewardship Institute (PSI), a membership organization that works to ensure that those involved in the lifecycle of a product share in the responsibility for reducing its health and environmental impacts, to produce a brief on drug take-back programs. The brief states, "While there have been increasing numbers of pharmaceutical collection programs, these programs are constrained by a lack of funding and are not able to meet the needs for ongoing, convenient, safe collection programs. The burden for funding these programs also falls almost entirely on government (including law enforcement) and taxpayers." (Product Stewardship Institute, *Protecting our Health and the Environment: The Need for Sustainably Financed Drug Take-Back Programs.* July27, 2012: 8)

DOH reports, that a 2012 survey conducted by Carnevale Associates examined data from 148 programs spanning 21 states and several countries. Their analysis found that take-back programs vary considerably. While all take-backs accepted some types of unused medication, take-back programs often had different goals, structure, and scope. Based on their findings, drug take-back programs varied across five interrelated elements: (1) frequency, (2) collection mechanism, (3) drugs accepted, (4) collecting entity, and (5) geographic scope. This variety results in a lack of data about the effectiveness of this policy approach.
(http://www.carnevaleassociates.com/prescription_drug_takeback_programs_&_substance_abuse_prevention_final.pdf)

RLD indicates that although the Memorial states that in 2013, NM had the 2nd highest overdose death rate in the US, the most recent information reveals that NM has dropped to probably number 3 in the US. Regulations have been made requiring dispensers and practitioners to use

the Prescription Monitoring Program (PMP). The PMP has recently been awarded an almost $400,000 grant. With the use of this money, NM should drop in overdose deaths.

Nationally, the National Association of Boards of Pharmacy (NABP), according to RLD, has looked at drug take back issues. Also examined was the reuse of medications that have been dispensed to one person for use by another. The reuse of medication would not be allowed for controlled substances. Controlled substances are the primary cause of overdose deaths. The BOP has been involved with other task forces. The most recent being the Bernalillo County 2nd Opioid Abuse Accountability Summit held January 8, 2015. The BOP would participate in the task force set up by this Memorial.

Because of previous work done, inviting NABP and the DEA to participate in the task force would be beneficial.

ADMINISTRATIVE IMPLICATIONS

DOH currently provides staff support to the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council, and would anticipate providing similar support to the task force

RELATIONSHIP

SJM 23 relates to SB 21, which would have required the Board of Pharmacy to adopt and promulgate rules to establish a pharmacy-based dangerous drug take-back program.

TECHNICAL ISSUES

DOH points out that the preamble to SJM 23 requests recommendations for establishing an unused prescription drug recovery program. However, there is no such request in the body of SJM 23. The body of SJM 23 requests that the prescription drug recovery task force be created to study the new federal regulations and report its recommendations.

ALTERNATIVES

The Product Stewardship Institute suggests that costs for prescription drug recovery and disposal be borne by companies manufacturing pharmaceuticals.

RLD suggest that expanding the use of Narcan would be an effective way to reduce overdose deaths. Narcan is a medication that can reverse the effects of an opiate. If a person is found unconscious and not breathing because of an opioid overdose, administering Narcan may revive the individual. Pharmacists have recently been given prescriptive authority to prescribe Narcan to individuals who may benefit from this medication. And certain police departments in NM and around the US are issued Narcan to trained officers

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