Medication Disposal Issues In Hospice

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Program Objectives

1. Describe an overview of issues related to medication waste, including its impact on the environment, healthcare costs and diversion concerns.

2. Review the laws and regulations and governmental initiatives related to pharmaceutical waste disposal mechanisms in the homecare setting.

3. Describe best practices for proper medication disposal in hospice and discuss ways to become compliant with regulations related to medication waste in the Conditions of Participation (CoPs).
   - Review the recently released HPNA “best practices” recommendations

Medication Use and Med Waste: How Big a Problem?

• Pharmaceutical use has increased exponentially over the past 2 decades
  – 139 million people in the US use prescription medications each month
  – Total 3.9 billion prescriptions filled each year¹.

• Percentage of persons using 3 or more prescriptions has increased, especially among older persons.

• It is estimated that 5% of the US population use opioids in a given week (estimated 10 million Americans)².

• In 2007, an estimated 1 billion dollars worth of unused medications was wasted³.
Where Do All of These Medications Go?

Medication Disposal: The Concerns

• Environmental:
  – Contaminated water supply
  – Negative impact on aquatic life
  – Possible increased resistance to antibiotics
  – Hormone disruption

• Public safety issues
  – Diversion of controlled substances
  – Self-prescribing use
  – Accidental ingestion/poisoning

Sources of Environmental Exposure

• Excreted pharmaceuticals from livestock and people

• Waste effluent from production processes

• Unused pharmaceuticals
  – Expired meds
  – Patient refuses med
  – Patient dies or is transferred
  – Medication is not tolerated or appropriate
  – Patient stops med after successful treatment
Diversion Concerns

- 70% of people who abuse prescription pain relievers get them from friends or relatives – SAMHSA, 2008 National Survey on Drug Use and Health

- CDC Survey finds that 1 in 5 high school students have abused prescription drugs

- The number of cases of prescription drug overdoses in emergency departments has increased 111%.

When Kids Play Doctor: Stupid Mistakes, Serious Consequences

- The number of emergency room visits attributable to pharmaceuticals alone is up 97 percent between 2004 and 2008.

- Many Americans are not aware that medicines that languish in home cabinets are highly susceptible to diversion, misuse, and abuse.

- Recent surveys reveal that 63 percent of teens believe that prescription drugs are easy to obtain from the medicine cabinet of friends and family.

- 1 in 7 teens admit to abusing prescription drugs to get high in the past year.

- The Office of National Drug Control has found that prescription drugs are the drug of choice among 12 and 13 year olds, while a third of all new abusers of prescription drugs were between the ages of 12 and 17.

Stakeholders

- Insurance Companies
- Pharmaceutical Industry
- Academia
- Pharmacies
- Patient-Consumers
- Government
- Healthcare Facilities
- Non-profit Organizations
- Reverse Distributors
- Pharmaceutical Waste
Oversight – The Authorities

- DEA
- US EPA
- State & Local (e.g., DEP, Police Dept., Water Dept., Sanitation)
- Professional Boards & Regulatory Agencies

Scheduled Drugs – Factors of Consideration

- Actual or potential for abuse
- Scientific evidence/current knowledge of effects
- History/current pattern of abuse
- Public health risk
- Dependence risks
- Status of substance as immediate precursor of substance already listed as controlled

Purposes of Controlled Substances Act

- Control abused/addictive drugs
  - Classification through Schedules
- Create a "closed system" of distribution of controlled substances
- Regulate distribution of chemicals used in manufacture of illegal drugs
The Closed Loop – Fine For LTC, But What About HomeCare?

Disposing of Controlled Substances

• End users may NOT return medications to a DEA registrant

• Destruction must be “beyond reclamation”

• Community take back – law enforcement must be involved: DEA registrants may NOT accept CS at take back programs unless law enforcement is involved
  – “possession” of CS must pass to law enforcement

The Longstanding Practice – Flushing or Throwing in the Trash
Disposal by Flushing

**STRENGTHS**
- Fast
- Easy
- Effective
- Controlled (immediately minimizes diversion risk)

**CONCERNS**
- Contaminated water supply
- Negative impact on aquatic life
- Possible increased resistance to antibiotics
- Hormone disruption
- Unintentional exposure to possibly toxic medications

Federal, State and Local Laws and Regulations

- Start with the Federal Guidelines
- Different states, local municipalities may have different laws, regulations, guidelines or programs relating to medication waste disposal
- Helpful resources include your state’s:
  - DEA regional offices (e.g. MI v. PA)
  - Board of Pharmacy
  - Board of Nursing
  - Local wastewater/sewage regulations
  - EPA

Federal Guidelines for Medication Destruction

- Created in February 2007 and updated in 2009 as a resource for best practices in the disposal of household medication waste.

- Includes exceptions for disposal of controlled substances.

- The Federal Guidelines may be found at
Federal Guidelines –
Individual Disposal of Rx Drugs

Rx Monitoring –
One Control Mechanism

- 35 states have legislation requiring prescription monitoring
- 26 states have currently operating programs
- 9 are in start-up phase
  - Alabama, Arizona, California, Connecticut, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Mexico, New York, North Dakota, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont, Washington, West Virginia, and Wyoming. Currently, the state of Washington uses their program only for disciplinary purposes, however legislation has been introduced to expand the program statewide.

Rx Monitoring –
Ok, But What Is It?

- The National Alliance for Model State Drug Laws (NAMSDL) is a resource for governors, state legislators, attorneys general, drug and alcohol professionals, community leaders, the recovering community, and others striving for comprehensive, effective state drug and alcohol laws and policies.
- Stated purpose: to reduce abuse of controlled prescription medications
- Secondary purpose: reduce number of Rx issued; control a steady supply of Rx
- National Alliance Prescription Drug Monitoring Project information can be found at: http://www.namsdl.org/presdrug.htm
Community Take-Back Programs

- Some states/communities have organized local household prescription drug take-back programs to collect drugs for safe destruction.
- Drugs received are incinerated.
- Federal legislation to regulate take back programs is passed in both houses but not yet signed by the President.

Barriers to Take Back Approach

- Pharmacists cannot take controlled medications back that belong to someone else.
- These programs can be utilized by family members but nurses or other staff should never remove drugs from the home.
- Lack of funding: A licensed “reverse distributor” or hazardous waste hauler is needed and is costly.
- Organizations doing this are piece meal. There is no overall plan, strategy or methodology.
  - Need to get the DEP, DEA, and Attorney General offices together to address.

National Focus: DEA Take-Back Program

- Nationwide Prescription Drug Take-Back Program a Success in Minnesota Thanks to Partnership with Various Organizations
  - On Saturday, September 25, 2010, over 4,000 collection sites sponsored by the Drug Enforcement Administration (DEA) accepted unused, expired, and unwanted prescription drugs from community members in every state, Puerto Rico, and the US Virgin Islands. The program was made possible through partnership with community, public health, and law enforcement throughout the country.
Medications in Hospice:
What is left in the home when the patient dies?

- Pilot study:
  - 105 home hospice patients from 5 hospices who expired between April and June in 2007
  - describe the amount and types of unused controlled substances (CS) at the time of death in home hospice

- Findings:
  - Most patients had unused medications at the time of death that required disposal
  - All but one pt had unused morphine concentrate (20mg/mL)
  - Collectively, over 3 liters of morphine concentrate were destroyed
  - Close to 1,000 lorazepam tablets, 90 OxyContin, 250 SR Morphine tablets and 57 fentanyl patches of varying strengths were destroyed.

Rules Regarding Medication Disposal in Hospice

- The Medicare Conditions of Participation (CoPs) require hospices to have:
  - Written policies and procedures for managing and disposing of controlled drugs in patient’s home, discussed with patient and family at the time when controlled drugs are first ordered.
  - Must document in clinical record that these policies and procedures were provided and discussed.

Steps for Hospices to Take

- Create or update your hospice’s policy and procedure on medication disposal.
  - Refer to HPNA’s guideline and other resources
  - Check to see if your state or local municipality has its own laws or regulations regarding disposal of household medications.

- Educate your staff on the importance of following the policy

- Carefully weigh the risk of diversion of certain drugs against any potential environmental impact. Err on the side of caution.
Considerations for Hospice Medication Disposal Practices/Policies

- Community commitment to “green” policies
  - Hospices have reported that the driving force for change to their disposal policy was family requests or issues with flushing.

- Risk of diversion of certain medications or in certain communities

- Federal, state, and local laws (some regulations conflict)

Components of a Drug Disposal Policy

- Education
  - Annual inservice to all employees
  - Assure that patients and caregivers receive education in a manner and language that they understand.

- Collection
  - Identify persons responsible for destruction
  - Determine procedures for collection and disposal
  - Dispose of drugs on site, unless a community take-back program is available. NURSES MUST NEVER TRANSPORT DRUGS.

- Tracking
  - Procedure for documentation that follow state guidelines
  - Store drug disposal documentation in patient’s medical record

- Disposing
  - In a manner that does not allow the drug to be unintentionally ingested or easily retrieved

Reference: HPNA’s recommendation for safe drug disposal in the home setting

How to Properly Dispose of Medications

- Follow any specific instructions
  - Ex. fentanyl patch

- Remove drugs from original containers

- Mix/dilute drugs with undesirable but non-toxic substances
  - Suggestions include mixing unused medications with coffee grounds or kitty litter and other forms of non-toxic dilution prior to disposal
  - Seal in plastic bag or container

- Flush only in certain instances

Disposing of Other Types of Waste

- Ampules, vials, IV bags, patches:
  - Follow state and local guidelines
  - Liquid controlled substances should be modified prior to disposal
  - Flush Fentanyl patches

Destruction over the Phone

- Check state, local and provider policy
- Document:
  - Instructions on whether to remove drugs from container
  - Specific disposal method
  - Elimination of protected health information
  - Document in medical record all drugs to be disposed of, the instructions, and family’s verbal response to their understanding of the process
  - If family refuses to dispose of drugs, document drugs that remain and reason for refusal. Determine need to contact State and Local authorities.
Medication Destruction in Hospice: Additional Considerations

- Consider destruction timetables
  - Discontinuation of medication regimen
  - Patient discharge or passing

- Look for “Take Back” programs and provide info to caregivers about community medication disposal programs.

- Medications in the home are the property of the patient; if they refuse to dispose of the medication in the nurse’s presence, document!

- Remember: nurses should NOT transport medications.

Nurses’ Role in Reducing Medication Waste in Hospice

- Advocacy
  - Political advocacy to change laws and policies
  - Develop “green teams” or work groups focused on environmental aspects of care
  - Provide leadership in policy development

- Avoid over-prescribing
  - Recommend non-pharmacological therapies
  - Select the best drug for the patient
  - Assess patient supply prior to requesting refills
  - Limit quantity dispensed or determine dispense quantity based upon patient’s clinical condition and life expectancy

- Education
  - Provide accurate information to the public

Resources


References


Thank You for Your Participation!

Questions/Comments?

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Thank You for Your Participation!