



City of Long Beach
Working Together to Serve

Memorandum

Date: April 12, 2016

To: Patrick H. West, City Manager *P.H.W.*

From: Kelly Colopy, Director of Health and Human Services *KC*
Robert Luna, Chief of Police *R. Luna*

For: Mayor and Members of the City Council

Subject: **Options for Managing a Prescription Drug Stewardship Program in the City of Long Beach**

BACKGROUND

On August 18, 2015, the City Council requested the Department of Health and Human Services (Health Department) to work with the Police Department to research options for a Citywide Prescription Drug Stewardship (PDS) program. This memorandum presents the findings of staff's research as well as a recommendation for a PDS program in Long Beach.

Program Need

Prescription and non-prescription drugs play a critical role in treating diseases and saving lives. However, unused and expired medications must be properly discarded so they do not pose a risk to others or the environment. It is estimated that approximately 200 million pounds of unused or expired prescription drugs are stored in medicine cabinets across America. This translates to approximately 250,000 pounds in Long Beach. In addition to potential environmental impacts to waterways and living organisms, there is also a risk for easy access and abuse of these medications by others for whom they were not intended.

There were over 8,265 drug-related deaths in Los Angeles County between 2000 and 2009. Public health statistics show that 61 percent of those deaths involved a commonly abused prescription or over-the-counter drug. Of note, nearly 75 percent of residents who misuse prescription drugs obtain them from relatives or friends. Deaths and illnesses caused by the abuse of prescription opioids are of national concern, and the number of deaths each year from prescription opioids is now greater than the deaths from heroin, cocaine, and benzodiazepine drugs combined.

Also, home-generated needles, syringes, lancets, and other medical products that are not properly disposed can create hazards. While the use and disposal of these items is closely regulated in healthcare facilities, there is no regulatory oversight for their use in the home. These items are routinely placed illegally into the trash, and improper disposal practices may result in needle stick and other injuries that can expose others to blood borne illnesses such as hepatitis B, hepatitis C and HIV.

Proper disposal services are limited within Long Beach. Currently, there is no comprehensive citywide program to address pharmaceutical and sharps waste for Long Beach residents. It is noteworthy that similar cities, such as Anaheim and Santa Ana, also do not have organized drug “takeback” programs. Residents have access to the EDCO Recycling and Disposal Center in Signal Hill (2755 California Ave) once per month, and the Police and Health Departments partner with the Drug Enforcement Administration (DEA) for semi-annual prescription drug “takeback” events at local hospitals or the Health Department. These events collect between 650 and 1,000 pounds of prescription drugs and sharps waste each year.

Pharmacies and hospitals in Long Beach do not currently have an organized “takeback” program for the public (though the VA Hospital will allow veterans to return unused prescription drugs and sharps). Furthermore, pharmacies and hospitals are not currently required to accept prescription drug waste and sharps waste from residents.

Program Criteria

An ideal PDS program would provide a sufficient number of convenient collection points, alternate methods of collection for the homebound or others with similar challenges, and a plan for incineration of the collected waste, with a minimum of oversight by the City. For purposes of this analysis, prescription drugs, over the counter medications, and “sharps” waste (e.g. injection needles, syringes, etc.) would be accepted at the collection sites. Other related items, such as controlled substances and medical waste (blood samples, vaccines, trauma scene waste, etc.) would not be accepted.

OPTIONS

Over the past few months, staff researched current practices and regulations, which led to the identification of several options for implementing a PDS program in Long Beach. These options are presented below. For each option, the City, at a minimum, would provide oversight, annual inspections, and community awareness activities.

Option 1: Use existing resources and infrastructure for proper collection and disposal including increased use of the EDCO recycling facility in Signal Hill.

Annual Cost Estimate: \$552,000 - \$1,056,000

The EDCO waste disposal and recycling center, located at 2755 California Avenue in Signal Hill, currently accepts pharmaceutical and sharps waste from residential customers on the second Saturday of each month.

Evaluation

The current service availability of one day per month is too limited for residential drop off. While EDCO is centrally located, it is not convenient for most residents of Long Beach and would likely limit the effectiveness of a PDS program. EDCO could be requested to open their Environmental Collection Center on additional days and times, though EDCO could not provide this without additional financial support. Costs for this service include disposal of additional quantities of home-generated sharps and pharmaceuticals, staff time and public

education. Estimates from the Los Angeles County Department of Public Works for one additional Saturday per month, including labor and disposal fees would be \$46,000 per month, or \$552,000 per year. For daily access to EDCO, the costs would be \$88,000 per month, or \$1,056,000 annually. This option is likely too limited to qualify for a comprehensive PDS program. In this option, the City would need only provide minimal oversight as EDCO is already experienced in the handling and final disposal of these types of waste products.

Option 2: Set up permanent collection points at select City facilities and manage their disposal.

Annual Cost Estimate: \$128,000

Selected City facilities administered by the Health and Police Departments could be used as drop-off/collection sites for residents, limited by California law to police stations and public/environmental health agencies. Ten City sites were identified that could be utilized (see Attachment 1). Item collection boxes must be within or attached to the “physical plant,” are only available during operating hours, and secured as to not allow retrieval of dropped off items. However, if a facility is open 24 hours, 7 days per week (i.e., police stations) it may be possible to place the collection box directly outside the site provided it is secured and can be monitored. These sites would be classified as “Medical Waste Generators” and would require a permit and associated requirements for maintaining this permit.

Every 30 days, a medical waste transporter would visit these sites and transport the collected waste to an incinerator for disposal. Medical waste transporters may require waste segregation prior to pick-up (State and Federal law requires the generator to segregate and properly package medical waste prior to pick up and transport); therefore, each site would require two collection boxes, one for pharmaceutical waste, and one for sharps waste.

Evaluation

Collection boxes at City facilities available during operating hours would provide greater accessibility to residents. The City would also need to provide equal access to this service (e.g. utilize a State certified “mail-back” service) to residents who are homebound or have disabilities or other conditions precluding them from utilizing the collection sites. The City would be responsible for the implementation, management, and oversight of this process.

Attachment 2 provides a detailed cost estimate for Option 2.

Option 3: Partner with local health and pharmaceutical businesses that use and/or sell pharmaceuticals to set up permanent collection points.

Annual Cost Estimate: \$27,000

As an alternative to police stations and health/environmental health agencies, the following may also be set up as permanent collection sites:

- Pharmacies with active unrestricted licenses from the California Board of Pharmacy
- Physician and other licensed healthcare prescribers’ offices

The City could provide oversight of a program whereby eligible pharmacies and licensed healthcare prescribers' offices, which are already permitted as Medical Waste Generators, would administer a public collection site for pharmaceuticals and sharps waste. They would also provide mail back services at no-cost to homebound/disabled residents. Attachment 3 provides a map of existing pharmacies in Long Beach

Evaluation

Involvement in this option would not be mandatory. Pharmacies would likely pass along their costs to the consumer for maintaining themselves as a permanent collection site. Both pharmacies and licensed healthcare prescribers are permitted with a business license and health permit, so an agreement may be worked out to exempt a percentage or all of their annual cost for these permits if they participate. City costs would include the annual issuance of permits and annual inspections and may include public education and outreach. Pharmacies and licensed healthcare prescribers would bear additional new costs but may also benefit from greater foot traffic to their site. Pharmacies and hospitals have not implemented these types of programs in the past on a wide scale, although there are some pharmacies that will accept pharmaceutical waste from customers.

Attachment 4 provides a detailed cost estimate for Option 3.

Option 4: Enact an Extended Producer Responsibility (EPR) Ordinance.

Annual Cost Estimate: Undetermined but likely minimal.

An increasingly utilized option for local jurisdictions is to enact an ordinance requiring producers who sell their product(s) within the jurisdiction boundary to design and implement a PDS program to include accessible and safe collection and disposal of pharmaceutical waste, public outreach and education, and financial responsibility for the design, implementation, and management of the program. The City would still maintain responsibility for oversight (annual issuance of permits and inspections). The legality of this option was upheld in the U.S. Supreme Court on May 26, 2015.

Evaluation

EPR ordinances have been enacted in the following California jurisdictions: Alameda County, San Francisco City and County, San Mateo County, and Marin County. Other California counties currently drafting/reviewing ordinances include Santa Barbara, Santa Clara, Los Angeles, and Santa Cruz. Other states and counties, and many other countries, have also implemented EPR ordinances/regulations for pharmaceutical waste. While most EPR ordinances enacted require the manufacturer to bear the costs associated with implementing and maintaining a PDS program, San Luis Obispo County is considering an EPR ordinance that would require the local distributors (i.e., pharmacies) to bear the cost and responsibility of implementing and maintaining a PDS program.

An EPR ordinance is likely the most cost-effective and potentially the most comprehensive option for the City, who would maintain a regulatory oversight function. Since several other jurisdictions in California have recently passed EPR ordinances, industry costs for collection

programs are being passed on to consumers through increased product pricing. Consumers are the originators of the waste and passing the costs of a PDS program to them is reasonable.

RECOMMENDATION

Staff recommends Option 4 as it is the most reasonable and cost-effective option. It would likely cost the City little to oversee/regulate its implementation and ongoing effectiveness. Should the City Council choose to move forward with this recommendation, the City Council would need to request the City Attorney to prepare an EPR ordinance. The pharmaceutical industry has already been tasked multiple times in California to set up local EPR programs, and the City of Long Beach could model its ordinance on those already in place. Should the City Council wish to go in this direction, staff would also explore cost effective disposal and destruction options with the pharmaceutical industry, such as disposal at SERRF.

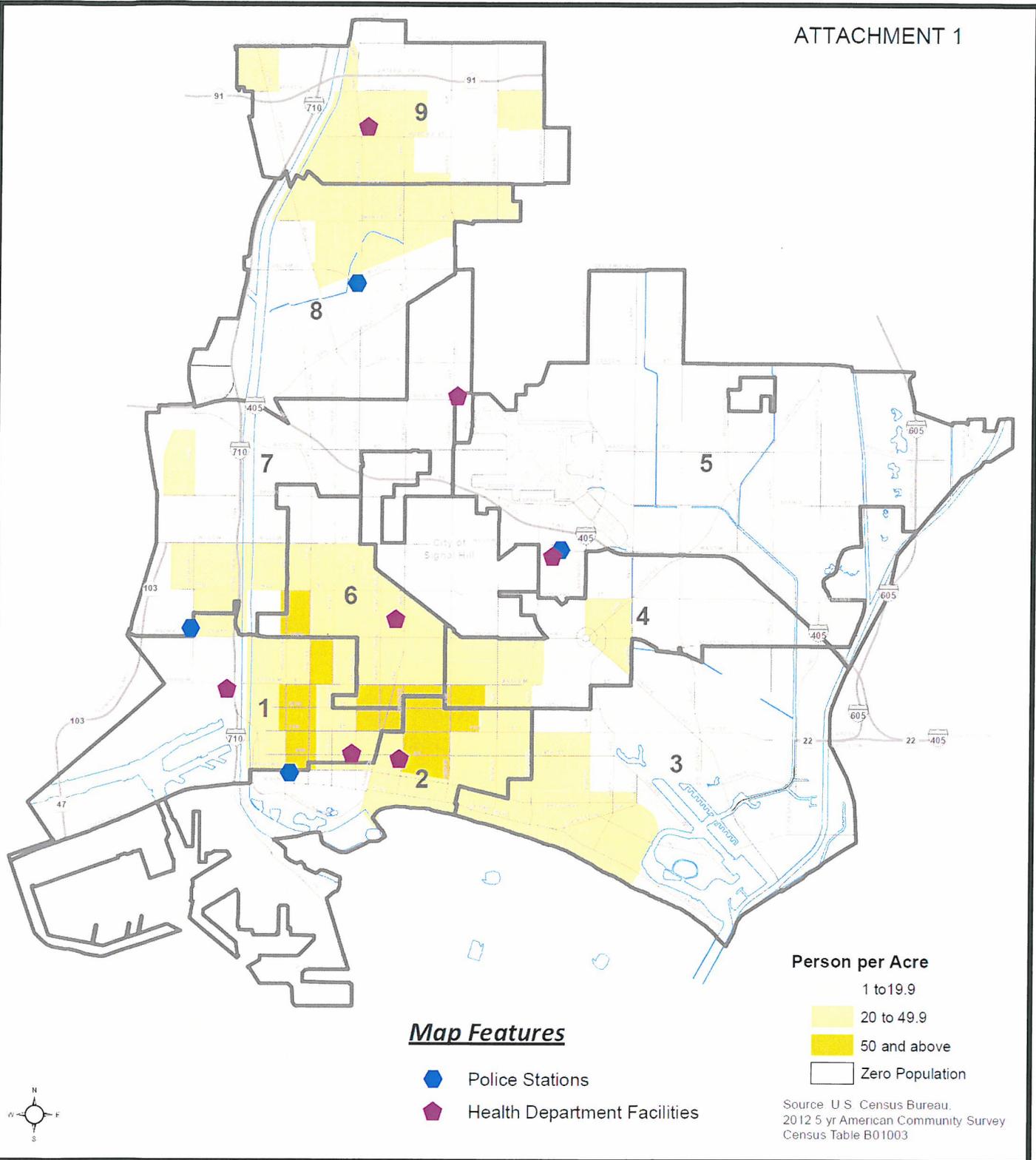
Options 1 through 3 are not recommended by staff as they provide limited availability and convenience for residents, may require additional City staffing resources, and have the potential of resulting in significant unfunded annual costs to the City.

Please let us know if you require additional information.

KC/RL:NK:gh

Attachments (4)

cc: Charles Parkin, City Attorney
Laura I. Doud, City Auditor
Tom Modica, Assistant City Manager
Arturo Sanchez, Deputy City Manager
Rebecca Jimenez, Assistant to the City Manager
All Department Heads



City of Long Beach, California

**City Council Districts
Pharmaceutical Drop Off Locations**



Technology & Innovation
Department - GIS

Disclaimer
This map of the City of Long Beach is intended for informational purposes only. While reasonable effort has been made to ensure the accuracy of the data, the City assumes no liability or damages arising from errors or omissions. This map is provided without warranty of any kind. Do not make any business decisions based on this map before validating your facts with the appropriate City office.

**PRESCRIPTION DRUG STEWARDSHIP PROGRAM
OPTION 2: ESTIMATED COST ANALYSIS**

ATTACHMENT 2

ONE TIME COSTS			
	Quantity	Per Unit Cost	Total
Collection Boxes (Purchased) (a)	10	500 \$	5,000
Signage	10	175 \$	1,750
Subtotal One Time Costs			\$6,750

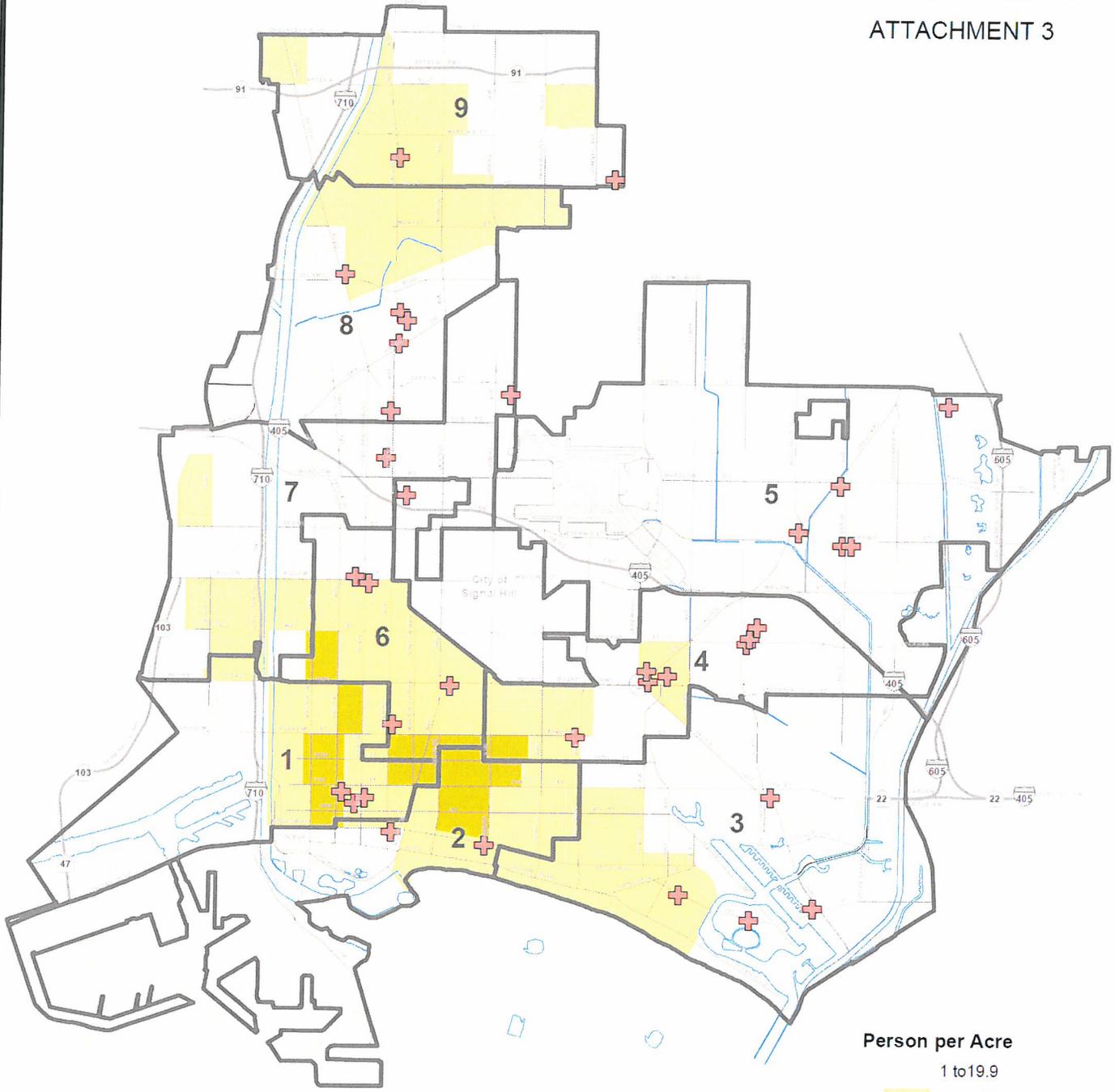
ANNUAL COSTS				
Personnel (rates include direct labor, fringe benefits (55%), and indirect costs (15%))				
Personnel	FTE	Fully Loaded Hourly Rate	Annual Total	Duties
Manager, Environmental Health	2%	106.95	4,449.12	General Program Management for Health Department
Sargeant, Police Department	2%	96.26	4,004.21	General Program Management for Police Department
Hazardous Materials Specialist	10%	65.06	13,532.74	Day to Day Program Management / Oversight of Med. Waste Transporter / Annual Inspections
Police Department Site Staff Persons (b)	15%	44.56	13,903.50	Answering Questions, Monitoring and Maintaining Collection Box, etc.
Health Department Facility Staff Persons (c)	35%	44.56	32,441.50	Answering Questions, Monitoring and Maintaining Collection Box, etc.
Subtotal Personnel			\$68,331.07	

Non Labor	Annual Quantity	Per Unit Cost	Total	Description
Medical Waste Transporter Fees (d)	120	\$ 100.00	\$ 12,000.00	Monthly Pick Up at Collection Sites and Transport to Incinerator
Advertising, flyers, etc. per month	12	\$ 500.00	\$ 6,000.00	Public Outreach
Sharps 20 Gallon Container	120	\$ 40.00	\$ 4,800.00	For Packaging Prior to Transport; Removed for Disposal and Replaced by Transporter
Pharmaceuticals 5 Gallon Container	120	\$ 25.00	\$ 3,000.00	For Packaging Prior to Transport; Removed for Disposal and Replaced by Transporter
Sharps 1 Quart Mail Back Container	480	\$ 16.99	\$ 8,155.20	For Distribution to Home Bound / Disabled Persons estim. 4 requests per month per site
Medication Mail Back Envelopes	1,200	\$ 5.00	\$ 6,000.00	For Distribution to Home Bound / Disabled Persons estim. 12 requests per month per site
Postage	1,680	\$ 6.00	\$ 10,080.00	Priority Mail 1 Day Legal Size Envelope
Annual Staff Training	20	\$ 250.00	\$ 5,000.00	Estimated Cost of Training
Licensing	10	\$ -	\$ -	Each site would be licensed as a Medical Waste Handler / Generator (fee exempt)
Miscellaneous (Undetermined)	1	\$ 5,000.00	\$ 5,000.00	Equipment, supplies, etc.
Subtotal Non Labor			\$ 60,035.20	

Potential Costs			
Liability		unknown	Increased liability from increased potential for work related injuries (workers comp, injury lawsuits)
Liability		unknown	Increased liability for mishandling of sharps and pharmaceutical waste (fines, penalties)

Grand Total Annual Costs \$ 128,366.27

(a) Likely provided by Medical Waste Transporter
 (b) 3 Sites, 1 person per site @ 5% FTE
 (c) 7 Sites, 1 person per site @ 5% FTE
 (d) Transport from site to incinerator



Map Features

 Pharmacies

Person per Acre

-  1 to 19.9
-  20 to 49.9
-  50 and above
-  Zero Population

Source: U.S. Census Bureau,
2012 5 yr American Community Survey
Census Table B01003



City of Long Beach, California

**City Council Districts
Pharmaceutical Drop Off Locations**



Technology & Innovation
Department - GIS

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**PRESCRIPTION DRUG STEWARDSHIP PROGRAM
OPTION 3: ESTIMATED COST ANALYSIS**

ONE TIME COSTS	Quantity	Per Unit Cost	Total
None			
Subtotal One Time Costs			\$0

ANNUAL COSTS
Personnel (rates include direct labor, fringe benefits (55%), and indirect costs (15%))

Personnel	FTE	Fully Loaded Hourly Rate	Annual Total	Duties
Manager, Environmental Health	1%	106.95	2,224.56	General Program Management for Health Department
Sargeant, Police Department	1%	96.26	2,002.10	General Program Management for Police Department
Hazardous Materials Specialist	5%	65.06	6,766.37	Annual Inspections / Community Education and Awareness
Subtotal Personnel			\$10,993.03	

Non Labor	Annual Quantity	Per Unit Cost	Total	Description
Advertising, flyers, etc. per month	12	\$ 500.00	\$ 6,000.00	Public Outreach
Subtotal Non Labor			\$ 6,000.00	

Potential Costs			
Exempt Annual Permits (Expense is loss of potential revenue) <i>Based on 25 participating facilities.</i>			10,000.00
Grand Total Annual Costs			\$ 26,993.03