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Larry Suffredin

Commissioner – 13th District Cook County Board of Commissioners Chair
Legislation and
Intergovernmental Relations
Committee
Rules and Administration

Member

Committee

Criminal Justice Committee
Finance Committee
Finance Committee
Litigation Sub-Committee
Health and Hospitals Committee
Homeland Security and
Emergency Management
Committee
Human Relations Committee
Pensions Subcommittee
Roads & Bridges Committee
Veterans Committee
Veterans Committee
Workforce, Job Development
and Training Committee
Zoning and Building
Committee

MEMORANDUM

To: Cook County Commissioners and President Preckwinkle

From: Commissioner Larry Suffredin

Date: August 3, 2016

Re: Items for the hearing on 16-1983 entitled AN ORDINANCE GOVERNING

THE SAFE DISPOSAL OF PHARMACEUTICALS

Attached please find:

- 1) A letter in support of the ordinance by Nathan A. Miley, Supervisor, District 4 Board of Supervisors of County of Alameda, California.
- 2) Proposed Resolution from the Metropolitan Water Reclamation District of Greater Chicago.
- Statement of support of David St. Pierre, Executive Director of the Metropolitan Water Reclamation District of Greater Chicago.
- 4) Statement of support of the National Safety Council.
- 5) Letter of support from the Metropolitan Mayors Caucus.
- 6) Graphs and data about current locations of collection sites in Cook County.
- 7) Example of Pharma apps for waste disposal
- 8) Proposed Resolution drafted by Pharma
- 9) Hazeldon Betty Ford Foundation





Oakland Office 1221 Oak Street, Suite 536 Oakland, CA 94612 510-272-6694/510-465-7628 Facsimile

Board of Supervisors

Nathan A. Miley Supervisor, District 4

Eden Area District Office 20980 Redwood Road Suite 250 Castro Valley, CA 94546 510-670-5717/510-537-7289 Facsimile Pleasanton District Office 4501 Pleasanton Avenue, 2nd Floor Pleasanton, CA 94566 925-803-7959

district4@acgov.org

August 2, 2016

Cook County Board of Commissioners 118 N. Clark Street Chicago, IL 60602

Dear Honorable Board of Commissioners:

I encourage you to enact safe drug and sharps disposal ordinances similar to those adopted and effective in Alameda County. The ordinances that Supervisor Keith Carson and I have championed are essential to protecting public health and the environment. According to a United Nations 2011 World Report, the United States comprises 5% of the world's population but consumes 75% of the prescription drug inventory. According to the Centers for Disease Control (CDC) and Prevention, prescription painkiller misuse and overdose is a national epidemic. In January, President Obama mentioned the problem in his final State of the Union Address, and then posted on social media that, 120 Americans die every day from drug overdoses, most involving legal prescription drugs.

Providing residents with a safe and convenient method to dispose of unwanted and unused medications helps to prevent unintentional consumption by the elderly and children which can lead to overdoses and deaths. It also assists in preventing those drugs from being misappropriated for illegal use. Improper disposal of sharps can harm people, particularly janitorial and refuse collectors. Our ordinance requiring sharps manufacturers to create a collection will provide a safe and convenient way for residents to dispose of sharps.

The Safe Drug Disposal and Sharps Ordinances in our County are based on the concept of Extended Producer Responsibility (EPR). The pharmaceutical industries will try to sway you to adopt different ordinances that do not focus on EPR. Industry funded EPR programs like the one before you have been functioning in Canada, Mexico, most of Europe and some South American countries for many years with great success. The pharmaceutical companies are not naïve to EPR and how to work with local governments and other stakeholders. Please join the growing number of California and Washington counties in passing EPR ordinances on safe drug and sharps disposal.

Alameda County received two plans in compliance with our Safe Drug Disposal Ordinance, both of which were approved in February 2015. The large plan (the MED-Project Plan) currently has more than 300 pharmaceutical producers as participating members. This submission of plans and participation of over 300 producers occurred even with the legal challenge to our ordinance that was filed by the pharmaceutical trade associations and unsuccessfully appealed to the U.S. Supreme Court after decisions in favor of Alameda County in Federal District Court and the Federal Court of Appeals. You will hear from pharmaceutical industry lobbyists that the Alameda County program is not working. Don't believe it! New programs always have their challenges. The challenges that we have encountered as the first jurisdiction in the nation to adopt a Safe Drug Disposal Ordinance will not be present for other jurisdictions adopting similar ordinances. These challenges include an inexperienced stewardship organization charged with developing a stewardship plan and implementing it, and new DEA regulations issued in the Fall of 2014 after the industry's initial plan had already been developed, submitted to the County, and reviewed, complicating the process and leading to rewrites of the plan.

Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/infographics/popping-pills-prescription-drug-abuse-in-america

² Retrieved from http://www.cdc.gov/drugoverdose/

³ Retrieved from https://www.whitehouse.gov/the-press-office/2016/01/12/remarks-president-barack-obama-%E2%80%93-prepared-delivery-state-union-address

⁴ Retrieved from https://twitter.com/potus/status/656889814201991168?lang=en&lang=en

Alameda County has strived to work with and assist the pharmaceutical producers and their stewardship organization in developing a successful program rather than take a strong enforcement stance over implementation delays. We feel this has been a beneficial approach that has and will continue to improve the long-term implementation of the MED-Project plan, assist with other jurisdictions obtaining the benefit of our experiences and increase the ease of collection of unwanted drugs from our residents and the disposal of their sharps. The MED-Project stewardship plan has notified us that they will also be the plan for our Safe Sharps Disposal Ordinance.

Alameda County is seeing success in the implementation of the MED-Project stewardship plan. This plan will span 3-years as required by the Ordinance, and is currently only halfway through its implementation period. We are seeing a steady increase in effectiveness and provision of services to our residents.

In Alameda County, the MED-Project Plan has thus far:

- Facilitated a one day collection event during the first year of their plan, which increased to nine thus far during the second year of their plan.
- To make up for the reduced number of one day collection events occurring during the first plan year, established a goal to facilitate 24 one day collection events during 2016 and are diligently working toward meeting that goal.
- Worked to host kiosks in local law enforcement and pharmacies, and reports having already signed kiosk host contracts at three law enforcement sites and nine pharmacies.

Cook County and any other jurisdictions that adopt similar ordinances will benefit from our trailblazing efforts and the economies of scale that are realized as more local ordinances are adopted. Alameda County is learning, and sharing with other local jurisdictions considering similar ordinances the successes and challenges of being the first in the nation to adopt a Safe Drug Disposal Ordinance.

The MED-Project stewardship organization is increasing its staff, gaining knowledge and increasing collection efforts. Implementation of our ordinance is in process and progress continues to be made to fully implement the industry's stewardship plan, soon to expand to collection of sharps.

Our residents are thankful to the Cook County Commissioners' desire to consider efforts to assist with protecting public health during a prescription drug abuse epidemic, and protect public safety and water quality. I strongly encourage you to consider the progress that Alameda County has made and the likelihood of even greater and more rapid progress in your county.

If you have questions about the implementation of our ordinances, I can provide contact information for staff from the Alameda County Department of Environmental Health. Also, I welcome the opportunity for your offices to contact me personally.

Thank you,

Note Miley

Nate Miley, Supervisor Alameda County, District 4



Metropolitan Water Reclamation District of Greater Chicago

100 East Erie Street Chicago, IL 60611

Legislation Details (With Text)

File #:

16-0307

Version: 1

Type:

Resolution

Status:

Adopted

File created:

3/14/2016

In control:

Miscellaneous & New Business

On agenda:

3/17/2016

Final action:

3/17/2016

Title:

RESOLUTION sponsored by the Board of Commissioners offering support for the proposed

pharmaceutical collection ordinance for Cook County

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
3/17/2016	1	Board of Commissioners	Adopted	Pass
3/17/2016	1	Committee of the Whole	Recommended	Pass

RESOLUTION FOR BOARD MEETING OF MARCH 17, 2016

RESOLUTION sponsored by the Board of Commissioners offering support for the proposed pharmaceutical collection ordinance for Cook County

WHEREAS, the Centers for Disease Control and Prevention describe the abuse and misuse of prescription drugs as a national epidemic; and

WHEREAS, each day, 44 Americans die from prescription painkiller overdoses, and almost 7,000 people are treated in emergency rooms for abusing or misusing painkillers; and

WHEREAS, the Illinois Department of Public Health reported 153 prescription drug overdose deaths in Cook County in 2013; and

WHEREAS, many Cook County residents report stockpiling unused or expired pharmaceuticals in medicine cabinets, or flushing them down drains; and

WHEREAS, current wastewater treatment technology cannot remove all pharmaceutical constituents, resulting in the detection of trace amounts of pharmaceuticals in Lake Michigan, the Chicago Area Waterways, and aquatic species; and

WHEREAS, a lack of easily accessible opportunities to dispose of prescription and over-the-counter drugs poses a real and imminent threat to public and environmental health in Cook County, particularly amongst children and the elderly; and

WHEREAS, a pharmaceutical collection ordinance was recently introduced to the Cook County Board of Commissioners, modeled on ordinances passed or introduced in Alameda County, King County, San Francisco County, Los Angeles County, Marin County, Santa Barbara County, Santa Clara County, and Santa Cruz County advancing the Extended Producer Responsibility paradigm requiring producers of pharmaceutical products to fund public waste collection opportunities; and

File #: 16-0307, Version: 1

WHEREAS, the Metropolitan Water Reclamation District of Greater Chicago has a long history of partnering with the United States Drug Enforcement Agency on safely collecting and disposing of unwanted and expired pharmaceuticals in Cook County; and

WHEREAS, the mission of the Metropolitan Water Reclamation District of Greater Chicago is to protect the health and safety of the public in its service area, protect the quality of the water supply source, improve the quality of water in watercourses in its service area, and manage water as a vital resource for its service area; and

NOW, THEREFORE, BE IT RESOLVED, that we, the Board of Commissioners of the Metropolitan Water Reclamation District of Greater Chicago, do hereby declare our support for the framework of the Cook County Ordinance.

BE IT FURTHER RESOLVED, that the passage of this resolution be immediately communicated to the Cook County Board of Commissioners; and

BE IT FURTHER RESOLVED, that this Resolution be spread upon the permanent Record of Proceedings of the Board of Commissioners of the Metropolitan Water Reclamation District of Greater Chicago.

Dated: March 17, 2016

Approved: MARIYANA T. SPYROPOULOS, President; BARBARA J. MCGOWAN, Vice President; FRANK AVILA, Chairman, Committee on Finance; MICHAEL A. ALVAREZ; TIMOTHY BRADFORD; CYNTHIA M. SANTOS; DEBRA SHORE; KARI K. STEELE; DAVID J. WALSH; Commissioners of the Metropolitan Water Reclamation District of Greater Chicago

Approved as to Form and Legality: Ronald M. Hill, General Counsel, RMH:aw

Statement of David St. Pierre is the Executive Director of the Metropolitan Water Reclamation District of Greater Chicago

First, I would like to apologize for not being here in person. As you probably know, the Metropolitan Water Reclamation District of Greater Chicago has been focused on water quality issues for over a century. In Chicago's early history, waterways were viewed as a transportation system for refuse and discharges of every kind. The District was created to protect Chicago's drinking water supply, Lake Michigan, from the contamination of the sewage discharges to the Chicago River system. Since 1889, the District has constructed the Chicago Area Waterway system reversing the flow of the Chicago River, installed a large intercepting network and seven area treatment plants and nearing the completion of the Tunnel and Reservoir Plan.

As our country continued to abuse its waterways with contaminated discharges, the federal government established the Clean Water Act in 1972 to ensure measures were taken to restore water health and secure a future for our country. Treatment plant were built across the country to ensure contaminants were removed before water was reintroduced to the environment. This has resulted in extreme improvements in our waterways.

In today's world, we understand the impacts of mismanaging our environment much better than in the past. I think of wastewater treatment plants as hospitals for water. These hospitals take in water containing all varieties of contaminants and treat it to ensure healthy water is released back into the environment. If you are concerned about your health, the last place you want to be treated is in the hospital. A hospital provides urgent care. Preventative healthcare is a much preferred alternative.

In my youth, the only preventative health alternative was Jack Lalanne. Today, there are countless fitness and health alternatives that focus proactively on prevention rather than relying strictly on hospital and physician care. The benefits to preventative care is better health and significantly less cost. Hospitals are by far the most expensive alternative to healthcare.

In the water industry, we still are predominately reliant on the treatment plants or water hospitals. We are beginning to understand and promote the value of preventative measures to protect our waterways. Illinois has been a leader in proactively addressing the microbeads issue. Microbeads are small plastic particles used in many personal care products. Microbeads replaced natural ingredients in these products such as nut shells. Illinois has provided a schedule for discontinuing the use of microbeads in products sold in the state. This proactive measure will prevent water quality problems before they become the next water crises.

Pharmaceuticals are another future crises that is on the horizon. The District has been studying a wide variety of pharmaceutical products in the influent (water coming into our plants) and effluent (water released from our plants) for the past ten years. We have discovered that some pharmaceuticals are removed completely in the treatment process, some partially to varying degrees and some not at all. Experts disagree on the magnitude or implications of this issue. What we do know is that medicine released into the waterways do not break down but accumulate over time. We know that pollution has a detrimental effect over time. We do not need to learn this lesson again.

Addressing pharmaceuticals in a proactive manner through proper disposal is the best, most cost effective and responsible approach. The District now has 24/7 pharmaceutical disposal stations available to the public at its downtown location and three big plant sites. The District has partnered with the Sheriff's

office to support placement of disposal facilities throughout the county. The District believe strongly that keeping pharmaceuticals out of the water to begin with is the best actions we can take as a society.

MWRD applauds the County Commissioners in taking up this issue in debate and looking for better alternatives to pharmaceutical disposal. We encourage the county to work with all parties to come up with a proactive approach that can work for all. Together, we can create the sustainable future we all desire. Thank you for your work on behalf of the public.



The National Safety Council (NSC) would like to thank President Preckwinkle, Members of the Cook County Board of Commissioners and in particular, Commissioner Larry Suffredin for their work to address the opioid and heroin crisis in Cook County.

NSC is a 100 year-old Congressionally chartered nonprofit safety organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities, and in transportation through leadership, research, education, and advocacy.

In Cook County alone, prescription drug misuse killed 153 people and was responsible for 4,915 emergency room admissions in 2013. As is the case across the country, the epidemic has been fueled by excessive prescribing. According to the Centers for Disease Control and Prevention, doctors wrote 259 million prescriptions for painkillers in 2012. That amounts to a one month supply of opioid painkillers for every person in the U. S.

Many families have stockpiles of leftover and expired medicines providing easy access for family and friends to opioids – which are as lethal as heroin. We are naïve to think no one will take advantage of that easy access. Three in four people who abuse prescription opioids get the drugs, or steal them, from friends or family. (SAMHSA, 2015)

Yet, there are few options to get rid the medications. Flushing them down the toilet and throwing them in the trash harms our environment. Trace amounts of pharmaceuticals have been detected in the water and aquatic life in and around Cook County.

There is a growing need for safe disposal options. The Drug Enforcement Agency issued new rules that make it easier for municipalities to form new partnerships to expand the number of drug collection sites.

A safe drug disposal program is a natural next step toward ending opioid abuse in Cook County, and is tragically overdue. Most of Cook County is a drug collection desert. Currently there are 89 collection sites for 2.5 million people — one for every 59,000 Cook County residents.

While the North Shore communities have as many as 13 collection sites, most areas of Chicago have as few as one, and no more than four. In the United States, ten people start misusing opioid pain medications every single day. (SAMHSA, 2015) Meanwhile, 10 in every 1,000 Illinoisans is grappling with opioid addiction.

The absence of collection sites is just one of many glaring gaps in Illinois' strategy to reduce opioid misuse, not just in Cook County but across the state. According to a new National Safety Council report, Illinois is failing to protect its residents from the opioid crisis, taking only two of the six critical actions the Council has identified as critical in order to reduce risk.

It is important to acknowledge that some of the necessary actions will take time to implement, such as requiring prescriber education, making needed updates to the prescription drug monitoring program and adopting new prescribing guidelines. We realize that Illinois is in the midst of an unprecedented budget crisis that makes it difficult to start new initiatives.

But implementing more disposal sites provides options to remove these deadly medications from our homes. Under the proposed ordinance, pharmaceutical producers are required to pay for the program. Alameda County, California and King County, Washington, have passed similar



ordinances, dividing up costs between participating pharmaceutical producers. These ordinances did not prohibit those producers from raising the costs of prescriptions, but if the producers did, the cost difference was approximately one cent for every \$10 of prescription medication.

Ending Chicago's prescription opioid epidemic is a complex task that will require cooperation from several different entities. Doctors, lawmakers, law enforcement and public health professionals all play important roles. The Land of Lincoln prides itself on taking care of its residents. Disposing of dangerous drugs in a safe manner will go a long way toward advancing that goal.

Submitted by the National Safety Council 1121 Spring Lake Drive Itasca, IL 60143 (630) 285-1121



August 2, 2016

Chicago, IL 60602

The Honorable Toni Preckwinkle Cook County President Cook County Board of Commissioners 118 N. Clark Street

Re: Support for Cook County Pharmaceutical Disposal Ordinance

Dear President Preckwinkle and Members of the Cook County Board of Commissioners:

On behalf of the Environment Committee of the Metropolitan Mayors Caucus, we are writing to express our support for the proposed pharmaceutical disposal ordinance under consideration by the Cook County Board.

Jim Holland

Rahm Emanuel Mayor, City of Chicago Executive Board 1st Vice Chair

Robert J. Nunamaker

Joseph Mancino

President, Village of Fox River Grove Executive Board 2nd Vice Chair

Mayor, Village of Hawthom Woods Executive Board Secretary

Mayor, Village of Frankfort Executive Board Chairman

Inadequate and improper drug disposal hurts the environment and the residents of our communities. Municipalities are concerned with both the public health and environmental outcomes of prescription drug disposal.

The National League of Cities (NLC) and the National Association of Counties convened a joint national task force on April 27, 2016 to address our nation's opioid and heroin-abuse crisis. Among the top recommendations for local government action is to provide effective drug take-back programs. This task force recommends a network of widely available take-back boxes at public facilities as well as pharmacies. The US Conference of Mayors has also established a new Substance Abuse, Prevention and Recovery Services task force to address the issue, as well. The opioid and heroin-abuse issue is of growing concern to our member communities and we support this ordinance as a means to address it.

The Metropolitan Mayors Caucus articulated our consensus environmental sustainability priorities in our new Greenest Region Compact 2 (GRC2). Among the relevant goals of the GRC2 are:

- 1. Enact policies that cause sustainable material management
- 2. Protect and improve water quality
- Enact policies to protect water resources
- 4. Foster a culture of community health, safety and wellness

City of Chicago · DuPage Mayors and Managers Conference · Lake County Municipal League · McHenry County Council of Governments

Metro West Council of Governments · Northwest Municipal Conference · South Suburban Mayors and Managers Association

Southwest Conference of Mayors · West Central Municipal Conference · Will County Governmental League

The GRC2, just launched in March has been formally adopted by 19 Cook County communities to date. Further, in the companion GRC2 Framework, we suggest specific strategies to address these goals including effective pharmaceutical disposal programs. The proposed drug disposal ordinance aligns with our environmental goals and objectives.

Drug disposal programs currently underway by both our member municipalities and the Cook County Sheriff are collecting a great deal of potentially harmful excess drugs and successfully destroying them. However, drug-collection locations are not sufficient, nor are they sufficiently convenient throughout Cook County. Metropolitan Water Reclamation District Commissioner Debra Shore mapped pharmaceutical collection sites in the county and identified at least 9 districts that have less than 5 permanent collection sites. More convenient collections sites are needed to serve all residents of the county and help get unwanted drugs away from vulnerable persons and keep them out of our water resources.

Finally, we support the product stewardship model proposed in the ordinance that assigns the primary responsibility for safe drug disposal back to the producers. We also recognize laudable voluntary industry programs, such as one launched by Walgreens earlier this year. We support an ordinance that also requires producers to coordinate closely with pharmacies, the Cook County Sheriff, local law enforcement and public health agencies as well.

Therefore, the Environment Committee of the Metropolitan Mayors Caucus strongly urges your support of the proposed ordinance, 16-1983.

Sincerely,

Barrett Pedersen, Mayor, Franklin Park Co-Chairman

Environment Committee Members:

Richard Reinbold, Mayor, Richton Park

Sam Pulia, Mayor, Westchester

uf. Obsenber

John Ostenburg, Mayor, Park Forest,

Co-Chairman

COMMISSIONER	DISTRICT	SPONSOR?	# OF SITES
Boykin	1	Yes	5
Steele	2	No	7
Butler	3	No	3
Moore	4	No	2
Sims	5	No	2
Murphy	6	No	2
Garcia	7	No	3
Arroyo, Jr.	8	Yes	1
Silvestri	9	Yes	5
Gainer	10	Yes	2
Daley	11	Yes	4
Fritchey	12	No	6
Suffredin	13	Yes	15
Goslin	14	No	11
Schneider	15	No	7
Tobolski	16	No	1
Morrison	17	No	8
Out of County (Elmhurst, Barrington, Elgin, Oak Brook)			4

TOTAL	00
TOTAL	88

This data was pulled from the Cook County \underline{map} created by Tim Oravec, itself based on the list of collection sites available on the MWRD $\underline{website}$.

10300 W. Roosevelt Rd.,

7040 S. Cottage Grove Ave.,

1 Westchester

5101 S. Wentworth Ave., Chicago Chicago

2 5701 W. Madison St., Chicago

1438 W. 63rd Street, Chicago

7808 S. Halsted St., Chicago

3 123 Madison St., Oak Park

1718 S. State St., Chicago

1160 N. Larrabee St., Chicago

4 1500 Maybrook Dr., Maywood

1442 S. Michigan Ave., Chicago

5 5555 W. Grand Ave., Chicago

3315 W. Ogden Ave., Chicago

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1412 S. Blue Island Ave., Chicago

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3151 W. Harrison St., Chicago

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Moore (4th District)	Sims (5th District)	Murphy (6th District)
	Markham - Markham	
	Courthouse (Dropbox)	
	16501 S. Kedzie Ave.	
	(708) 232-45511	
	Monday through Friday: 9:30	Tinley Park Police Department
	a.m. to 3 p.m.	7850 W. 183rd St.
727 E. 111th St., Chicago		(708) 532-9111
	Chicago Heights — Professional	
	Pharmacy	
	30 East 15th St., Suite 204	Bridgeview Courthouse 10220 S.
2255 E. 103rd St., Chicago	(708) 754-6878	76th Ave., Bridgeview

3420 W. 63rd St., Chicago

2150 N. California Ave., Chicago 100 N. River Rd., Des Plaines

2650 S. California Ave., Chicago

3256 W. 24th St., Chicago

7420 W. Fullerton Ave., Elmwood Park

505 Butler Pl., Park Ridge

1700 W. Touhy Ave., Park Ridge 1700 W. Central Rd., Mt.

Prospect

Gainer (10th District)	Daley (11th District)	Fritchey (12th District)
850 W. Addison St., Chicago	9446 Raymond Ave., Oak Lawn	2452 W. Belmont Ave., Chicago
6464 N. Clark St., Chicago	4709 W. 103rd St., Oak Lawn 1900 W. Monterey Avenue	4650 N. Pulaski Rd., Chicago 1150 N. North Branch St., Chicago
	3120 S. Halsted Street, Chicago	3330 N. Lincoln Ave., Chicago

5400 N. Lincoln Ave., Chicago

5151 N. Milwaukee Ave., Chicago

428 Green Bay Rd., Winnetka

901 Wellington Ave., Elk Grove 999 Civic Center Dr., Niles 1225 Waukegan Rd., Glenview Village 6900 N. Lincoln Ave., 1801 Central Rd., Arlington Lincolnwood 1401 Landwehr Rd., Northbrook Heights 5127 Oakton St., Skokie 2750 Dundee Rd., Northbrook 228 S. Main St., Bartlett 6140 Dempster St., Morton Grove 255 W. Dundee Rd., Wheeling 2011 W. Lake St., Hanover Park 1000 W. Schaumburg Rd., 1454 Elmwood Ave., Evanston 1 Community Blvd., Wheeling Schaumburg 1095 E. Schaumburg Rd., 2100 Ridge Ave., Evanston 50 Raupp Blvd., Buffalo Grove Schaumburg 8 N. Elmhurst Rd., Prospect 1900 Hassell Rd., Hoffman 1200 Wilmette Ave., Wilmette Heights Estates 2121 Euclid Ave., Rolling 710 Ridge Rd., Wilmette Meadows 3900 Berdnick St., Rolling 1304 Lake Ave., Wilmette Meadows 355 Ridge Rd., Kenilworth 200 E. Wood St., Palatine 419 Richmond Rd., Kenilworth 35 Ela Rd., Inverness 1515 Sheridan Rd., Wilmette 5600 Old Orchard Rd., Skokie 675 Village Ct., Glencoe

La Grange Police Department 304 W. Burlington Ave. (708) 579-2334 24 hours/day, 7 days/week

> Palos Heights City Hall -- 7607 W. 400 N. Northwest Hwy, College Dr., Palos Heights

Barrington

16039 S. 94th Ave., Orland Hills

15100 S. Ravinia Ave., Orland

Park

151 Douglas Ave., Elgin

1200 Oak Brook Rd., Oak Brook

14600 127th St., Lemont

125 E. 1st St., Elmhurst

7700 County Line Rd., Burr Ridge 447 N. Catherine Ave., La Grange Park

8820 Brookfield Ave., Brookfield

1420 Miner St., Des Plaines

Safe Medicine Disposal Information Pieces for Cook County

- In addition to providing customized collateral information pieces on safe materials customized website and social media campaign to accompany these residents, the pharmaceutical industry is committed to creating a medicine disposal to county offices for distribution to Cook County
- Medicine disposal guidance will be based on recommendations by the US Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA).
- Collateral material will be produced in both English and Spanish.
- All materials can be co-branded to prominently display the seal of Cook County government and law enforcement.
- Printed collateral material will be crucial in educating senior populations that may be less likely to use digital platforms
- enforcement departments, county operated health centers, etc.). The materials can help to educate consumers at the point of relevance (law

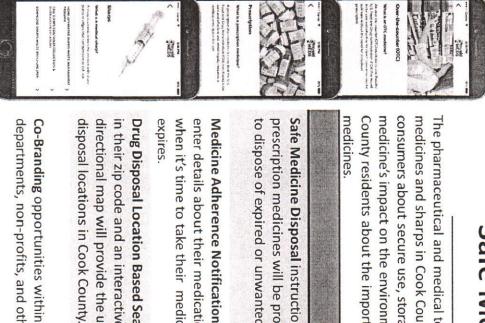












Safe Medicine Disposal Mobile Device App

County residents about the importance of securely storing medicines, taking medicines as prescribed, and safely disposing of medicine's impact on the environment. The safe medicine disposal app is a tool currently in development that will help inform consumers about secure use, storage, and safe disposal of medicines, which can help prevent diversion and minimize the medicines. medicines and sharps in Cook County. The collective industry has a strong history of supporting partnerships that educate The pharmaceutical and medical technology industry is committed to working to address the diversion, misuse, and abuse of

App Tools And Features

Safe Medicine Disposal instructions for over-the-counter and to dispose of expired or unwanted medications in the home. prescription medicines will be provided for users who choose

when it's time to take their medicine, and when the medicine enter details about their medication and receive notifications Medicine Adherence Notification Tool will allow users to

directional map will provide the user with all existing drug in their zip code and an interactive search tool with a Drug Disposal Location Based Search Tool allows users to type

patients and caregivers about the importance of safe storage Safe Medicine Storage information will be provided to assist diversion. in preventing accidental poisoning and medicine abuse and

calendar will be featured county and DEA drug disposal events with an interactive Local Medicine Disposal Resources and Events highlight

PRE NOT

Videos on proper disposal, safe storage, and medicine abuse will be posted to the app for viewing on a mobile device

departments, non-profits, and other partners Co-Branding opportunities within the app exist for Cook County law enforcement, county supervisor offices, county









PROPOSED RESOLUTION RECOGNIZING THE IMPORTANCE OF INCREASING PUBLIC AWARENESS ON SECURE DRUG DISPOSAL

WHEREAS, drug abuse is a significant public health issue; and

WHEREAS, medications save and improve lives every day when taken exactly as prescribed by a physician; and

WHEREAS, if any type of medication is abused or misused it can cause serious adverse health consequences, including overdose and even death; and

WHEREAS, law enforcement, specifically the Cook County Sheriff's office, is on the front lines fighting against the drug abuse epidemic in the County; and.

WHEREAS, educating consumers about adherence to medication regimens, secure in-home storage, and proper disposal of unused medicine can help prevent diversion and misuse; and

WHEREAS, there exist many safe and secure ways of disposing unused medicines through existing infrastructure in the county and through household trash; and

WHEREAS, both community kiosks supervised by law enforcement and in-home medicine disposal are effective and environmentally friendly methods of removing medicines from the home if no longer needed; and

WHEREAS, the County operates 88 drug return kiosks, in addition to an increasing number of kiosks located at pharmacies; and,

WHEREAS, with few exceptions, the Food & Drug Administration (FDA) recommends drop off or in-home disposal by using the following steps for safe and secure household disposal, including, placing medicines in a sealable container, such as a plastic bag, mixing with water and an undesirable substance such as kitty litter or coffee grounds, and placing it in the household trash; and

WHEREAS, the nation's biopharmaceutical industry is deeply committed to working with other stakeholders to find meaningful solutions to adcdress drug abuse and misuse issues through community education and collaboration with local, state and national leaders; and

WHEREAS, the Pharmaceutical Research and Manufacturers of America, the Consumer Healthcare Products Association, the Generic Pharmaceutical Association, the Illinois Biotechnology Industry Organization and the Biotechnology Innovation Organization have committed to launching the "MyOldMeds" education campaign in Cook County, Illinois; and,

WHEREAS, the "MyOldMeds" program is an education campaign designed to raise public awareness about the importance of secure storage and drug disposal, and to demonstrate an easy way for consumers to handle drug disposal independently, securely, and efficiently; and

WHEREAS, the "MyOldMeds" campaign is being launched in Cook County to enhance consumer awareness and education about the existing kiosk infrastructure as well as the convenient availability of in-home medication disposal, which is the best way to ensure medicines are being properly disposed; and

WHEREAS, the "MyOldMeds" campaign will help spread the word about the safe and secure disposal of medicines to help combat drug abuse and diversion and prevent accidental ingestion.

NOW LET IT BE RESOLVED by the Cook County President and the Board of Commissioners that increased education and awareness among law enforcement, legislators, policymakers, patients, and providers about safe and secure disposal of medicines is a public health and environmental goal in the County; and

BE IT FURTHER RESOLVED by the Cook County President and the Board of Commissioners that the County will partner with the Pharmaceutical Research and Manufacturers of America, the Consumer Healthcare Products Association, the Generic Pharmaceutical Association, the Illinois Biotechnology Industry Organization and the Biotechnology Innovation Organization to increase education on secure storage and drug disposal through the "MyOldMeds" campaign.



Submitted testimony of Hazelden Betty Ford Foundation in Chicago Executive Director Ramsen Kasha Before the Cook County Board of Commissioners August 3, 2016

Thank you very much for the opportunity to submit testimony on Cook County Item #16-1983, An Ordinance Governing the Safe Disposal of Pharmaceuticals.

My name is Ramsen Kasha. I am the Executive Director of the Hazelden Betty Ford Foundation's Chicago addiction treatment facility, which is located at 867 North Dearborn Street. I have been involved in the addiction treatment and prevention fields for over 15 years.

The Hazelden Betty Ford Foundation is the nation's largest nonprofit treatment provider, with a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center. We have treatment facilities across the country and are also the largest publisher of treatment, recovery and prevention-related books, curriculum and training-related materials.

I am grateful for your leadership in proposing this important ordinance to create a pharmaceutical "takeback" program in Cook County, and I strongly support its passage.

Over the past two decades in the United States, the use of opioids – the group of drugs that includes heroin and prescription painkillers – has escalated dramatically, with enormous human and financial costs to individuals, families and communities.

We see the devastating effects of opioid addiction every day at our 16 locations, and our observations in recent years have been consistent with a wave of sobering statistics that reveal a public health crisis that the Centers for Disease Control and Prevention (CDC) calls the worst drug epidemic in U.S. history.

The CDC says deaths related to prescription pain relievers have more than quadrupled, from 4,030 in 1999 to 18,893 in 2014, while heroin overdose deaths have more than quintupled, from 1,960 in 1999 to 10,574 in 2014. All told, during those 16 years, opioid overdoses claimed more than 250,000 lives, including an average of 81 per day (52 to prescription opioids and 29 to heroin) in 2014 alone.

Driven by the rise in opioid deaths, drug overdose has become the leading cause of accidental death in America, with 42,032 unintentional deaths in 2014 (115 per day). Car accidents, now a distant second, resulted in 33,736 deaths in 2014. More than a half a million lives have been lost to overdose since 2000.

And prescription drug addiction impacts nearly half of the public on a personal level. A 2016 Kaiser Family Foundation survey found that 44 percent of Americans personally know someone who has been addicted to prescription painkillers, with 26 percent saying the person they know is an acquaintance, 21 percent saying a close friend, 20 percent saying a family member, and 2 percent saying themselves.

In 2011, Americans made more than 750,000 emergency department visits due to problems with prescription opioids (366,181 – more than 1,000 a day), heroin (258,482) and unspecified opioids (138,130).

Not surprisingly, opioid use disorders are also on the rise. In 2015, the Hazelden Betty Ford Foundation treated 2,700 people for opioid use disorders – about 23 percent of all patients, which is a 250 percent increase since 2001. The data across the entire healthcare system is even more striking. Analyzing figures compiled in 2014 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association of State Alcohol and Drug Abuse Directors reported that treatment systems nationwide had experienced a five-fold increase in admissions for prescription opioid use disorders since 2000.

According to SAMHSA's National Survey on Drug Use and Health, in 2014, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use. A couple million more, while not addicted, also reported nonmedical use of prescription painkillers. Those numbers do not include the additional 2.5 million or more chronic pain patients who may have an opioid use disorder but are excluded from the data because they are using opioids medically, or "as prescribed."

These alarming increases in use, misuse, addiction and overdose deaths parallel, as one might suspect, a skyrocketing rate of opioid prescriptions and use. The CDC says the amount of prescription opioids sold nearly quadrupled in the U.S. from 1999 to 2010, despite no change in the amount of pain that Americans report. And the number of prescriptions filled by pharmacies nearly tripled between 1991 and 2013. In 2012, the CDC says 259 million opioid prescriptions were written, enough for every American adult to have a bottle of pills. And despite having only 4.6 percent of the world's population, the U.S. consumes 80 percent of the world's supply of painkillers.

These troubling trends began to emerge in the late 1990s, after the U.S. Food and Drug Administration (FDA) approved OxyContin and allowed it to be promoted to family doctors for treatment of common aches and pains. Unfortunately, as education campaigns funded in many ways by opioid manufacturers exaggerated the benefits and minimized the risks, state policymakers loosened standards governing opioid prescribing. Then, in 2000, the Joint Commission on Accreditation of Healthcare Organizations implemented new pain management standards. Soon, more physicians and organizations began advocating for increased use of opioids to address what at the time was perceived to be a widespread problem of undertreated pain.

When prescribed on a short-term basis to treat severe acute pain, opioids can be helpful indeed. In fact, they are one of the best medicines we have. But when these highly addictive medications are taken around-the-clock, for weeks, months and years to treat relatively common conditions, they may actually produce more harm than help. An increasing body of research suggests that for many chronic pain patients, opioids may be neither safe nor effective. Over time, patients often develop tolerance, leading them to require higher and higher doses, which ultimately can lead to quality-of-life issues and functional decline, not to mention addiction. Indeed, the CDC says addiction struggles are experienced by as many as 25 percent of the people who are prescribed opioids long term for noncancer pain in primary care settings. And in some cases, opioids can even make pain worse, a phenomenon called hyperalgesia.

Many people associate prescription painkillers with older adults, and that certainly is a significant population affected by the current crisis. But overdose rates have been highest among people aged 25-54. And youth are at risk too, especially with opioids available in the medicine cabinets of so many homes. Young brains are particularly vulnerable because they aren't fully developed until the mid-20s. Teens may think the drugs are safe because a doctor prescribed them, unaware that painkillers can be as life-threatening as heroin.

In the 2012 National Survey of American Attitudes on Substance Abuse, 34 percent of teenagers reported they could get prescription drugs within a day. The National Institute on Drug Abuse (NIDA) says 70% of 12th graders who used prescription opioids non-medically in 2011 reported obtaining the drugs from a friend or relative. Indeed, friends and family are the No. 1 source of opioids for non-medical users in most age groups.

While most prescription opioid users do not go on to use heroin, those who are addicted to prescription opioids are 40 times are more likely to become addicted to heroin. And multiple studies now indicate that almost 80 percent of new heroin users did previously use prescription opioids. That is consistent with what we hear anecdotally from our young patients who have an opioid use disorder. They often report a relatively swift path from medicine bottle to heroin needle.

In pursuit of our mission to be a force of healing and hope for individuals, families and communities affected by addiction, the Hazelden Betty Ford Foundation has mobilized our entire organization to comprehensively confront the national opioid epidemic, and to make our leading practices and learnings available in ways that can be used in communities and care organizations anywhere.

Toward that end, we support the U.S. Drug Enforcement Administration's regulations governing the safe and secure disposal of prescription medications at authorized collection locations. We also support the DEA's National Prescription Drug Take-Back Day and urge communities to vigorously promote their authorized collection locations with other community-wide Prescription Drug Take-Back Days.

And we strongly support efforts like yours, which help facilitate continued public education about the dangers of keeping excess medications in the home or workplace and provide a safe means of disposal.

Thank you again for your leadership on this important issue. I strongly urge you to pass this important measure. And please know that we at the Hazelden Betty Ford Foundation stand ready to help as we work together to reduce the scourge of opioid addiction.