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One Solution to the Problem of Unused and Unwanted Medications

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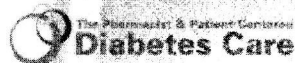
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Article References

Extract

In a recent issue of *JAPhA*, Stergachis described the issue of unused, unwanted, or expired medications. If they are improperly disposed of, they pollute the "landfills, sewers, streams, and water supplies." He called for "more widespread and definitive steps to address this growing problem."¹

Topics

nursing homes ; oklahoma ; medication disposal ; medication donation ; prescription substance ; prescription not collected

First Page Preview

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One solution to the problem of unused and unwanted medications

In a recent issue of *JAPhA*, Stergachis described the issue of unused, unwanted, or expired (UUE) medications. If they are improperly disposed of, they pollute the "landfills, sewers, streams, and water supplies." He called for "more widespread and definitive steps to address this growing problem."¹

The purpose of this communication is to describe a definitive step that has helped solve the problem of unused and unwanted medications (UUM). In 1998, a faith-based free clinic was opened in Weatherford, OK, known as Agape Medical Clinic, Inc. From its inception, professional staff from the Southwestern Oklahoma State University College of Pharmacy in Weatherford volunteered for the Agape pharmacy. In 2002, a pharmacy professor accepted the position of volunteer pharmacist-in-charge (PIC) of the

pharmacy. Agape serves medically indigent patients twice a month, January through October, and once monthly in November and December, for a total of 22 clinic sessions yearly. Each clinic serves 40-70 individual patients, and patients receive as few as 1 or as many as 15 separate medications at discharge.

In 2007, the PIC completed the process of registering the Agape pharmacy with the Oklahoma State Board of Pharmacy. Oklahoma pharmacy law recognizes a pharmacy category known as a "charitable pharmacy." Under a provision of the law known as Utilization of Unused Prescription Medications Act, charitable pharmacies are authorized to accept unused prescription medications in their original sealed unit-dose packaging.

Nursing homes throughout the United States are a major source of UUM. They accumulate as patients die or are discharged, and as medications are discontinued. Before the Agape donation program was instituted, the burden on the facility due to UUMs was onerous. Staff were forced to laboriously punch each tablet and capsule from its pharmacy-supplied unit-dose cards, diverting valuable staff time that would be more appropriately used for direct patient care. Further, the medications would be flushed down the toilet, as described by Stergachis. For these reasons, nursing homes warmly embraced the donation program. Four became regular contributors to Agape.

The process of donation follows a rigid protocol. The nursing home must secure the medications in a location separate from those medications being actively used. As a time for donation approaches, the director of nursing (DON) creates a list of medications in that month's group of UUM. The nursing home's consultant pharmacist checks the medications against the list and signs a form. The DON notifies Agape's PIC that a donation is waiting. The PIC and DON sign forms that legitimize

the UUM donation, and the medications are taken to Agape for addition to the inventory. The PIC must keep records of donated UUM for inspection by the State Board when required.

Since the donation system was instituted, the inventory at Agape has increased dramatically. At the present time, approximately 50% of the medications in Agape's inventory are from the donation program. The Agape budget has been spared inestimable cost, and patients have received thousands of units of generic UUM and of expensive, trademarked prescription medications that the clinic would not have been able to afford.

There are a few limits on the process. No expired medications can be dispensed by a charitable pharmacy. Agape does not accept or dispense controlled substances. Agape does not accept opened containers of substances, such as eye drops, creams, etc. And Agape cannot redispense medications that have been in patient's homes.

Using this method of UUM donation, Agape, staffed exclusively by college of pharmacy professional staff, students, and alumni, has developed an ongoing program, which benefits medically indigent patients, the environment, and participating nursing homes. I urge other colleges of pharmacy to explore this novel approach to the problem of UUM.

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462 | JAPhA | 54 | 5 | SEP/OCT 2014

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