

Opening Statement of Senator Herb Kohl
Special Committee on Aging Hearing
Drug Waste and Disposal: When Prescriptions Become Poison
June 30, 2010

Good afternoon, and thank you all for joining us. Our hearing today is about what happens to drugs that are prescribed but never taken, and how we can do a better job in making sure they do not cause unintended harm and even death.

Odds are that many of us have half-empty bottles of medicine lying around our houses. Some of us may have thought we were doing the right thing by flushing them down the toilet, or throwing them away with our trash. But these disposal methods can have a damaging effect on our environment. A 2002 U.S. Geological Survey study of 139 bodies of water across the country found that over 80 percent of the water samples were contaminated by prescription drugs, which have been shown to harm fish and wildlife. While we don't yet know what impact this has on humans, we can all agree that it's disturbing to think about leftover drugs tainting our drinking water.

Environmental harm is only one side of the issue. Though improper disposal of prescription drugs can be risky, lack of disposal can be deadly. Prescription drugs from the medicine cabinet may be just as harmful as illegal drugs purchased off the street if they were not prescribed for you, for a particular need, at a particular time, by a professional.

One of the best strategies to tackle the problem of drug disposal is to make sure drugs aren't wasted in the first place. We need to explore innovative ways to improve patient care and reduce waste through programs like medication therapy management, improved compliance, and patient education. For example, many doctors prescribe several months' supply of a medication before it has been determined whether the patient will respond well to it. A program in Maine aims to reduce waste by limiting initial prescriptions for a list of drugs that are known to provoke adverse reactions in some individuals. Once the patient and their doctor decide to continue with the medication, it is then dispensed in larger quantities. Not surprisingly, reducing waste also reduces costs. The initiative also saves Maine's Medicaid program money--nearly a quarter million dollars in projected savings for 2010 alone.

Since we can't eliminate all waste, we need to find better ways to dispose of unwanted medications. We need to expand programs such as the one in Wisconsin that collects leftover drugs and incinerates them, turning them into an energy source; or like the one we'll hear more about from Senator Collins in her home state of Maine, which has successfully implemented a comprehensive drug mail-back program.

Unfortunately, current DEA guidelines concerning who can handle the most dangerous types of drugs create a barrier for many drug disposal initiatives. While we understand there is a risk that drugs can fall into the wrong hands on their way to a drug disposal collection point, the fact is that the risk of that happening in the home is even greater. We need the DEA to update its regulations to allow safe, comprehensive take-back programs across the country.

We also need to provide Americans with better information about what to do with their leftover medications. Contradicting guidelines put forth by the DEA, FDA, EPA, and U.S. Fish and Wildlife Service need to be reconciled. Americans deserve a safe and effective way to get drugs away from their homes and keep them out of our drinking water. I will work with my colleagues to develop a comprehensive package of legislative reforms that reduce waste and ensure safe disposal.

Thank you once again to our witnesses. I will now turn to Ranking Member Corker for his opening statement.