

H.R. 8570, Safe In-home Drug Disposal and Practical Medication Safety Education Act (SIDDI)

Sponsored by Rep. Richard Hudson (NC, District 9)

WHITEPAPER

In opioid abatement and misuse prevention, it is material to understand the essential need for innovative patient focused solutions. In-home disposal of excess, unused and potentially unsafe medications are needed. H.R. 8570 would provide consumers with resources through their community pharmacy for safe in-home drug disposal. Passage of this bill would raise public awareness of readily available, yet untapped disposal resources. The authors of this whitepaper describe the need to promote consumer access and coverage for community pharmacists' services related to disposal strategies.

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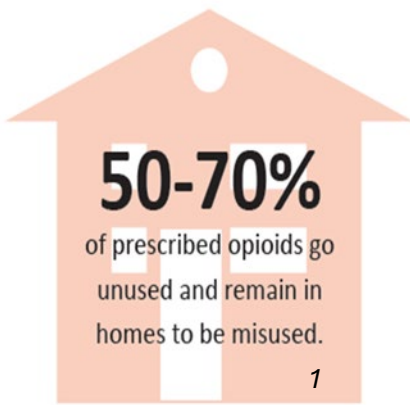
ABSTRACT

H.R.8570 - Sponsored by [Rep. Richard Hudson](#) (NC, District 9). 118th Congress (2023-2024): [H.R.8570](#) - To establish a pharmacy state grant program that promotes safe [in-home drug disposal](#) and practical medication safety education. | [Congress.gov](#) | Library of Congress.

H.R. 8570 establishes the first of its kind strategic opioid abatement strategy. The bill maximizes consumer access to pharmacy by awarding state grants for practical and safe medication education and the distribution of safe and effective in-home drug disposal products.

H.R. 8570 secures the reimbursement of licensed pharmacies for the provision to eligible patients of medication safety education and in-home drug disposal resources in the course of dispensing prescriptions. A related pilot program has been implemented and operating in Iowa since 2021 with their "[Pharmacy Reimbursement Program](#)". This program revealed several positive attitudes from pharmacists and pharmacy techs that are summarized here:

- The disposal program made patient households safer
- The disposal program made the community safer
- The program provided a "helping benefit" for their patients
- The community's elderly and rural population benefitted from this service



- The mission and goal of the program in many pharmacists' opinions is improving patient safety, decreasing opioid-related overdoses, and removing unused medications from home settings.

This real-world pilot for the SIDDI Act is a tremendous benefit to communities and patients. Overall, positive attitudes and endorsements from highly regarded organizations, like the [National Association of Chain Drug Stores](#) (NACDS) and [Community Pharmacy Enhanced Services Network](#) (CPESN), indicate a strong motivation to contribute to public health efforts centered around opioid abatement strategies that work.

INTRODUCTION

Leftover prescription opioids pose significant risks, particularly to children and adolescents. Many parents keep these medications at home, contributing to accidental poisonings and misuse. Over 51% of adolescents have taken opioids from leftover prescriptions at home.³ Addressing this issue through community education and safe disposal programs is crucial to combating the opioid crisis.

Our public health demands that we recognize new strategies and spearhead the critical role of prescription medication education and responsible drug disposal. Communities can significantly contribute to combating the opioid crisis that continues to plague our country by reducing the risks of leftover and unused medications in our homes.

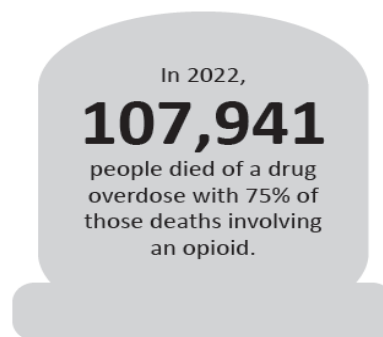
Studies indicate that patients who receive an in-home disposal product are more likely to dispose of unused opioids.² Yet, these consumers need active encouragement from a trusted source. For that to happen, pharmacists need the time to talk with patients. H.R. 8570 leverages expertise, trust and connection with consumers in their pharmacy. Allowing pharmacy staff reimbursement gives consumers access to those resources for safe in-home medication disposal whenever a qualifying prescription is dispensed.

Pharmacies have rightfully taken their place as vital hubs in facilitating purpose-driven outcomes in public health, wellness and care. Dr. Shane P. Desselle (Associate Dean, Chair and Professor Department of Clinical and Social Pharmaceutical Sciences Touro University California College of

Pharmacy), states “Customers who are empowered to take positive actions in the absence of substantial barriers typically do so.”

PROBLEM

Overdose deaths are just the most visible symptom of our opioid epidemic. Each opioid death represents only a fraction of the problem. For instance, there are an estimated 30 ‘nonfatal overdoses’ for every overdose (~3.2 million),⁴ and the family psychosocial and national economic consequences (~\$1.5 trillion in 2020 alone) are massive.



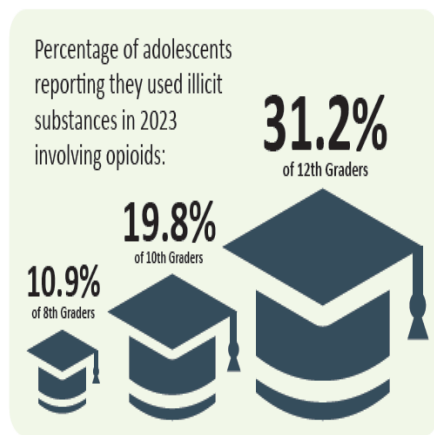
Keeping unused medications in the home and easy access to leftover prescription opioids is a major source of accidental and intentional pediatric exposures, posing significant risks of

morbidity and mortality. **Half to 90% of prescribed opioid doses are left over after acute pain treatment in children.**⁶ Three out of 4 middle school children have reported unsupervised access to risky medications in the home.⁶ Moreover, up to 40% of adolescents who reported opioid misuse accessed unused or leftover prescriptions.⁶ More than half of the adolescents also reported taking opioids originally prescribed to a friend or family member.⁷ Also of note is that parents commonly report keeping their children’s leftover opioids, with 10% to 20% of

adults reporting sharing their children's or their own leftovers between family and friends.⁸⁻¹⁰

Opioid-related emergency department, hospital, and ICU admission rates continue to rise for children and adolescents. Exposure to prescribed opioids accounted for the majority of opioid-related pediatric hospital and critical care admissions and deaths, with 96% of exposures occurring in private residences.¹²

The oversupply of unused opioid medication in home medicine cabinets puts our communities at grave risk for accidental poisonings, overdose, misuse and dependence. More than 51% of adolescents



surveyed admitted to taking pills from unused prescriptions at their friend's or families' home.³ This highlights the critical need for community education-based medication

safety programs which empower patients to make positive behavior changes.

SOLUTION DETAILS

The opioid crisis is a man-made epidemic in need of innovative solutions. The dangers to society in “doing nothing” have many parallels. Solutions need to be both upstream and focused on public health interventions that maximize all available resources. Community approaches that include providing simple and easy-to-use tools must be implemented to stop this growing epidemic. Home disposal is such a tool. By focusing on primary and universal prevention of medication safety and in-home drug disposal, the onset of misuse can mitigate potential addictions, overdoses and deaths. Creating systems and funding among pharmacy professionals through H.R.8570 takes advantage of over 66,000 retail locations and over 700,000 licensed pharmacists and pharmacy technicians¹¹ by engaging, educating

and supporting patients on day one with a simple, tested and proven patient engagement program.

As we continue to find ourselves amid a nationwide public health epidemic, there are three important statistics to remember as we look for solutions.

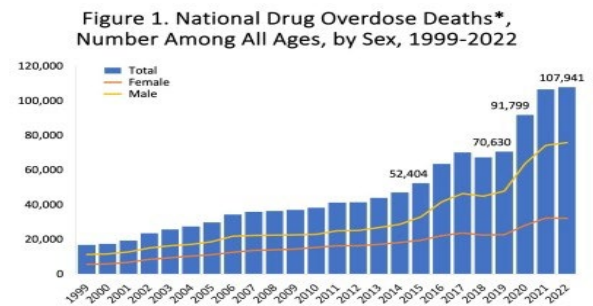
- **One in five** Americans struggle every day with Substance Use Disorder (SUD)¹³
- Nearly half of college students who were followed from freshman to junior year met criteria for at least one substance use disorder during that time¹⁴
- Our nation's Veterans are 2X more likely to die of an accidental overdose¹⁵

It is now more crucial than ever to address population health concerns. Pharmacists, as the last point of patient contact before patients start or continue medication therapy, play a key role in this effort.

Opioid misuse and opioid use disorder continue to overburden our healthcare system with US costs currently estimated at over a trillion dollars.⁵

A CRITICAL PIECE OF LEGISLATION

The National Institute on Drug Abuse (NIDA) has reported that “*the misuse and subsequent addiction to opioids is a serious problem that affects the health and welfare of our country and that opioids are the leading cause of drug overdose deaths.*”




Nationwide, public health demands we recognize the critical role of prescription medication education and safe, effective and proven in-home drug disposal solutions. Empowering communities to challenge the opioid crisis head-on through H.R.8570 gives the right tools at the right time to the right people.

H.R. 8570 has the potential to yield significant benefits for the overall public health landscape, particularly concerning issues of substance misuse, opioid-related fatalities, overdoses and accidental poisonings.

The elements outlined in H.R. 8570, which have been implemented and operating in Iowa since 2021, provide tremendous benefits not only to pharmacies—through reimbursement for professional services and in-home disposal tools—but also by enhancing the interrelationship among pharmacists, patients, and public safety education.

The demonstration program outlined in H.R. 8570 harnesses the successes gained in the Iowa program and promotes behavior change through a philosophy of gradualism, encouraging incremental progress toward compliance with medication adherence and safe, effective medication disposal. This slow and steady approach meets patients where they are at, with no barriers to disposal, and a cost-effective, simple solution for medication disposal.



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Caring for and helping patients was another central theme that emerged from the study in Iowa, particularly with elderly and rural patients. Participants in the program felt there was “no downside” and were supportive of the pharmacy initiatives, as evidenced by their positive attitudes, enthusiasm, and commitment.

Given the tremendous success of the Iowa Reimbursement Program we know that H.R. 8570 can support consumer education meeting the goals of community pharmacists, medication safety principles and simple prevention standards. We also know that Opioid Use Disorder has a significant negative societal, economic and community impact.

INNOVATIVE NEXT STEPS

Realizing that there is an incremental nature to changing human behavior, H.R. 8570 is a critical step in a four-phase process of implementing an innovative intervention to help tackle the opioid

crisis. First - phase 1- we must look at the accessibility of both education and in-home disposal solutions. In-home disposal products are readily available and have been for years, gaining widespread use and favorable recognition as pharmacies continually add new resources to their patient education programs.

There are recent studies that demonstrate the recognition and effectiveness of providing in-home disposal products with education. Each study had its own parameters and were able to demonstrate that patients are more inclined to dispose of unused medication when they are educated and provided with an in-home disposal tool to do so.²

In addition, the University of Houston and the University of Arkansas for Medical Sciences have begun programs that incorporate providing in-home disposal and education to people. Both universities recognize the value of educating on proper prescription medication best practices and providing tools to empower them to follow through with what they have learned.

Second, -phase 2- an innovative intervention pilot for sustained behavior change should be examined with a study. A “real world” study has been operating in Iowa with the Iowa [Pharmacy Reimbursement Program](#) since 2021. Significant benefits have been realized with this program. Participants mentioned societal benefits, patient benefits, and environmental benefits along with creating immense community “goodwill.” Participants felt their communities and households were safer, but they also felt there was a caring and helping benefit for individual patients.

Phase 1 and Phase 2 have been achieved. H.R. 8570 is the obvious next step. Phase 3 brings proven solutions to national recognition and potential national implementation. This bill, if passed, will yield significant benefits to families, communities and pharmacies. Implementing such an innovative prevention measure should drastically change behavior as an estimated ~1.2 billion medication prescriptions were kept in our nation’s homes.²² Stashing unused opioids “just in case” can and should become a thing of the past. Eliminating unnecessary medications means eliminating the adverse events caused by having unneeded medicines in the home.

“This type of initiative, providing community drug education and prevention, will help to forge strong bonds in the community. This is a sustainable resolution for pharmacists to continue quality patient care and services that facilitate community engagement focused on stopping substance use and the drug related death epidemic in the U.S.” – Sheriff Van Shaw, Cabarrus County North Carolina

The final phase - phase 4 - would be to codify H.R. 8570 nationwide after a successful demonstration period. This would complete the upstream approach and assist our entire population by raising community awareness and maximizing health.

SUMMARY

H.R. 8570 provides reimbursement of licensed pharmacies for the provision to eligible patients of in-home drug disposal systems and standard medication safety education. Doing so is a critical step in a sustainable solution to help solve the opioid crisis at its root cause. H.R. 8570 supports patients with effective education and simple tools to permanently help stem our nation’s opioid epidemic.

Compensating pharmacists and pharmacy staff for their expertise and provision of critical education can meet the public health goal of mitigating the risks associated with unused medications thus making this bill a sustainable opioid abatement strategy for future generations.

H.R.8570 is a model of good policy, good purpose and the promise of making our next generation smarter and safer when it comes to safe medication management and effective drug disposal. This bill endorses the value of healthier choices. We cannot do it alone and we need your help in making H.R. 8570 a reality.

Five percent of U.S. adults misuse or are addicted to prescription painkillers,¹⁶ JEC Analysis finds that the opioid epidemic cost the U.S. nearly \$1.5 trillion in 2020 alone and this accounts for over \$95 billion or 8% of total hospital spending.¹⁷ The total annual OUD-related costs to the U.S. in 2018 were \$786.8 billion to society, \$93 billion to taxpayers, and \$89.1 billion to the healthcare sector.¹⁸ The U.S. cannot sustain this economic drain and Americans cannot

sustain the addiction and death statistics that are an all-too-familiar part of this epidemic. Preventing new substance use disorders is a practical strategy which targets the root cause of medication misuse!

We must get your support in helping Congress navigate the complexity of pharmacy and align the missions of public health with the support of H.R. 8570. We need your endorsement to impress upon members of Congress that this is a sustainable solution that will help us achieve the public health goal of harm reduction by mitigating the risks associated with unused medications. This would be the critical change to actively engage patients with minimal change or disruption to the pharmacy workflow.

- **SIDDI Act provisions** allow pharmacies to actively engage patients with minimal expected change or disruption to workflow as this activity mimics traditional prescription dispensing.
- **The SIDDI Act will** put into action a mechanism that the FDA has already stated is a critical public health intervention – removing opioids from the home.
- **SIDDI Act language** arms patients/community members with the knowledge and tools to make their homes and communities safer and has the potential to yield significant benefits for the overall state of the public health landscape.
- **The SIDDI Act meets** the public health goal of mitigating the risk of nonmedical use or overdose a reality in every state that participates.
- **The SIDDI Act activates** an army of almost 750,000 healthcare workers to fight against the opioid crisis (346,479 pharmacists and 382,954 pharmacy techs).²⁰⁻²¹



References available by scanning the QR code



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