

## **Fact Sheet on the California State Auditor Report: Home-Generated Sharps and Pharmaceutical Waste**

### **Background**

On May 9, 2017, almost one year from the date of the approved request for the audit May 25, 2016, the California State Auditor issued a report titled, [Home-Generated Sharps and Pharmaceutical Waste: By Designating a Lead Agency, the State Could Increase Proper Disposal](#). The audit was requested by Senator Hannah-Beth Jackson, Assemblymembers Phil Ting and Adam Gray to assess the environmental, health, and safety risks associated with the absence of a statewide waste disposal standard for home-generated sharps and pharmaceutical waste.

### **Summary of Report Findings**

The State Auditor concludes that “the lack of a lead state agency to oversee home-generated sharps and pharmaceuticals waste disposal has left California consumers with conflicting guidance and a lack of adequate information about collection sites.”

### **Relevant Findings:**

1. Oversight responsibility has not been assigned to a specific state agency
2. Conflicting guidance from different levels of government is provided to consumers regarding proper disposal creating confusion
3. Four million Californians may not live within 20 minute drive of collection sites
4. The State does not maintain an accurate and accessible list of collection sites
5. Collection and disposal could improve by adopting programs and practices that other states and countries use

### **Auditor Recommendations and CPSC Response**

<b>Auditor Recommendations to Legislature</b>	<b>CPSC Stance on Recommendations</b>
<ol style="list-style-type: none"> <li>1. Assign Department of Resources Recycling and Recovery (CalRecycle) as the lead state agency with statutory oversight responsibility for home-generated sharps and pharmaceutical waste disposal</li> </ol>	<p>It is a complicated question because the Board of Pharmacy (BOP) and CalRecycle worked together to develop standards for medicine collection which was not easy for them to do. BOP is responsible for pharmacy operations, and there is also the California Department of Public Health which regulates medical waste haulers and hospitals. Then, CalRecycle has general responsibility for home-generated wastes, but don't have authority over pharmacies or hospitals or medical waste haulers so they would need to have some control to inspect and enforce the laws if they were given responsibility to manage a</p>

	<p>statewide program for home generated meds and sharps waste. Without very clear roles for each agency and possibly changing authorities, this is not an easy answer as to which department/agency could effectively oversee the program.</p>
<p>2. Develop and implement a public education campaign and ensure consumers receive consistent guidance</p>	<p>Agree that a uniform and consistent program that protects communities and the environment could alleviate confusion even amongst agencies.</p>
<p>3. Increase consumer access. According to the report, currently 89% of Californians live within a 20-minute drive of a free pharmaceutical collection site and 93% within a 20-minute drive of a sharps collection site which the Auditor considers reasonable access. However, the Auditor notes access to disposal sites is often limited in more rural or isolated parts of the state. This leaves 4 million Californians lack reasonable access to either sharps waste collection sites or pharmaceutical waste collection sites, or both.</p>	<p>CPSC asserts that a 20-minute drive to a collection site is not reasonable access. Instead, the convenience standard should be as easy to dispose of as it was to buy. Currently, only 72% of the population is within 10 minutes of a sharps collection site and 68% are within 10 minutes of a pharmaceutical collection site. We believe the standard of convenience should be much lower than the Auditor notes because we know the public when stretched for time will simply trash or flush the meds if they have to go even 20 minutes out of their way (really 40 when it is a drive out and back).</p>
<p>4. Maintain an up-to-date, well-publicized, and accessible statewide list of collection sites</p>	<p>A thorough list of available collection locations is crucial to making a take-back program work. Users must be able to quickly identify a location where they can safely dispose of their sharps/pharmaceutical waste. Although CPSC's Don't Rush to Flush website (<a href="http://www.dontrushstoflush.org">www.dontrushstoflush.org</a>) provides a map of collection locations, the assigned state agency may would be best suited to host such a database of locations as funding for a NGO is less certain.</p>
<p>5. Adopt standard requirements for counties to follow when implementing Extended Producer Responsibility (EPR) programs that limit any additional costs the programs may impose on consumers</p>	<p>CPSC supports the action made by local jurisdictions to create necessary programs in the absence of state regulation and without any cooperation by the pharmaceutical companies on solving this problem with them. Local control is paramount when we cannot get a healthy discussion of solutions with the drug companies. While we agree that a consistent program would improve efficiencies and minimize confusion, we</p>

	<p>do not want to erode local control. The report states that costs could ultimately be passed on to consumers. CPSC supports a true EPR program where the program is funded by the pharmaceutical industry which is currently spending billions on advertising and passing all of that onto consumers, often more than is spent on research and development for some companies. CPSC asserts that based on the Alameda County court case the stipulated facts were costs are less than 1 cent for each \$10 of medicines sold which results in “no cost burden” to the industry and they could but should not pass that cost on to the consumers.</p>
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### **What is Next?**

Auditees must provide the State Auditor an update on their implementation of recommendations at three intervals from the May 9, 2017 report release date: 60 days, six months and one year. After one year, Auditees must report to the State Auditor and Legislature why they have not implemented them or state when they plan to implement. CPSC looks forward to working with the state and stakeholders to find a solution so we can finally have a statewide solution for meds and needle disposal that works.