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Center on Aging Wins EPA Grant for Pilot Drug-Return Program

ORONO, Maine – The UMaine Center on Aging has received a \$150,000 grant from the U.S. Environmental Protection Agency to launch a first-in-the-nation pharmaceuticals-return program to help keep tons of medications out of rivers, streams and groundwater.

According to the EPA, the UMaine pilot will start, implement and evaluate a mail-back plan to remove unused over-the-counter and prescription medications from homes. Typically, unused, unneeded or expired medications are flushed down toilets or thrown in the trash, and ultimately can make their way into the environment. Since compounds in many medications can be destroyed only through incineration, they often pass through landfill and wastewater treatment plants and end up in rivers, lakes and streams.

In the United States and in England, studies have shown that pharmaceuticals and common personal health care products in the environment can cause genetic changes in fish and wildlife. For instance, male carp living downstream from or near municipal wastewater treatment plants in a Las Vegas reservoir, the Potomac River in Washington, D.C. and in England have developed female sex organs, according to a September 2006 article in “Governing Magazine.”

Unused, unneeded or unwanted drugs stored in homes also can wind up in the hands of children exploring medicine cabinets, or thieves who steal and sell pain medications, muscle relaxants and other drugs, says Len Kaye, director of the Center on Aging, which serves as administrator for the Maine Benzodiazepine Study Group (MBSG). The study group is a consortium of lawmakers, policy makers, and professionals in health care, geriatric care, law enforcement, social work, private industry and other disciplines pressing for new ways to curtail the storage or casual disposal of potentially dangerous medications. The group has been awaiting the EPA funding, which will enable the implementation of the Maine Unused Pharmaceutical Disposal Project adopted by the legislature in 2004.

“We’re extremely pleased to receive word that our grant application has been approved by the EPA,” says Kaye, who also is the principal investigator for the EPA grant. “Now we can take steps to eliminate some of these medications from the waste stream and keep them out of the hands of people who should not have them. It’s been a very serious problem with established detrimental effects on the environment and wildlife.”

Dr. Stevan Gressitt, medical director of the Northeast Occupational Exchange in Bangor, is the co-principal investigator for the grant and a co-founder of the MBSG.

In addition, the pilot project will test the effectiveness of an educational campaign about the hazards to life, health and the environment presented by improper storage and disposal of unused medications. Six thousand mailers will be available to the public through participating pharmacies in four counties, Aroostook, Penobscot, Kennebec and Cumberland.

The EPA provided a second non-profit organization in St. Louis with a similar grant to approach the problem in a slightly different way. Area Resources for Community and Human Services in St. Louis, in conjunction with the St. Louis College of Pharmacy, will have community grocery stores serve as collection sites for unwanted medications over an 18-month period, covering a 2.7-million population base.

In both projects, older adults will be involved in the design and implementation of the programs. These grants are part of EPA's larger effort to protect the health of older adults, who may be more susceptible to environmental hazards, through its Aging Initiative. The Aging Initiative encourages civic engagement to recognize and reduce environmental hazards in their communities.

The Maine project also will include an inventory of the types and quantities of drugs being returned. Inventory data could prove useful to the medical community in changing its prescribing practices to reduce the incidence of unused medications.

EPA Project Officer Kathy Sykes says that while some states have held one-day drug-return programs, the Maine initiative and the St. Louis program both are the first pharmaceutical return programs of such proportion. The Maine mail-back and inventory aspects of the program are firsts in the country, she adds.

Kaye estimates that, in Maine, the pilot project will remove 1.5 tons of unwanted medications from homes or the waste stream.

More information about the project can be found on the Center on Aging Web site at www.umaine.edu/mainecenteronaging or by going directly to www.mainebenzo.org.

In addition to the Center on Aging, the EPA and the MBSG, other project partners include the Community Medical Foundation for Patient Safety, Maine departments of Environmental Protection and Health, Maine Drug Enforcement Agency, Maine offices of Elder Services, Substance Abuse and Attorney General, the Maine Pharmacy Association, Maine RSVP Programs, Margaret Chase Smith Policy Center at UMaine, National Council on Patient Information and Education, Northern New England Poison Center, Northeast Occupational Exchange and the Villanova University Center for the Environment.