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THE MAINE SENATE

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**Testimony of Sen. Anne Carney introducing LD 8, An Act To Support Collection
And Proper Disposal Of Unwanted Drugs**

Good morning Senator Brenner, Representative Tucker, and esteemed members of the Environment and Natural Resources Committee. I am Senator Anne Carney, and I am pleased to be before the committee today to introduce LD 8, An Act To Support Collection And Proper Disposal Of Unwanted Drugs. LD 8 requires drug manufacturers to create a safe, convenient and accessible system for Mainers throughout our state to dispose of unwanted drugs. This bill furthers state policy, adopted in 2009, to [promote product stewardship](#) in order to protect the health safety and welfare of Maine residents. 38 MRSA §1772(1).

Maine urgently needs product stewardship for unwanted drugs. Efforts to reduce overdose deaths, expand treatment and recovery efforts and begin a focus on prevention have been hampered by the Covid-19 pandemic. In [Maine](#) and [nationally](#), drug overdose deaths have increased “due at least in part to the effects of the Covid-19 pandemic and related mitigation measures: isolation, avoidance of or difficulty accessing medical services, and alterations in the illicit drug supply” according to the [Maine Attorney General’s](#) most recent quarterly report. An [analysis](#) of federal Drug Enforcement Agency drug take-back programs, published just last month, noted: “Literature suggest that many kids are not getting controlled substances on the street, but in medicine cabinets at home.” If you look at the [Maine Drug Enforcement Agency](#) website, two pieces of information will jump out at you: (1) the 19th National Take Back Day was cancelled in 2020 due to the pandemic, and (2) “The majority of teenagers abusing prescription drugs get them from family and friends—and the home medicine cabinet.”

Product stewardship for unwanted drugs will also protect Maine’s water supply. We know, based on studies by the [Maine Department of Environmental Protection](#) and additional research by the [US Geological Survey](#), that pharmaceuticals are present in the leachate that is discharged from municipal landfills and in groundwater impacted by closed municipal landfills. This means that the unwanted medicine we throw into our trash cans ends up in our rivers and groundwater. The DEP identified antibiotics, steroids, antidepressants, and anticonvulsant among the pharmaceuticals of concern. Similar problems arise when pharmaceuticals are disposed of in sinks and toilets. The [USGS](#) notes that wastewater treatment facilities do not treat for pharmaceuticals.

We can keep unwanted drugs from contributing to substance use disorder and from contaminating our water by adopting LD 8. Six states and many municipalities have enacted product stewardship programs for unwanted drugs, and these programs have proven to be a safe, effective and inexpensive way to address public health and environmental harms posed by improper disposal of unwanted drugs.

You are all likely aware of the annual or semi-annual drug drop off programs that local law enforcement agencies hold, and may ask ‘why aren’t these an acceptable solution’?

- Annual or semi-annual drug drop-off programs create significant delays in disposal of unwanted drugs, because they operate for a few hours just two days a year. A pandemic, weather, and scheduling conflicts can prevent patients from using the drop off days.
- Even when these programs run perfectly, patients have to keep unwanted drugs at their homes for up to 6 months, during which they can be stolen or misused.
- Decreases in municipal revenue during the pandemic demonstrate the importance of addressing this as a manufacturer responsibility rather than a municipal government responsibility.
- A system for dropping off unwanted drugs anytime a pharmacy is open is a win-win: it is much more convenient for patients and brings customers into a retail establishment.

You may have noticed that LD 8 is a long, seemingly complex bill. I will explain how the bill came to you. The Honorable Geoffrey Gratwick presented the drug take-back concept to this committee in 2019. LD 1460 underwent significant discussion and work between the initial hearing in April 2019 and the committee’s vote in March 2020. The amended bill that emerged represented the combined work of many stakeholders, including representatives from the Retail Association of Maine and the Consumer Healthcare Products Association. The committee unanimously supported the amended version of the bill, which is the exact language before you today.

I want to turn to the language of the bill itself and explain the component parts.

- LD 8 requires drug manufacturers to operate a program, approved by the DEP, to collect, transport and dispose of prescription and nonprescription drugs that people and pets use in a household setting. The manufacturers can work together to operate a program jointly. Page 1, line 7 to page 3, line 25.
- LD 8 sets out the requirements a program must meet to be approved by the DEP. The program must accept all covered drugs regardless of manufacturer and provide free, convenient and ongoing disposal opportunities throughout Maine, including rural areas. Information about the opportunities for safe disposal must be available on a publicly accessible website. And the program must implement outreach and meet awareness performance goals. Page 3, line 26 to page 5, line 37.
- Manufacturers must bear the cost of the program, and will agree among themselves on how to allocate costs fairly. Page 5, line 38 to page 6, line 13.
- Collection of the covered drugs must follow procedures that are secure from diversion and environmentally sound. Destruction packages are not permitted; mail-back systems may be provided upon a patient’s request. The expense of services related to collection, such as collection receptacles, mail-back envelopes and educational brochures, is borne by the manufacturer or operator of a joint program. Page 6, line 23 to page 7, line 30.
- Detailed reporting and assessment of the program is required, to ensure it is operating smoothly. Page 7, line 31 to page 8, line 44.
- DEP rulemaking is authorized. Page 9, line 1 to 11.
- A mechanism is provided for manufacturers and programs to resolve disputes among themselves over fair allocation of costs. Page 9, line 12 to 42.

- DEP will provide an annual status report to this committee, which may report out legislation. This state statute preempts municipal drug take-back ordinances so there will be one system in Maine. Page 9, line 43 to page 10, line 10.
- Manufacturers have 6 months from the effective date of the statute to present plans or a joint plan to the DEP. Page 10, line 15 to 20.

The drug take-back program created by LD 8 will work for Maine. We have all listened to the devastating news about the worsening opioid epidemic. We also just sat through an alarming presentation about the prevalence of PFAS contamination and the clean-up costs. Now is the time to act if we want to prevent improper use of drugs and keep antibiotics, steroids, and other pharmaceuticals out of our rivers, lakes and drinking water.

Thank you for your attention this morning. I am happy to answer your questions.