

Submission to Minister of Health for Approval of a Voluntary Unused Medication and Sharps Return Stewardship Program for New Brunswick

March 30, 2017

Presented by the New Brunswick Pharmacists' Association

TABLE OF CONTENTS:

- **Executive Summary**2.
- **Introduction**3.
- **Environmental Impact**5.
- **Public Safety**
 - **Medication Waste**7.
 - **Needles and Sharps**9.
- **Jurisdictional Overview**9.
- **Proposal**10.
- **Conclusion**11.

EXECUTIVE SUMMARY

New Brunswick is one of three provinces in Canada with no formal environmental stewardship program in place to manage medication waste and used sharps. Almost thirteen million prescriptions are dispensed annually in New Brunswick, and many more medications are sold as Schedule II or Schedule III products.

In 2009, Canada's Ministers of Environment signed an agreement to support a Canada Wide Action Plan for Extended Producer Responsibility. This principle requires that manufacturers accept responsibility for their product from cradle to grave.

Industry representatives and pharmacists have expressed concern about the potential impact to the environment related to inappropriate disposal of medications. They are also concerned about public safety related to used needles and sharps in our environment, as well as to the diversion of narcotics and opiates which can contribute to misuse and addiction.

The New Brunswick Pharmacists' Association (NBPA) is proposing to accept a role as steward and to oversee a return and disposal program for medications and sharps similar to the program being operated by the Pharmacy Association of Nova Scotia since 2001. Innovative Medicines Canada recognizes the PANS stewardship program as one of the best in Canada. This program proposal would need the support of industry and of the Minister of Health.

The elements of the program would include a negotiated agreement with a certified waste management service provider such as Stericycle. The program would supply pails to pharmacies for distribution to sharps consumers. Those pails would be returned to pharmacy when full. Pharmacies would use different pails for collection of medication waste. Stericycle would have a regular pick up service at least every twelve weeks for each pharmacy in the province, and bring the waste back to their incinerator or shredding operation in Québec. Initially, in order to properly fund the program, the manufacturers will be invoiced a percentage of the first year's budget, equal to their percentage of the provincial sales through the NBPDP and NB Drug Plans. The NBPA would require regular, quarterly reports from the Department of Health in order to properly allocate a share of expenses equal to a share of market.

The program would have an initial budget in the range of \$240,000 which will be fully funded by industry. This proposed program could begin as early as January 2018.

INTRODUCTION

New Brunswick has no formal stewardship program in place to address medication waste (primarily from unused medications) or used sharps (needles, syringes, lancets etc).

The New Brunswick Pharmacists' Association (NBPA) has advocated over the years for government support of a stewardship program. These efforts led to an Environmental Trust Fund project in 2009, to fund a consultant's report¹, which led to a letter from the Environment Minister² in 2011 encouraging pharmacists to continue to act responsibly by accepting (at their own costs), the return of these products from consumers. Give the overwhelming cuts to pharmacy revenues by Government in recent years, this approach is no longer sustainable.

The NBPA supports the principle of **Extended Producer Responsibility** (EPR) which is more clearly defined later in this document. Producers should be responsible for their products beyond their useful lifecycle.

More recently, the NBPA has expressed concerns to the Horizon Regional Health Authority, which has stopped accepting used sharps and needles from patients to be disposed of by hospital administration. They are referring these people to community pharmacy instead. As a result, people who have received syringes and needles from a variety of places (including the Extra-Mural program) are showing up at community pharmacies with hazardous waste.

The NBPA has been collaborating with industry representatives, most notably through Innovative Medicines Canada (IMC) and are presenting a proposal that would address important stewardship concerns. A few initial conditions would be required before proceeding further.

- The Board of Directors of the NBPA have approved in principle, the notion that the NBPA would act as a steward in the same manner that the Pharmacy Association of Nova Scotia (PANS) is acting in that province. PANS collaborates with industry partners to oversee a voluntary industry led stewardship program managing the collection, return and safe and proper disposal of unused medications and sharps. See more details³ at www.DivertNS.ca
- Industry associations such as the Canadian Generic Pharmaceutical Association and IMC need to agree to encourage their members to fund this stewardship program and to work with the NBPA to ensure the goals of the program are met in a sustainable manner.
- The Department of Health needs to write to all manufacturers and to their respective Associations, to advise them of two key principles. That while participation is voluntary at this time, the Department of Health, under the NB Formulary, will give first consideration to the listing of manufacturers of same or similar products of participating manufacturers. In addition, that in the event the program is not well supported by industry, that this Government will consider implementing a regulated (more costly) program.

¹ J MacDonnell Pharmacy 2009, Review and Recommendations on Effective Disposal of Unused Medications and Used Sharps

² Letter from Hon. M. A. Blaney, New Brunswick Minister of Environment to NBPA President, October 2011

³ Household Medical Waste Nova Scotia Brochure <http://divertns.ca/recycling/what-goes-where/household-medical-waste>

The program could be established as early as January of 2018 and would almost immediately begin to promote, collect and properly dispose of unused medications and sharps in NB, without the need for various government Departments to coordinate and regulate. This would significantly remove a large quantity of needles and sharps from our landfills and would remove from communities a significant source of prescription opiates that are being diverted from their original purpose. These products have great potential to create harm in our communities. Pharmacists and manufacturers support these goals. The NBPA would enter into agreements with certified providers such as Stericycle Canada, to properly carry out these services.

BACKGROUND

According to industry sales data from Quintiles IMS, there were more than 12.8 million prescriptions dispensed in community pharmacies in New Brunswick in 2016. Payers (including the provincial drug plans) encourage beneficiaries to ask for a full 90-day supply of medications in an effort to avoid pharmacy dispensing fees, which cost roughly \$11.



EXTENDED PRODUCER RESPONSIBILITY:

“A waste management approach that has developed in response to these issues is the concept of the producers of products being responsible for their end-of-life management. Similarly to the OECD, CCME defines Extended Producer Responsibility (EPR) as:

an environmental policy approach in which a producer's responsibility for a product is extended to the post-consumer stage of its life cycle.

CANADIAN COUNCIL OF MINISTERS OF THE ENVIRONMENT – OCTOBER 2009

After a few days, many patients often do not tolerate their prescriptions well (especially newly prescribed medications), which results in the patient returning to their doctor for a different prescription, generating another 90 days' worth of medication. The initial drugs prescribed (usually 80 days worth) most often remain in the patient's medicine cabinet at home. Since New Brunswick has no formal program to deal with unused medications and sharps, consumers are generally unaware of how to dispose of these products beyond their useful life expectancy.

The New Brunswick Government is a member of the Canadian Council of Ministers of Environment (ccme.ca). In 2009, this group approved and New Brunswick agreed to support, a **Canada Wide Action Plan for Extended Producer Responsibility.**⁴

This action plan identifies the manufacturer's 'extended producer responsibility' as follows:

⁴ http://www.ccme.ca/files/current_priorities/waste/pn_1499_epr_cap_e.pdf

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In 2008 the New Brunswick Environmental Trust Fund approved a funding request from the New Brunswick Pharmacists' Association to hire a consultant to provide a jurisdictional review and an impact assessment on medication waste and sharps to the New Brunswick environment, as well as to make recommendations to the Department of Environment.

That report was completed in 2009 and was also partly funded by the New Brunswick Pharmacists' Association. While outdated, that report still had some meaningful findings.

ENVIRONMENTAL IMPACT

The report correctly identified a wide range environmental concerns related to medications in our waterways, which still apply today. The excerpts below from that report refer to known environmental effects of pharmaceutical products.

The National Sciences and Engineering Research Council of Canada has provided funding to study the effluent, treated waste water as it emerges from sewage treatment plants (STP). When effluent from STP's were sampled, many pharmaceuticals were identified as being present in detectable quantities indicating inappropriate disposal of pharmaceuticals does occur (Metcalf CD, 2003;22) (Metcalf CD M. X.-S., 2003; 22).

Human excretion has been identified as the leading route of entry for pharmaceuticals into the environment. Disposal practices and manufacturing discharges also contribute to this problem to a lesser degree. (Ruhoy, 2008). Pharmaceuticals are distributed through sewage treatment plants (STP's), and are released to the environment because STP's in general are not designed to remove these chemicals. Additionally, pharmaceuticals found in landfills can leak into surrounding ground water and ultimately end up in our drinking water. Following are a small sampling of significant studies that address this issue:

1. The US Geological Survey (USGS) during 1999-2000 looked for pharmaceuticals, hormones and other organic wastewater contaminants (OWC's) detected medications in water supplies. The 2002 study reported that of 139 streams sampled in 30 states across the USA, that 80% contained one or more OWC's. The study tested for 95 OWC's including pharmaceuticals. Most (82) of the OWC's were found in at least one stream, and 13% of streams contained more than 20 OWC's. **Many OWC's were pharmaceuticals from common prescription and non-prescription products** (Kolpin DW, 1999-2000).
2. The Canadian National Water Research Institute for Health and Environment identified nine different medications from water samples taken near 20 drinking water treatment plants across Southern Ontario. (*Prozac and painkillers found in tap water.*, 2004)
3. From 2000 – 2002, a Canadian study measured concentrations of pharmaceuticals found in effluent and surface waters near STP's in Peterborough, Hamilton, Burlington, and Little River Ontario. Residues of a number of drugs were detected. (Metcalf CD M. X.-S.,



2003;22) <http://www.ec.gc.ca/inre-nwri/default.asp?lang=En&n=C00A589F-1&offset=22&toc=show>

4. Researchers from University of Montreal published in the Journal of Environmental Monitoring a study which revealed detectable levels of cholesterol and high blood pressure medications have been found in the St. Lawrence river, downstream from Montreal's sewage treatment facility. (Meds detected in St. Lawrence river near Montreal, 2009) (while there are no known studies featuring the Miramichi or Restigouche salmon, it is easy to predict they are similarly affected).
5. An investigation by the Associated Press has revealed that the drinking water of at least 41 million people in the USA is contaminated with pharmaceutical drugs. (Drinking Water of 41 Million Americans Contaminated With Pharmaceuticals, 2008)

There have been studies that indicate a potential correlation between human medication and the phenomenon of male fish producing eggs. (e.g. Male Fish Producing Eggs in Potomac River, 2004). In fact, research led by **Dr Karen Kidd of the Canadian Rivers Institute at the University of New Brunswick** confirms the synthetic estrogen in contraceptives can wipe out entire fish populations. For three years, Kidd and company added the same synthetic estrogen used for birth control known as "the pill" to a research lake operated by Fisheries and Oceans Canada to mimic low levels released by treatment facilities. During the study, all the male fathead minnows began producing eggs and the egg protein, vitellogenin, the female fish's egg development became delayed, newly hatched fish disappeared and by the end, minnows were all but extinct. (Wastewater decimates Minnows, 2008). Other statistics that are concerning and may be linked to chemical exposures from the environment include; human sperm counts have dropped 50% on average since 1939, and there have been increases in infertility, genitals defects, cancers caused by hormones (breast and prostate) and neurological disorders in children. (Colborn T, 1997). As well, antibiotic resistance is on the rise. Ampicillin-resistant bacteria were found in every river tested in the United States in 1999 (Sheehan E)2.

For several potential reasons, people do not always finish the full prescription course of medication, resulting in leftover products. Over the years, it was acceptable practice to throw these out or to flush them down the toilet. As described earlier, this practice may be harmful to human health. In an effort to raise awareness, the BC Pharmacy Association has produced a promotional video encouraging people to return their unused medications to the pharmacy. It's called **Fish Can't Say No To Drugs**:

<https://www.youtube.com/watch?v=CKnxEjrhmc>

According to Statistics Canada, nearly one-quarter of all households in Canada had leftover or expired drugs in 2005. Almost half of those households returned the products to a pharmacy, depot or drop-off centre, which provided more controlled methods of disposal. This number is likely lower in New Brunswick since there is no formal program here and awareness is low. What is most alarming is that 39% of households placed pharmaceutical products with the regular garbage, flushed down the toilet or buried it. (EnviroStats: disposal of household special wastes (Disposal of household special wastes, EnviroStats, Vol 2, No 1., 2008)). The remaining households still had left over pharmaceuticals at time of survey and

may not have known what to do with them. These statistics are based on Household Environment Survey 2005 of Statistics Canada.

PUBLIC SAFETY

Public health and safety concerns relating to sharps and to medication waste are two very different issues with their own complexities.

Medication Waste

Prescription medications can provide tremendous health benefits. If used inappropriately or in combination with other prescription drugs, non-prescription drugs or even natural health and dietary products, they can also cause significant harm. Benzodiazepines, anti-depressants and other medications to help with sleep problems can make a person drowsy, which can lead to vehicle accidents or even to seniors falling in their own homes, which frequently leads to broken bones.

Opioid medications are used to treat pain. Opioids are also known as narcotics. In recent years, more and more Canadians are using opioids, and research indicates that we are now the world's second largest consumer of opioids. Along with this increased use of opioids there has also been a corresponding and alarming increase in the harm from opioids. Every day in America, 120 people die of a drug overdose⁵. In Atlantic Canada, opiates are still the drug of choice for illicit use, but Fentanyl is making dangerous inroads.

The Institute for Safe Medication Practices Canada (ismp) recently conducted an analysis of medication errors that led to deaths in Canada. They note the following trends:

- People are living longer. With age, comes an increase in medication use.
- People want to continue to live in their own homes well into their senior years. Governments are encouraging this as well by supporting initiatives like Home First⁶.
- People are being discharged from hospitals back to homes with frequent medication changes, increasing the supply of medications in a home.
- Mental health services that were previously offered in institutions are now home based. Mental health treatment frequently involves prescription medication.

In their review of these deaths, they recognized the availability of prescription medications, combined with a lack of knowledge were contributing factors. The knowledge deficit related to misperceptions associated with taking medications is significant. These misperceptions can be on the part of care providers, patients and family members, and included misunderstandings such as "If one is good, two must be better". Or sharing of medications, "What works for me must work for you".

Other studies from the USA and Canada also reveal the dangers related to medication storage in homes. The IWK Regional Poison Control in Halifax receives an average of 10,000 calls per year. More than half of these calls involve children less than 16 years of age. The top three products related to poison control were pain relievers 23%, cleaning products 18%, and sedatives 14%.

⁵ <https://www.overdoseday.com/resources/facts-stats/>

⁶ Home First Strategy NB Department of Social Development
http://www2.gnb.ca/content/gnb/en/departments/social_development/promos/home_first.html



(Child Safety Link 2008). By reducing the availability of medications in the home, we can assume to see a reduction in the nonmedical use of prescriptions, especially opiates. "Safe Medications Use Canada"⁷ has some tips on medication storage.

Teens report easy access to prescription pain relievers. In the USA according to the 2005 Partnership Attitude Tracking Study, nearly one in five teens (7th to 12 graders) in their lifetime reported having used prescription medications not prescribed for them. **More than 60% reported prescription pain relievers as easy to get from their parents' medicine cabinets.** Half of teens reported its easy to get prescription medications through other peoples' prescriptions and roughly a third of teens think prescription medications are safer to use than illegal drugs. Parents are less likely to discuss the risks of prescription medicine abuse than they are to discuss the dangers of marijuana. A recent pediatrics study⁸ (excerpt below) concluded that additional prevention measures are needed:

Currently, there is an opioid epidemic in the United States, with the rate of opioid overdose deaths, including deaths from opioid medications and heroin, doubling since 2000.⁹⁻¹² Unintentional poisonings are now the leading cause of injury-related mortality in the United States.¹³ Among teenagers aged 15 to 19 years, there was a 91% increase in fatal poisoning from 2000 to 2009, which was mostly attributable to an increase in prescription drug overdoses.¹⁴ Nearly 1 in 4 high school seniors in the United States has had some lifetime exposure to prescription opioids, either medically or nonmedically.¹⁵ These exposures can lead to future use of illegal substances; almost 80% of new heroin users have previously used opioid pain medications.¹⁶⁻¹⁸

According to the DEA, medicines in the home are a leading cause of accidental poisoning and flushed or trashed medicines can end up polluting waters. Rates of prescription drug abuse are alarmingly high - over half of teens abusing medicines get them from a family member or friend, including the home medicine cabinet, and often without their knowledge.

Given that New Brunswick will be introducing an electronic Prescription Monitoring Program⁹ which is expected to constrict supply through inappropriate prescribing, there is a likelihood that individuals who are exhibiting drug seeking behaviour will begin looking to households as a possible source of drugs, which can lead to increased break and enter crime in our communities.

Because prescription and some non-prescription drugs are freely available in pharmacies and in people's homes, the public often has a relaxed attitude regarding safe use. Moreover, our general rush to want to get in and out of the pharmacy often leads to patients not listening to counseling concerns. And finally, health literacy and literacy in general is a major barrier in New Brunswick. Simply printing off a disclaimer and handing it to the patient isn't enough. We can safely conclude from all of the above that Canadians are naïve to prescription drug dangers, that Canadian households are not the ideal place to store medicine and that Canadians are at risk

⁷ Safe Medication Use Misconceptions about Medicines That Could Be Deadly:
https://safemedicationuse.ca/newsletter/newsletter_Misconception1Storage.html

⁸ Prescription Opioid Exposures Among Children and Adolescents in the United States: 2000–2015
<http://pediatrics.aappublications.org/content/early/2017/03/16/peds.2016-3382>

⁹ Drug Monitoring Program Starts in NB Pharmacies <http://www.cbc.ca/news/canada/new-brunswick/pharmacists-drug-monitoring-1.3882579>

from current practices. There is a high likelihood that New Brunswick households currently have higher amounts of medicines than the rest of Canada, given that we have no stewardship program in place. Finally, as stated earlier, antibiotic resistance is a growing health concern. We need to promote appropriate antibiotic use and disposal. Allowing unused antibiotics to get into our water streams will further exacerbate this problem.

Needles and Sharps

Diseases such as HIV/AIDS and Hepatitis are frequently acquired through unsafe injection practices. Moreover, not many NB communities have needle exchange programs or safe injection sites, and as a result, used syringes end up on our streets or in the landfills. Employees of solid waste recycling facilities are at risk of injury from accidentally being pricked after handling these items that were thrown away in the garbage. At best, these employees need to be tested and followed rigorously for two years to ensure they have not acquired any diseases. This adds stress to the individual and the workplace overall. At worst, an employee can acquire HIV or Hepatitis or some other blood borne disease. We need to make an effort to divert these products from being disposed of through our waste management (garbage) facilities, which really aren't set up to manage these hazardous products.

In New Brunswick, patients often receive a pail to properly store used sharps. But no formal program exists to manage the proper disposal of these products. Until recently, Horizon Health and Vitalité accepted medical sharps from members of the public for disposal. As of December 31, 2016 Horizon issued a memo¹⁰ indicating **they would no longer accept medical sharps for disposal from the public at the majority of their facilities**. Part of the protocol recommended by Horizon Health is to **advise the public to dispose of medical sharps at the nearest pharmacy or AIDS NB**.

This approach is a clear effort on behalf of the RHA to reduce costs associated with a public service which it believes should be managed and funded elsewhere. It is however creating a lot of calls to the pharmacy, which frequently end up in consumers being frustrated as pharmacies are not prepared to accept the added cost of these returns. Pharmacies are reporting paying between \$2,000 and \$5,000 annually on medication and sharps related waste.

JURISDICTIONAL REVIEW

How do other Canadian provinces manage these programs if at all? Health Canada provides a useful summary of the various drug disposal and take back programs across Canada¹¹. In addition, the website www.HealthSteward.ca provides a useful provincial summary in their Returns section. Alberta and Nova Scotia have voluntary programs managed by the Provincial Pharmacists' Association. Québec has no formal program in place. Ontario, British Columbia, Prince Edward Island and Manitoba have Medications Returns Programs and Sharps return Programs administered by the Health Products Stewardship Association. These programs are

¹⁰ November 30, 2016 Horizon Health Memo from Maura McKinnon, Chief Human Resource Officer and Jeff Carter, Corporate Director Capital Assets, Physical Environment & Infrastructure

¹¹ Health Canada Safe Disposal of Prescription Drugs <https://www.canada.ca/en/health-canada/services/safe-disposal-prescription-drugs.html>

funded by brand-owners selling medications and sharps in these respective provinces, consistent with the position adopted by the Canadian Council of Ministers of Environment.

New Brunswick, Newfoundland and Saskatchewan have no formal programs in place.

PROPOSAL

NBPA agrees to manage a stewardship program similar to the Medication Waste and Sharps Return program administered by PANS. NBPA will establish a budget annually, in collaboration with industry stakeholders and enter into negotiations with qualified providers such as Stericycle. If necessary, NBPA will enter into agreements with providers such as BD to provide pails or transportation under this program. NBPA needs to acquire reports from the New Brunswick Department of Health that will provide important sales data which will be used to allocate market share to manufacturers. NBPA will work with manufacturers and with their associations (IMC, CGPA etc), to encourage participation in a voluntary program. NBPA will communicate progress to Minister upon request. The program will be visible through print materials in community pharmacy to encourage New Brunswickers to return unused medications and used sharps to pharmacy for safe disposal. We know that more than 50% of New Brunswickers visit their pharmacy at least once per month. Point of sale promotion will have the greatest impact in raising awareness. Where possible NBPA will help coordinate promotional campaigns (which may include elected officials) to encourage medicine cabinet cleanup events.

NBPA agrees to work with manufacturers to develop and communicate program budgets and results on a regular basis, as well as to develop a fair and transparent allocation of program costs.

Nova Scotia's 2016 was estimated at \$243,966. It is expected to exceed \$300,000 in 2018 as the program plans to spend resources to increase promotion. We would estimate the initial budget for 2018 to be roughly 80% of the Nova Scotia cost to operate, or \$240,000 initially. The NBPA would require manufacturers to provide the initial financing to properly fund the program for the 2018 calendar year, beginning January 1, 2018. NBPA is not set up to finance this project.

The Minister of Health should send a strongly worded letter to manufacturers in order to get their commitment. The wording in Nova Scotia was as follows:

"If a manufacturer of medications or of residential sharps products does not participate in the Program, the Department of Health under the Nova Scotia Formulary, will give first consideration to the listing of manufacturers of same or similar products of participating manufacturers."

In addition to the Nova Scotia wording, we believe the Minister's letter should also clearly state that if manufacturers decide not to support the program, then the Government would begin the process of development of regulations consistent with environmental stewardship principles of extended producer responsibility. The NBPA cannot financially sustain a stewardship program without the support of all manufacturers.

CONCLUSION

This proposal is in the public interest. If the Government of New Brunswick were to develop a stewardship program, we would be looking at two or three years before regulations, consultations and finally legislation could be developed and implemented. This proposal provides almost immediate benefits in comparison. Moreover, the proposal does not require a financial contribution from Government, or from taxpayers in the form of a levy or perceived tax. In our view, this is a win-win.

Rehm et al. (2006)¹² have shown that the combined annual harm of alcohol and tobacco in Canada is 6.5 million hospital days, and 41,467 premature deaths accounting for 663,178 years of life lost (PYLL). Alcohol and tobacco combined account for 66.8% of drug-related days in hospital, and 96.1% of drug-related premature deaths accounting for 91.4% of drug-related years of life lost (PYLL). The remaining portions are attributable to all illegal drugs combined.

While it is difficult to determine what proportion of these results can be attributed to an unmonitored inventory of unused medications in the family home, it is safe to assume that the status quo cannot remain. While the Province is working to implement a Prescription Monitoring Program as a prevention measure, it should also strongly support this voluntary industry initiative to promote responsible disposal of medication waste and sharps in New Brunswick.

¹² The Cost of Substance Abuse in Canada in 2002 J. Rehm, D. Baliunas, S. Brochu, B. Fischer, W. Gnam, J. Patra, S. Popova, A. Sarnocinska-Hart, B. Taylor; March 2006

New Brunswick Pharmacists' Association 2017

Photo Gallery



Green Party of New Brunswick Leader David Coon with pharmacist Brian Greenfield of Guardian Ross Drug Store Fredericton looking at the pills returned within the last month to the community pharmacy in Fredericton. May 2016



Pharmacist Blair Wright 2013 photo from PharmaChoice Upper Letang NB, with his returned medications and sharps, waiting for pickup to be taken away by Stericycle.

Useful links

Divert NS (similar to RecycleNB) www.DivertNS.ca

Safe Sharps brochure http://divertns.ca/assets/files/Brochures-and-Info-Cards/safe_sharps_brochure.pdf

Household Medical Waste (PANS) <http://divertns.ca/recycling/what-goes-where/household-medical-waste>

<https://safemedicationuse.ca/newsletter/downloads/201601NewsletterV7N1Misconception1Storage.pdf>

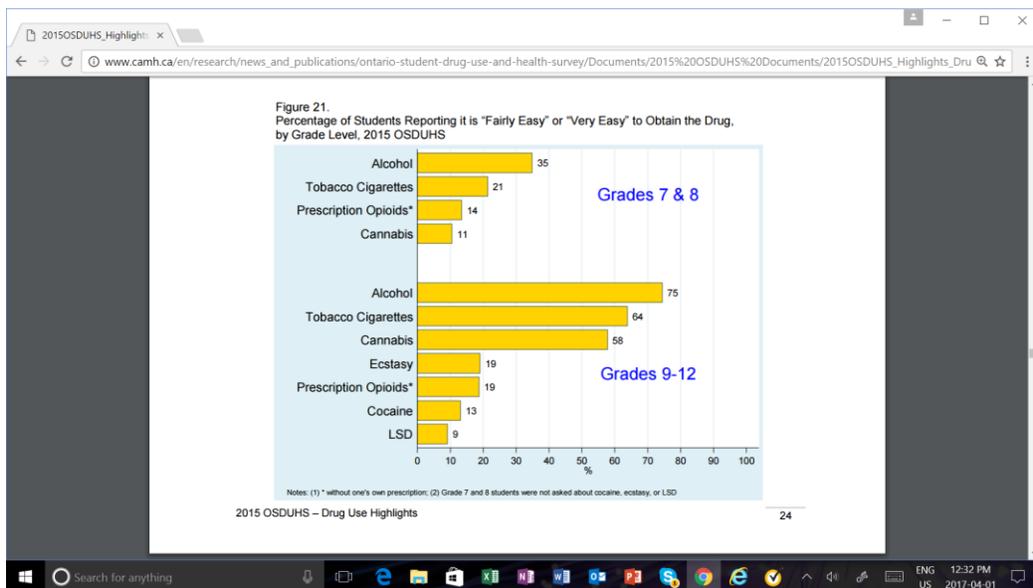
<https://www.drugfreekidscanada.org/drug-info/prescription-drugs/>

Washington Post Investigative Reports – Summary of Drug Related Deaths in America

https://www.washingtonpost.com/unnatural-causes/?utm_term=.6fd181afb0b0

ONTARIO STUDENT DRUG USE AND HEALTH SURVEY – 1975 to 2015

http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2015%20OSDUHS%20Documents/2015OSDUHS_Highlights_DrugUseReport.pdf The three drugs most readily available to elementary students (i.e., are “fairly easy” or “very easy” to get) are alcohol, tobacco cigarettes, and opioids. The three drugs most readily available to secondary.



The past year nonmedical use of prescription opioids (e.g., Percocet, Percodan, Tylenol #3, OxyNEO) significantly declined between 2013 and 2015, continuing on a downward trend that began a few years ago.

The past year use of over-the-counter cough and cold medication with dextromethorphan (also known as “dex,” “robos,” “sizzurp”) used to “get high” significantly declined between 2013 and 2015, returning to a level seen in 2009, when monitoring first began.