



“Warning: The Growing Danger of  
Prescription Drug Diversion”

Subcommittee on Commerce, Manufacturing, and Trade  
United States House of Representatives

April 14, 2011

9:00 a.m.

2123 Rayburn House Office Building

Written Statement of  
Michael S. Mayer  
President  
MedReturn, LLC

Madame Chair, Ranking Member Butterfield and members of the Subcommittee on Commerce, Manufacturing and Trade, I appreciate the opportunity to appear before you today. I am Mike Mayer, President of MedReturn. Our involvement in the issue of prescription drug abuse stems from the commitment to provide a safe, secure, sustainable and environmentally friendly way to help law enforcement agencies and communities collect unwanted or expired prescription medication and over the counter drugs.

MedReturn is a subsidiary of Frank Mayer & Associates, Inc., an 80 year old, family-owned company in Grafton, WI a suburb of Milwaukee. Our core business is designing and manufacturing in-store displays, merchandisers and interactive kiosks for companies such as Walmart, Nintendo, LEGO, Walgreens and Microsoft, to name a few.

The genesis of MedReturn was over 3 years ago when I challenged the associates in my company to research and develop new ideas. The challenge was called WITT (Wish I'd Thought of That). As we began investigating the prescription drug disposal issue, we quickly became aware of the magnitude of prescription medication and drugs that sit unused or expired in our medicine cabinets. It is staggering to think that over 10 million prescriptions are filled on a daily basis. The impact of their diversion manifests itself in misuse, abuse and accidental poisonings. Improper disposal contributes to the pharmaceutical waste that ends up in our environment, and we are just beginning to study those consequences.

We began researching and looking for existing collection and take-back programs and realized there was no consistent method or program available. We discovered a pharmacy in Virginia that placed a fishbowl on a counter for the public; old mailboxes repainted; open bins and

barrels; mailback envelopes and law enforcement agencies that called officers off of the street to accept expired medications. Over a 2 ½ year period, we developed, prototyped, presented, tested, improved and produced a safe, secure and sustainable enclosure to collect expired and unwanted prescription medication and over the counter drugs. Noting the importance of education, we incorporated a sizeable graphics panel that states and localities can customize to fit their objectives and policies.

We launched MedReturn at the International Association of Chiefs of Police conference in October 2010. At the writing of this testimony, our drug collection unit has been placed in 50 police and sheriff's departments across 11 states. We have appended statements to our testimony from law enforcement agencies confirming the positive response of their communities to the availability of an ongoing collection program. Lieutenant Tim Doney of the Medford, Oregon Police Department notes usage of their program is so heavy they are emptying the collection unit at least four days a week.

Other email feedback we have received illustrates the demand for permanent medicine return programs. Sheriff David Peterson of Waushara County, Wisconsin reports collecting 200 to 250 pounds of medication in three months, and Lieutenant Wayne Strong believes the Madison, Wisconsin police department has collected 230 pounds in that time period.

We helped implement the second county-wide ongoing drug collection program in the US. In establishing that program, Lieutenant Rodney Galbraith of the Ozaukee County, Wisconsin Sheriff's Department said, "From my perspective if the take back program can prevent even one tragic overdose death then it will have been worth it." We are in discussion with a state

that wants to place 5 test units prior to implementing a state-wide program. And we continue to fulfill individual law enforcement orders on a daily basis.

What started as an effort to supplement our core business has quickly evolved into a passionate desire to be a small part of the solution to the prescription drug abuse problem. We have devoted and continue to devote significant amounts of time and money to let state and local law enforcement agencies and community groups know we are available and to answer their inquiries. We know the DEA is working toward finalizing regulations that implement the Secure and Responsible Drug Disposal Act of 2010 that members of this subcommittee supported. We also know it will be some time before the regulations and policies are in place. We applaud the DEA and White House Office on Drug Control Policy for establishing one-day take back programs while working to make sustainable programs commonplace.

This whole realm of government regulation is new to us. We are more accustomed to dealing with the exacting requirements of Underwriters Laboratories (UL) than federal and state governments. Nonetheless, we are here today because we would like the members of this subcommittee and all those who touch the issue of prescription drug take-back programs to know that it could be easier for law enforcement agencies and communities to implement an always available program than it currently is.

We see the implementation of medication collection programs as a great opportunity for members of the community to coalesce around the cause of protecting a vulnerable population, our teens and young adults. A true community-wide effort can enlist groups ranging from parents, school administrators, business people, anti-drug coalitions,

environmental interests, pharmacists, and law enforcement. In the end, it is law enforcement that is on the front lines of medication return.

Those of us in this room know that only law enforcement officers are allowed to receive unwanted or expired prescription drugs. We have talked with hundreds of law enforcement officers. Many of them are asking us how to implement their programs; others believe the collection and disposal process is too complicated; others insist on recording and inventorying all collected medications; and others don't realize the scope of the prescription drug abuse problem. We believe for some lack of understanding may be a deterrent to establishing a permanent take back program.

We also find a varied interpretation of what constitutes safe disposal. Some departments accept pills in the bottle (name removed or marked out because of HIPA laws) while others request individuals to empty just pill contents into a plastic bag before depositing into the collection unit. Others will hold the collected contents until the annual take-back day. One officer admitted that he collected the drugs to get them out of harm's way but then flushed them down the toilet.

In an ideal world, we would like to be able to refer users of MedReturn to a resource that clearly outlines federal requirements and best practices, links to a state agency point of coordination and state disposal regulations, and enumerates sources of funding. The Office of National Drug Control Policy has performed a helpful service listing an agency for each state that may be a touch point on this issue. Often these links lead to the home page of a state website, but quite a bit of searching is required to discover what may be going on in the area of drug take-back at the state level. Local law enforcement sometimes doesn't realize they can

look beyond the resources of law enforcement to implement a program. In reality there are many agencies that impact this issue, even though drug take back may not be a specifically enumerated activity.

The statistics illustrating the magnitude of prescription drug abuse are staggering. Over 27,000 drug abuse deaths occurred in 2007. Every day 2500 teens use prescription drugs non-medically for the first time. We know in the future states and communities will be able to move more quickly to establish permanent drug take back programs. At MedReturn, our vision is a sustainable nation-wide program as widely available a practice as plastic, glass and paper recycling are today. By our rough calculation there are some 30,000 localities that could benefit from ongoing drug collection, and we have only begun to scratch the surface in this country. We are in the process of seeking corporate or foundation partners that might speed this process along.

We appreciate the amount of attention prescription drug abuse is receiving from Members of Congress and the Administration. We hope you will continue to consider the challenges of those who want to establish a sustainable drug collection program at the grass roots level. We stand ready to serve as a resource in any way that is appropriate.

**Contact:**

Mike Mayer  
President, MedReturn LLC  
1975 Wisconsin Avenue  
Grafton, Wisconsin 53024

[mike.mayer@medreturn.com](mailto:mike.mayer@medreturn.com)  
[www.medreturn.com](http://www.medreturn.com)

Phone: 877 218-0990