

PILL DISP

A GROWING CONC



Even as flushing leftover drugs threatens the environment, providers are faced with increasingly complex disposal reqs.

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As a long term care facility nurse struggles to get a morphine prescription filled for a resident admitted at 10:30 p.m., another staff member could be witnessing the same medication being flushed down the toilet.

While facility staff aim to give the highest quality care with no eye to harming the environment or denying anyone medication they might desperately need, a complicated web of state and federal laws makes it difficult for them to care for their residents, keep costs down, and be good stewards of the environment all at the same time.

Institutions such as nursing and assisted living facilities and hospitals often “face conflicting advice from authorities because there is no clear guidance on how to dispose of unused drugs,” according to the American Society of Consultant Pharmacists (ASCP). “Not only are there conflicting federal policies, but there may be state policies as well that may be more restrictive.”

AN ENVIRONMENTAL HAZARD

Law enforcement is paying close attention to what happens to leftover pills, as abuse of prescription drugs—particularly painkillers—is on the rise among teenagers, while environmentalists want to curtail medical pollution, observers says. Federal agencies, members of Congress, state leaders, and

interested stakeholders are examining ways to keep prescription medications, particularly narcotics and controlled substances, out of the wrong hands as well of out of the country's waterways, while the private sector is coming up with different methods to stop facilities from being stuck with unused or expired medication.

In March 2008, the Associated Press did a series of articles looking at the ef-

fects of pharmaceutical contamination in water on fish and other wildlife. Its five-month study found trace amounts of many of the drugs people take in the water supply, which some researchers believe can harm humans and may already be linked to health problems in fish and birds.

"More than 100 different pharmaceuticals have been detected in surface waters throughout the world," the Associated Press reported.

A September 2008 follow-up story estimated that the country's 5,700 hospitals and 45,000 long term care facilities generate about 250 million pounds of pharmaceuticals and contaminated packaging waste.

But facilities are not using the toilet as a disposal method solely by choice. A December 2008 report by Avalere Health prepared for King Pharmaceuticals found that at least 12 categories of controlled substances, including the painkillers Oxycontin and Percocet, provide directions to flush leftover pills.

States Muddy The Waters

While the DEA and EPA rules could cover all long term care facilities, state rules, too, come into play, and they can vary widely from state to state.

In Kentucky, for example, DEA revoked a waiver that had been in place since 1996 to allow long term care facilities to send back unused controlled substances to reverse distributors.

"This led to stockpiling controlled substances in the 250 nursing facilities in the state until a solution could be found," ASCP says. "DEA would not re-instate the waiver, and all facilities now destroy controlled substances on site, leading to more pollution of the water supply."

In Minnesota, county inspectors were telling facilities they could not flush narcotics down the toilet, but Doug Beardsley, vice president of member services for Care Providers of Minnesota, reminded them that facilities are just following federal government guidance.

Beardsley had to identify multiple rules from nine agencies and organizations to try to establish what facilities should do. From federal, state, county, and even municipal entities, Beardsley was hearing different points of view, right down to water treatment facilities that did not

want the drugs in the water. "They all have different jurisdictions," he says. "We're trying to find out what people want."

For now, facilities are still flushing narcotics down the toilet or working with drug disposal companies that take away and dispose of drugs, but Beardsley acknowledges that those types of services are expensive.

He advises facilities instead to minimize their excess pills to begin with, starting with examining their ordering habits, supplies, and what they are getting rid of often.

"Perfectly good drugs are being destroyed," Beardsley says.

ASCP's Shelly Spiro says every state does something different. Some allow pharmacies to give certain, non-narcotic drugs back to the manufacturer for a credit, but it depends on if the pharmacy has a take-back policy.

In Alabama, once medication leaves the pharmacy, it cannot come back at all, Spiro says. Massachusetts allows some medications to be returned, but they have to be in a labeled dose card or blister pack, while Colorado only allows full, not partial, cards to be returned.

"It's all over the place," Spiro says. "It depends on the state board of pharmacy regulations."

Conflicting Guidelines

There are no federal regulations for the proper disposal of controlled substances or prescription medications by consumers, just suggested guidelines, ASCP says.

In February 2007, the U.S. Office of National Drug Control Policy, the U.S. Department of Health and Human Services, and the Environmental Protection Agency (EPA) advised consumers to flush medications only if the label says so, and instead to throw out unused medications in regular household trash, but to mix them with kitty litter, coffee grounds, or other undesirable substances. Still, this solution doesn't work for the disposal of narcotics and controlled substances tightly monitored by the Drug Enforcement Agency (DEA).

Facilities can have leftover medications for a variety of reasons, from a mistake in an order to residents changing prescriptions, not needing all the pills, no longer taking a medica-



Photo courtesy of EPA

A collection of unused drugs at a military medical facility illustrates the problem.

tion, leaving the facility before the pills are all used, or dying. A stockpile of unused pills is not uncommon in skilled nursing or assisted living facilities, which normally do not have an onsite pharmacy.

Wasteful Waste

Jeff Yankow watches as up to \$7,500 worth of narcotics get flushed down the toilet each month. Yankow, an administrator at Lake View Care Center, a 120-bed rehabilitation and skilled nursing facility in Delray Beach, Fla., along with a pharmacist and a director of nursing who serve as witnesses as required by law, flush the drugs because laws prohibit them from giving them to another resident or returning them to the pharmacy, leaving few disposal options.

While he does not like to see the medication wasted or those precious dollars literally go down the drain, Yankow, like other long term care providers throughout the country, is stuck between state and federal rules put in

place to stop narcotics and other pharmaceuticals from getting into the hands of illicit users and the financial—and even environmental—effects of leftover medication.

Depending on state rules, some regular prescription drugs can go back to the pharmacy for a return credit, but rules surrounding controlled substances make the transfer difficult.

“The impression is ‘why is long term care allowing this to happen?’” says Shelly Spiro, president-elect of ASCP and president of Spiro Consulting. But in reality, long term care isn’t really “allowing” anything but is merely following the rules.

“There are so many tentacles to this,” Spiro says.

Drugs Pose Special Problems

According to an American Health Care Association (AHCA) survey, facilities estimate that 10 percent to 30 percent of their unused medications are controlled substances.

These are harder to get rid of than

regular prescription drugs because of tighter regulations under DEA. Part of the problem is that Congress passed a law in 1970 to prevent drugs from getting into the wrong hands, but it does nothing to address disposal of unused medicine.

Most nursing facilities are not registered with DEA under the Controlled Substances Act (CSA) and do not operate facility-based pharmacies, which limits the amount of drugs that can be ordered or stored and how they can be destroyed.

Rules under the CSA create a “closed” distribution system where anyone who handles controlled substances must be registered with DEA and maintain strict records of all transactions involving them, accounting for when they are received, stored, distributed, dispensed, or disposed of.

The system requires that only DEA registrants, including the manufacturer, distributor, pharmacy, and prescribing physician, may transfer drugs to be dispensed to the “ultimate user,” the person taking the drug. Ultimate users do not have to register with DEA to possess the drugs, but under the law they cannot legally distribute them to someone else either.

DEA regulations allow for a “reverse distributor” such as a pharmacy that takes back expired or unneeded controlled substances, but only from other DEA registrants and only for disposal. So once a long term care facility or individual patient that is not registered with DEA gets a controlled substance, the reverse distributor cannot take it back, nor can the facility give it out to anyone else but the resident intended to get it.

Members of the public have told DEA that “the inability to use a reverse distributor in the disposal process is one of the reasons that ultimate users have difficulty safely disposing of unwanted medications, especially controlled substances,” according to DEA, which is trying to figure out a way to solve the problem.

Congress Gets Into The Act

Ending bills in the House and Senate might be designed to keep certain prescription drugs out of the wrong hands and limit pollution in waterways, but they could give long term care facilities better options for dealing with volumes of unused or expired medication.

The Secure and Responsible Drug Disposal Act of 2009 was introduced by Sens. Amy Klobuchar (D-Minn.), Charles Grassley (R-Iowa), and Dianne Feinstein (D-Calif.) in June. Reps. Bart Stupak (D-Mich.) and Lamar Smith (R-Texas) have introduced a similar bill in the House.

The bill would amend the Controlled Substances Act (CSA) to allow people to deliver unused prescription drugs to an appropriate person for disposal purposes, as determined by the Attorney General, in conjunction with the states.

The law now bars individuals—which includes long term care facilities—from giving outdated or unused narcotics or other controlled substances back to a pharmacy for disposal because they are not registered with the Drug Enforcement Agency (DEA) to distribute drugs.

“When the CSA was passed in the early 1970s, many people did not anticipate the large amount of prescription narcotics that would be used today or the high potential for these drugs to be diverted and abused,” Grassley said on the Senate floor.

“We need to change the CSA so that unused controlled substances do not get diverted into the stream of illicit drug use and to prevent potential

environmental harms, as many people dispose of controlled substances by flushing them down the toilet or dumping them in unlined landfills.”

“It’s common sense that if we’re going to prescribe drugs to patients, we also need to give them a reasonable way to get rid of any drugs they no longer need,” said Klobuchar. “By making it easier for people to legally dispose of their prescription drugs,

we can reduce teens’ access to these drugs and help combat teen drug abuse.”

DEA says that the “2007 National Survey on Drug Use and Health” shows that more persons age 12 and above are engaged in the nonmedical

use of psychotherapeutic drugs than those abusing cocaine, heroin, and methamphetamine combined.

Prescription drug abuse is second only to marijuana use, according to DEA, and Klobuchar’s office says one in five teens report abusing prescription drugs.

Meanwhile, Rep. Jay Inslee (D-Wash.), along with 22 co-sponsors, introduced the Safe Drug Disposal Act of 2009 in February. The bill also would amend the CSA to allow state take-back programs, but it goes a step further in changing disposal-rule labeling for drugs.

The bill would amend the Federal Food, Drug, and Cosmetics Act to prohibit new drug labels from recommending disposal by flushing and reexamine existing labels to revise any that contain those instructions.

Sen. Patty Murray (D-Wash.) introduced a similar bill in the House in June.



“Patients are currently prohibited from furnishing controlled substances to reverse distributors for disposal and from returning controlled substances to a registrant for the purpose of redistribution or reuse.”

RULES CREATE CONUNDRUM

The large quantity of controlled substances left at facilities can be traced back to the DEA rules themselves.

Carla McSpadden, ASCP assistant director of professional affairs, says the complicated process of ordering narcotics or other controlled substances forces pharmacies to dispense the maximum amount of medication, even though it may not be used.

DEA generally does not recognize long term care facility nurses as agents of a physician, making it difficult for them to call in prescriptions to the pharmacy.

At the same time, DEA often requires more detailed information on a patient prescription than doctors normally provide on chart orders in long term care facilities.

This creates an “onerous” process that nurses and pharmacies do not want to have to repeat each time a prescription needs to be filled and puts facilities in the position of having to choose between having too little medication on hand and making a patient wait or having excess pills, says McSpadden, a registered pharmacist and certified geriatric pharmacist.

Depending on the situation, if a patient is prescribed a pill to take as needed every few hours, the pharmacy might dispense the maximum amount of pills that would be allowed under the doctor’s order.

McSpadden says ASCP wants DEA to recognize chart orders from physicians for controlled substances and for nurses to be recognized as physician agents, although these measures alone will not solve the waste problem.

“Those drugs are piling up in direc-



The Talyst InSite machine dispenses medication electronically.

drugs,” AHCA President and Chief Executive Officer (CEO) Bruce Yarwood said in comments submitted to DEA. “The best way to do this would be to send unused drugs outside the facility to an authorized collecting entity that is expert in safe disposal. Our members are

looking for a national approach that is fully supported by state regulators and others involved in drug destruction, disposal, and reuse.”

AHCA and the National Center for Assisted Living (NCAL) said the agency should create a “national vision” and work with EPA to find scientifically based solutions for destroying unused medications.

Environmental Action

Meanwhile, EPA is trying to deal not just with narcotics but with all types of medication disposed of via the sewer system and is concerned about their subsequent seepage into groundwater.

Late last year, EPA issued a draft survey for long term care and other health care providers to gauge how much medication actually goes down the drain and what leads to it getting there. A final version of the draft has not been released.

EPA also is considering amending its hazardous waste regulations to include

pharmaceutical wastes in its Universal Waste Rule, which was designed to streamline hazardous waste regulations.

“The inclusion of hazardous pharmaceutical wastes in the Universal Waste Rule may encourage health care facilities to manage all their pharmaceutical wastes as universal wastes, even wastes that are not regulated as hazardous,” EPA said in an August 2008 report.

“The proposed rule would have generators dispose of pharmaceutical waste that is classified as non-hazardous under the Resource Conservation and Recovery Act as universal wastes, even wastes that are not regulated as hazardous but which nonetheless pose hazards.”

AHCA/NCAL agrees that allowing facilities to dispose of pharmaceutical waste as universal waste will make compliance easier and be more efficient and cost-effective, but only if adopted by all states.

“If waste generators cannot opt for the universal waste approach, as proposed, because they operate in a state having more rigorous laws, the value of the amendment will be lost on long term care providers in those states,” AHCA/NCAL said.

Redistribution, Compensation Issues

In states that allow facilities to return non-narcotic drugs to the pharmacy, there are some efforts under way to redistribute them to other countries or even the poor in the United States, but state rules also apply to any proposals.

According to EPA, at least five states strictly prohibit hospitals and long term care facilities from redistributing pharmaceuticals entirely: Arizona, Kentucky, Mississippi, New Mexico, and Texas. Some state Medicare and Medicaid requirements can also discourage facilities from donating or redistributing their unused medications, according to EPA.

California, on the other hand, allows county health departments to collect unused pharmaceuticals from long term care facilities, wholesalers, and

tor of nursing offices all around the country,” McSpadden says.

Agency Gathers Information

DEA has asked the public for information on the disposal of unused substances by individual patients and long term care facilities—two entities not registered with DEA to distribute controlled substances. The DEA questionnaire included 117 questions on drugs, including 11 specific to long term care facilities, asking for information on everything from reasons they have leftover drugs to how they normally dispose of them. DEA also wanted to know how “the accumulation of unwanted or outdated pharmaceuticals at long term care facilities can be better addressed.”

The agency is still reviewing the comments it received, and it is not clear what its next step will be.

Long term care providers “want to properly manage unused and outdated

manufacturers and redistribute them for dispensing to the uninsured poor, EPA says.

At least 10 states have passed laws allowing the donation of unused pharmaceuticals, but CSA and DEA rules prohibit facilities or their residents from donating controlled substances through such programs, leaving the facilities with few choices about what to do with the unused pills.

Spiro says that rules also vary in terms of reimbursement. Medicare Part A and Part D and Medicaid all have different rules for how facilities receive reimbursement, if any, for returned medications.


Many times, Part D plans do not include procedures for processing a return, Spiro says. Instead of issuing a credit, the system requires a “reverse and re-bill” option that is primarily designed for rectifying a mistake. It can be a time-consuming and confusing operation to receive payment credit for unused medication.

In states that allow certain drugs to be returned for credit, tracking is key.

Steve Olds is president and CEO of Medliance, a pharmacy management company that can audit a facility’s medication ordering habits and report back on anything, from how many pills that went unused after the resident was discharged may qualify for credit, to if the facility is getting the best and most accurate price for all medications.

“We can deliver actionable reports on pharmacy issues in exactly the manner and time frame facilities need it,” Olds says, adding that the company looks at the facility’s prescription from the time it is written to the time it is paid. A detailed accounting of any drugs that are returned ensures that facilities are reimbursed correctly for any unused drugs, he says.

Taking a closer look at how medications come in and out of a facility can save money on a number of levels, Olds adds, through improved ordering practices, accurate pricing verification on drugs, identifying and receiving the



At least 10 states have passed legislation that allows the donation of unused pharmaceuticals.

proper reimbursement or credit, and keeping drugs out of the unused pile.

“Effective management of the dispensing and billing process can have so much more of a financial impact than anything else you can do,” he says.

Private Sector Steps Up

As the federal government and the states try to figure out ways to fix regulations or pass new laws to make it easier to dispose of unused or expired medication easily and safely, the health care technology industry is coming up with ways to lower the numbers of unused pills in the first place.

Through different systems, devices, and even business practices, when it comes to pharmaceuticals and long term care, changes are being made for getting the correct medication to residents. At issue is not just waste but making sure patients take their medication as directed and facilities get the drugs they need, when they need them.

Rich Scardina, CEO of Millennium Pharmacy Systems, says facilities that come to his company want to improve their costs, care, and compliance. “They are looking to make their nurses more efficient,” he says.

One of the keys to reducing excess medication is to change the way a facil-

ity initially orders its drugs, he says. Dealing with handwritten drug orders from a facility to a pharmacy that need to be interpreted and then entered into a system leaves a lot of room for error. Stocking medication carts with blister-packs, commonly called Bingo cards, and then keeping track of the drugs dispensed is a time-consuming process that is also susceptible to error, Scardina says.

TECHNOLOGY TO THE RESCUE

Millennium offers the “Just-In-Time Dispensing” service that delivers medication in three or four quantities already sorted per patient and divided by doses throughout the day. So if a patient takes four pills in the morning, four in the afternoon, and three before bed, the nurse would have three packets of all the medications required at the different dose times for each day.

A computer and a bar code scanner on the medication cart allow the nurse to log that the resident has been given the correct pills at the appropriate time. It also allows the nurse to note if the resident does not accept the pill or has problems taking it.

Each pack comes personalized for the resident, Scardina says. The computer on the med cart also includes any special instructions, such as if the pill needs to be crushed or if the resident prefers to take pills with juice rather than water.

The computerized process allows nurses “to spend more time with the patients,” Scardina says. The system also helps with record keeping and “streamlines” a facility’s entire drug administration process from ordering to ingestion. Everything is done electronically.

The dispensing system delivers medication to facilities daily and can change orders in the chart as soon as a physician changes a resident’s prescription. The quick turnaround does not leave the facilities with medication the

resident no longer needs, either due to a change in prescription, discharge from the facility, or even death.

Millennium combines its ordering system with its In-House Pharmacy, a large medication cabinet that allows facilities to keep some supplies of drugs on site. It can be stocked with up to 350 as-needed medications to allow the facilities to meet immediate resident needs.

"Patients can be admitted any time of day or night," Scardina says, and sometimes facilities can be left scrambling trying to get the right medication for them, particularly during off hours.

The cabinet is secured and only accessible by approved staff. Some states may limit what drugs the cabinet can include or if facilities can use them at all.

Louis Grimmel, CEO of Lorien Health, a chain of seven facilities in

Maryland, who is a Millennium client, says the cost of the drugs he was flushing each month was a big concern for him, particularly because he serves many residents that only stay a short time.

These costs, coupled with the time staff were spending filling out medication administration records (MARs), led him to look for a better way to manage things.

He first came to Millennium for its electronic MARs, but now also uses its dispensing options.

Grimmel estimates the electronic records saved him half a million dollars, and the new, shorter-term dispensing system saved him another half million. "So my 700 beds saved a million dollars moving to Millennium over the traditional pharmacy," Grimmel says. "This is 2009. Do Bingo cards sound like something you should be using today?"

The Touch Of A Button

Automated dispensing systems (ADS), which are permitted under DEA rules, can be compared to a vending machine that, instead of a soda or a snack, dispenses medication.

The machine stores different medicines, including controlled substances, in separate bins or containers, and a pharmacy can control the machine remotely. The ADS dispenses drugs into single-dose packets as the patient needs them and records what it released for facility and pharmacy records.

"Because the controlled substances are not considered dispensed until the system provides them, controlled substances in the ADS are pharmacy stock, not waste," DEA says.

One company, Talyst, created the InSite remote dispensing system not only to limit unused medication but to save on staff time costs as well.



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Mike Bordelon, Talyst's executive vice president of remote dispensing solutions, brings up the common problem of getting the first dose of medication to a new resident, especially one that comes in after a pharmacy's regular business hours. The InSite system simulates having a pharmacy in a nursing facility, Bordelon says, which eliminates long delays in getting medications delivered from an outside pharmacy.

"This is a quality-of-care issue, which speaks loudly in the industry," he says.

A staff member enters patient information into the refrigerator-sized machine, and it dispenses a plastic packet containing all the medication the resident requires at the time. The machine can hold up to 240 types of oral, solid medications.

"We eliminate at least 90 percent of the waste problems," Bordelon says.

Dave Doane, Talyst's vice president of pharmacy services, says facilities have just learned to live with the idea of wasting medication when a 30-day blister pack still has 15 days of pills left in it after a patient can no longer use them, but an ADS system solves the problem by dispensing as needed so the facility no longer has to eat the cost of the wasted medication.

Doane says facilities rent the InSite as a service so it is not a capital investment, and the facility is not charged for medications until dispensed for use.

Paul Leamon, president and CEO of Wellfount Pharmacy, an Indianapolis-based pharmacy that services long term care facilities, will install his first InSite machine in a facility this month.

"You've eliminated virtually all waste," he says, adding that items such as creams, ointments, eye drops, and other medications that cannot be stored in the machine still need to be managed, but the machine reduces the amount of "oral solid" waste significantly.

Three-year-old Wellfount Pharmacy started by offering facilities 14-day or seven-day supplies of pills versus the



SentiCare's PillStation takes a traditional dispensing box to the next level.

typical 30-day package. Leamon says this not only reduces the amount of unused medication, it lowers the amount of medication stored on a cart within the facility and minimizes labor time spent ordering, sorting, and dispensing drugs.

The on-site medication system also reduces the number of people involved in the process, which helps to stop things from falling through the cracks and reduces opportunity for error, he says. "Quality is significantly enhanced."

ASCP cautions that some state laws prohibit ADS use, so providers should check local regulations.

Monitoring Medication Use

For seniors still living independently or in assisted living facilities, following a multiple medication regimen in some instances can lead to a missed dose, which can have harmful—and costly—consequences.

The PillStation, created by SentiCare, builds on the daily pillbox concept available in most drug stores. Used primarily by individuals still living on their own or in assisted living communities, the PillStation takes the familiar flip-top bins with the days of the week and time of day to a new level by coordinating daily updates with

pharmacies and physicians to make sure the correct pills are being taken.

A scanner underneath the pillbox takes an image of the pills and then, using a phone line or Internet connection, transmits it to an Advisory Center, where it is analyzed with proprietary software by a multi-level team of trained individuals, supported by pharmacists. Advisors can ensure the correct pills are in the correct bins for the days and times needed.

At the correct time of day, the bin lights up as a reminder of which pills to take. Different colored lights can also indicate a missed dose or other potential problems. A button on the machine gives the individual immediate access to an advisor.

If the person's drug regimen changes, the box easily can be reloaded and the advisors alerted to the change. The machine, which is about the size of a toaster, is also designed to let family members monitor relatives' medication use from another location. If a box is not opened at the correct time, a phone tree is activated to find out why. This serves not only as another reminder but as a safety precaution as well.

"It makes good business sense and good medical sense," says David Bear, SentiCare's chief medical officer.

"The greatest savings to the health care system result from fewer visits to emergency rooms and hospitals, when medications are taken as directed."

Bear says as physicians adjust medication dosages or pharmacies substitute generic drugs for their name brand counterparts, it can get confusing for patients regarding what pills to take, particularly if they change color or shape.

The PillStation helps people with memory problems, he says, and also prohibits them from dipping into other doses before they are supposed to. It can reduce assisted living costs because staff don't have to deliver medication

to residents or take the time to separate doses every day, Bear says.

Looking toward the future, Bear says the idea is to have a robot automatically fill the pillboxes and send them to the patient, reducing the room for error in filling the boxes even further.

Disposal Alternatives

As facilities figure out either how to change their ordering habits or move away from flushing drugs, “take-back” programs either through special drop-off facilities or through the mail are suggested options.

However, DEA would have to grant special permission to individuals or facilities to dispose of narcotics or controlled substances through such a program to avoid breaking the law under the CSA.

“The only take-back programs for which DEA has recently granted

temporary allowances are those in which law enforcement officials directly receive the controlled substances from the ultimate users,” according to an advanced notice of proposed rulemaking issued by DEA in January 2009.

“Recognizing that there might be additional appropriate methods of allowing for the disposal of controlled substances dispensed to ultimate users, DEA is seeking information to provide more accessible ways to safely and responsibly dispose of dispensed controlled substances in a manner consistent with the CSA.”

These programs usually allow individual consumers to bring unused medication to a central location to turn in for appropriate disposal or, in some cases, to be donated to charitable organizations for redistribution.

ASCP points out, however, that if take-back programs involve controlled

substances, local law enforcement must be involved. “This can be an impediment because local law enforcement agencies are already ‘stretched’ and don’t have enough personnel to support this effort,” ASCP says.

ASCP’s Spiro emphasizes that the first priority is to implement a system that focuses on getting “the right medication to the right patient at the right time.”

Remote dispensing solutions seem to be a step in the right direction, she says, but there also needs to be better coordination among the federal agencies handling the issue.

As for facility Administrator Yankow, in a perfect world the law would allow facilities to not only return unused narcotics, but be reimbursed for them as well. Mainly, Yankow says, he would just be happy to never have to flush another pill down the drain. ■

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