



PRESCRIPTION DRUG TAKE-BACK TOOLKIT

PRESCRIPTION DRUG
TAKE-BACK EVENTS

PERMANENT COLLECTION
SITES IN PHARMACIES

COMMUNITY ENGAGEMENT
IN OPIOID MISUSE
PREVENTION

A Community Guide to Diversion Control
and Pharmacy Engagement



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PRESCRIPTION DRUG TAKE-BACK TOOLKIT

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Addressing Opioid Misuse in Rural TN

Combating opioid misuse in rural Tennessee is critical. To work towards fully actionable change, communities must collaborate to leverage outside resources and implement innovative community-based programs.

The [Rural Health Association of Tennessee](#) (RHA) received a Rural Communities Opioid Response Program (R-CORP) Planning Grant in 2019 along with other Appalachian States. The action-based program supported through R-CORP is named Appalachian Communities Opioid Response (ACOR). ACOR's purpose is to increase the capacity of rural communities to address substance use disorder (SUD) so partners and coalitions may better address the opioid crisis at the local level.

RHA's participation in the R-CORP Planning Grant resulted in the following key takeaways:

- More coordination is needed between prevention coalitions, rural health providers, hospitals, clinics, and Federally Qualified Health Centers (FQHCs), not just in Appalachia, but other communities across the state.
- Pharmacies and other community-based organizations should be included in the efforts to educate the public on best practices such as safe medication storage, disposal, and prescription drug take-back events. Despite their pivotal role in addressing the opioid crisis, rural and independent pharmacies are often hesitant to implement such programs due to safety or liability concerns.
- RHA's goal is to reduce SUD in Tennessee by 5% over the next three years after being awarded an R-CORP Implementation Grant in 2022.

RHA is addressing the reduction of SUD in several ways. One solution is developing the Prescription Drug Take-Back Toolkit: A Community Guide to Diversion Control & Pharmacy Engagement in partnership with the [University of Tennessee Health Science Center \(UTHSC\) College of Pharmacy](#).

This Toolkit provides pharmacies and community-based organizations background information, best

practices, examples, step by step instructions, and practical resources needed to implement three strategies:

- Strategy #1: Prescription Drug Take-Back Events
- Strategy #2: Permanent collection sites in pharmacies
- Strategy #3: Community Engagement in the Prevention of Opioid Misuse

Who was the Toolkit Created for?

- Pharmacists and pharmacy staff
- Rural healthcare providers (Hospitals, Clinics, and FQHC's)
- Community health workers
- Prevention Coalitions
- Community members
- Environmental advocates
- Community educators
- Local leaders

Prescription Drug Misuse

Since 1999, close to 1 million people have died from a prescription drug overdose. In October 2017, the United States Department of Health and Human Services (US DHHS) declared the opioid crisis a public health emergency, signifying the negative impact prescription opioid misuse has had upon society. ([HHS- What is the US Opioid Epidemic?](#))

The overdose death rate increased by 31% from 2019-2020 (21.6 per 100,000 to 28.3 per 100,000). Data indicates that 75% of the prescription drug overdose deaths in 2020 involved an opioid. ([CDC- Drug Overdose Deaths](#)) Prescription drug misuse impacts more than the individual; it also affects the family, caregivers, and society. The most recent available data from 2017 indicates that the economic cost of the US opioid epidemic is estimated at \$1,021 billion, including the cost of opioid use disorder (\$471 billion) and fatal opioid overdose (\$550 billion). ([MMWR: State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose- US, 2017](#))

The misuse of prescription drugs, along with the associated morbidity and mortality, has been identified as one of the most serious and costly issues facing Tennesseans today. We know that geographic and racial/ethnic disparities exist in the

state— opioid use is highest in the Appalachian region of the state while heroin use is highest in the southwestern region of the state. ([TN Department of Health - Drug Overdose](#)) Furthermore, the most recent available data from 2017 indicates that the economic cost of the opioid epidemic cost over \$23.4 billion in Tennessee. ([MMWR: State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose- US, 2017](#))

In Tennessee, the rate of all drug overdose deaths increased by 41.2% from 2015-2019 (22.1 per 100,000 residents to 31.2 per 100,000 residents), regardless of race. Despite the rate of prescription opioid overdoses decreasing, the rates of fentanyl and stimulant overdoses have increased. Regardless, preliminary 2020 data indicate that the trend of increasing overdoses, combined with the exacerbating effects of the COVID-19 pandemic, have created the state's deadliest year for overdose. ([TN Annual Overdose Report 2021](#))

The demographics of fatal opioid overdoses are changing. Those who die from opioid overdose are more likely to be 25-44 years old, male, and Black/ African American. While Tennessee saw an increase in opioid overdose deaths among White Tennesseans, there was a much sharper increase among Black/African American Tennesseans from 2018-2019 (11.4 per 100,000 residents to 19.1 per 100,000 residents). All age groups saw an increase in opioid overdose deaths in 2019 but the age groups with the highest rates of deaths were 25-34 and 35-44 years of age. Males have seen a higher rate of opioid overdose death for the period of 2015-2019 while females have seen a relatively stable rate. ([TN Annual Overdose Report 2021](#))

While the number of opioid overdose deaths has increased, the number of filled opioid prescriptions for pain continues to decline in 2020. Opioid prescription rates were lower in 2020 when compared to 2019 across all counties in Tennessee. Despite this decrease, 40 of the 95 counties have a rate above 1,000 prescriptions per 1,000 residents. Opioid prescription rates tend to be low in the most populous counties and highest in rural areas, disproportionately affecting counties in Appalachia. ([TN Annual Overdose 2021-Prescription Slides](#))

In Tennessee, indicators of risky opioid prescribing practices have continued to decrease in 2020. The percentage of patients who received opioid prescriptions for pain that exceed 90 morphine milligram equivalents (MME) per day has declined from 2016-2020 (10.3% to 6.3%). A multiple provider episode (MPE) occurs when a patient fills prescriptions from at least five (5) prescribers and at least five (5) dispensers in a six (6) month period. The rate of MPE for opioid prescriptions also continues to decline from 2016-2020 (28.5 per 100,000 residents to 3.5 per 100,000 residents). The percentage of patients filling opioid prescriptions for pain who had an overlapping benzodiazepine prescription has decreased from 2015-2019 (22.3% to 14.1%). ([TN Annual Overdose Report 2021](#))

Lastly, patients in Tennessee receiving buprenorphine for medication-assisted treatment (MAT) of opioid use disorder have increased through 2020. In 2016, 30,000 patients filled a prescription for buprenorphine while in 2020, 43,000 patients filled the same prescription, an increase of 42.7%. Most of the number of patients on long-term buprenorphine maintenance therapy is also increasing. The percentage of patients with active buprenorphine prescriptions for 270+ days increased from 2016-2020 (29.6% to 42.7%). These data indicate that more patients are seeking and receiving treatment for opioid use disorder. ([TN Annual Overdose Report 2021](#))

Prescription Drug Misuse Prevention

Nationally, many jurisdictions are collecting high-quality, comprehensive, and timely data on nonfatal and fatal prescription drug overdose through the Overdose Data to Action (OD2A) project. This data is used to inform prevention and response efforts. Recommended prevention strategies thus far include:

- Prescription Drug Monitoring Programs (PDMPs): Better utilize prescription drug monitoring program data to inform prescribing practices and prevention programs
- State and Local Integration: Improve state and local prevention efforts to build more effective and sustainable surveillance

- Linkage to Care: Ensure people are connected to the care that they need
- Provider and Health System Support: Support healthcare providers and health systems with drug overdose prevention and response
- Partnership with Public Safety and First Responders: Develop new and/or enhance existing partnerships with public safety partners to improve data sharing and enhance prevention efforts
- Empowering Individuals: Increase awareness about drug-related harm, treatment, and risk reduction strategies
- Innovative Prevention Strategies: Promote innovations in prevention strategies
- Peer-to-Peer Learning: Foster information sharing and build capacity among jurisdictions
([Overdose Data to Action](#))

To implement prevention strategies, prevention coalitions know the importance of understanding the complex behavior problems specific to their community. Most prevention coalitions nationwide rely on the Substance Abuse and Mental Health Services (SAMHSA) Strategic Prevention Framework (SPF) to develop effective plans for addressing prescription drug misuse. The SPF uses five (5) steps and two (2) cross-cutting principles.

- Steps
 - Assessment: Identify local prevention needs based on data
 - Capacity: Build local resources and readiness to address prevention needs
 - Planning: Find out what works to address prevention needs and how to do it well
 - Implementation: Deliver evidence-based programs and practices
 - Evaluation: Examine the process and outcomes of programs and practices
- Cross-Cutting Principles
 - Cultural competency: The ability of an individual or organization to understand and interact effectively with people who have

different values, lifestyles, and traditions.

- Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.
([SAMHSA Strategic Prevention Framework](#))

Data indicates that prescription drug misuse and overdose hits some communities harder than others. Rural, Appalachian, and socio-economically depressed communities often bear a greater burden than their urban neighbors. In 2007, the Project Lazarus Model was launched in rural, Appalachian North Carolina to create a community-based response to opioid overdose. Since its inception, the Model has been implemented in over 30 states across the country, including Tennessee. The central tenets of the Model are prescription opioid drug deaths are preventable and communities are responsible for their health. The Model can be conceptualized as a Wheel with three (3) core components, the Hub, and seven additional components, the Spokes.

- The Hub
 1. Public Awareness: Knowledge of the problem of overdose from prescription opioid analgesics
 2. Coalition Action: Coordinate all sectors of the community response using the SPF
 3. Data and Evaluation: Ground a community's unique approach to their locally identified needs and improve interventions
- The Spokes
 1. Community Education: Improve the public's capacity to recognize and avoid the dangers of misuse/abuse of prescription opioids
 2. Provider Education: Support screening and appropriate treatment for mental illness, addiction, and pain
 3. Hospital Emergency Department Policies: Encourage safe prescribing of controlled substances and provide meaningful referrals for chronic pain and addiction
 4. Diversion Control: Reduce the presence of unused medication in society

5. Pain Patient Support: Help patients and caregivers manage chronic pain
6. Harm Reduction: Help prevent opioid overdose deaths with naloxone
7. Addiction Treatment: Help find an effective treatment for those ready to enter recovery ([Project Lazarus Model](#))

The Wheel of the Model is always in motion, meaning that coalitions or communities using it can focus on one or two Spokes and expand to other areas as resources, time, engagement, or the nature of the problem shifts.

Efforts to prevent both prescription drug misuse and substance use disorder (SUD) have taken many forms in Tennessee. In 2018, the state of Tennessee adopted the TN Together Initiative. This comprehensive state plan is aimed at addressing the opioid crisis in Tennessee through expanded opioid prevention, treatment, and enforcement strategies. ([TN Together Initiative](#)) Additional prevention efforts championed by the state of Tennessee include:

- Tennessee REDLINE: This is a 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text 1-800-889-9789 for confidential referrals. ([Tennessee REDLINE](#))
- Count It! Lock It! Drop It! (CLD) Initiative: This comprehensive community initiative has been used by prevention coalitions across the 95 counties in Tennessee. These coalitions work to engage youth in drug-free events, hold prescription drug take-back events, place medication drop boxes throughout the community, communicate the dangers of substance use through media opportunities, and organize stakeholders to promote treatment and recovery resources. ([Count It! Lock It! Drop It! \(CLD\) Initiative](#))
- Regional Overdose Prevention Specialists (ROPS): ROPS are located throughout the state of Tennessee as a point of contact for training and education on opioid overdose and opioid prevention through the distribution of naloxone. ([Regional Overdose Prevention Specialists](#))

- TN Recover App: Available for download in both Apple and Android devices, this app is designed for people in recovery for SUD or for people looking to get more information on preventing addiction. ([TN Recover App](#))
- ResilienTN: This is a campaign that seeks to empower Tennesseans with the tools and knowledge to overcome the personal challenges they face, watch out for and help those around them, and more. ([ResilienTN](#))

Proper Prescription Drug Disposal

A key strategy in prescription drug misuse prevention is diversion control or reducing the presence of unused medication in society. Unused or unwanted medication poses a risk to our community and has a potential for prescription drug misuse, accidental overdose, and environmental consequences. The Food and Drug Administration, in coordination with the Office of National Drug Control Policy, recommends that patients dispose of medication in one of the following ways:

- Prescription Drug Take-Back Events: These periodic events are a safe way to dispose of unused or unwanted medication. Temporary drug collection sites are set up in communities, often in alignment with the Drug Enforcement Agency's (DEA) National Drug Take-Back Days which typically take place on the last Saturday of April and October. To find the closest Take-Back Event near you, visit [Take Back Day - Tennessee Together \(tntogether.com\)](#)
- Permanent Collection Sites: Permanent collection sites are another safe way to dispose of unused or unwanted medication. Facilities, such as pharmacies or law enforcement offices, can register with the DEA to serve as a permanent collection site for said medication. These collection sites offer onsite medication drop boxes and/or mail-back programs. To find the closest permanent collection site near you, visit [Rx Locations \(tn.gov\)](#).
- Home Disposal Methods:
 - Drug Disposal Systems: Drug disposal systems, available under names such as

- Deterra Drug Deactivation & Disposal System or DisposeRx, Inc., can be used at home or in a clinical setting to safely destroy unused or unwanted medication. Patients can purchase these systems at retail pharmacies, wholesale distributors, and/or through their healthcare plans.
- DIY Home Disposal Methods: Patients looking to dispose of medications at home without a verified disposal system should remove the medication from their original containers, mix them with something undesirable (like cat litter or used coffee grounds), place them in a sealed container or bag, remove any personal health information from the original containers, and place both the sealed medication and original medication containers in the trash. ([DIY Home Disposal Methods](#)) Previously, flushing medication down the toilet was a recommended route of disposal. Due to environmental concerns, this is no longer a recommended route unless the medication is a controlled substance and the risk of accidental ingestion or overdose outweighs the risk of flushing.

The Role of the Pharmacist

Pharmacists, as front line and easily accessible healthcare providers, are uniquely positioned to provide education on proper prescription medication disposal and improve the outcomes of patients prescribed opioids. ([Community pharmacist engagement in opioid use disorder prevention and treatment behaviors: A descriptive analysis](#)) Education about the importance of and appropriate methods for prescription drug disposal is key; a 2019 survey of patients who received treatment with an opioid indicated that, with proper education, they were significantly more likely to dispose of their unused medication correctly. ([NIH Understanding factors that contribute to disposal of unused opioid medication](#)) Through education, counseling, medication reviews, and more, pharmacists can make a substantial impact on the opioid crisis. ([The opioid crisis: Origins, trends, policies, and the roles of pharmacists](#))

Research indicates that some patients do not dispose of unused medications, specifically opioids, due to the perception that they may need them later. A recent study, however, concluded that approximately 80% of study participants would dispose of unused medication if the process was incentivized or in an easily accessible area that was regularly visited, like a pharmacy. ([Medication Sharing, Storage, and Disposal Practices for Opioid Medications Among US Adults](#)) Currently, many medication drop boxes are available throughout Tennessee at law enforcement agencies. While these sites may be frequented by some, data suggests that their location at a law enforcement agency may be a deterrent due to preconceived notions about law enforcement, general stigma, or past interactions with law enforcement officers. As pharmacies are easily accessible and do not carry the potentially negative connotation that law enforcement agencies may have, they are logical and trusted locations to dispose of unused or unwanted medication.

A consumer report also found that patients were more likely to use pharmacies offering medication drop box services as compared to pharmacies that did not. Therefore, pharmacies are positioned to increase prescription volume and revenue, while appealing to the needs of patients and promoting proper medication disposal practices within the community. By taking advantage of these positions, pharmacists can actively address prescription drug misuse as well as examine the cause of medication waste. ([US Pharmacist- Role of the Pharmacist in Proper Medication Disposal](#))



PRESCRIPTION DRUG TAKE-BACK TOOLKIT

STRATEGY #1: PRESCRIPTION DRUG TAKE-BACK EVENTS

A step-by-step guide to organizing and
running a successful event

**A Community Guide to Diversion Control
and Pharmacy Engagement**



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STRATEGY #1: PRESCRIPTION DRUG TAKE-BACK EVENTS

Prescription Drug Take-Back Events are designed to remove unused or unwanted prescription medication from the home and dispose of them safely to prevent prescription drug misuse, accidental overdose, or other environmental consequences. The DEA sponsors National Drug Take-Back Days annually, typically on the last Saturday in April and October providing an opportunity for your community to conveniently and securely dispose of medication, raise awareness about prescription drug misuse, and improve community collaboration. A successful take-back event requires strong partnerships;

some partners are required, while others are recommended. Take-back events are intended to be short in duration and held at easily accessible locations that are unregistered. In addition to ensuring the safety of event participants and the community, the DEA believes law enforcement participation prevents thefts and diversion of collected medications. Medications collected at these events are only allowed in the hands of law enforcement, as they may contain controlled substances. Law enforcement is responsible for disposing of all medications properly.



STEP 1: CONTACT LAW ENFORCEMENT & LOCAL PARTNERS

Write or call your local police to request their assistance. For a list of Tennessee Police and Sheriff's Departments, visit [USACOPS, the Nation's Law Enforcement Site](#).

Other partners to consider include:

- Pharmacy Staff and Schools of Pharmacy or Health Sciences can organize or host the event, assist with event promotion to patients, and/or sort and catalog medication during the event.
- Hospitals or Healthcare Facilities can assist with event promotion to patients and/or assist with medication disposal if needed and if have access to an incinerator.
- Prevention Coalitions can assist with event promotion and/or be a source of volunteers for the event. Visit [TDMHSAS_Coalition_Contacts_FY23.pdf](#) for a list of coalition contacts or visit [Substance Use Prevention Coalitions \(tn.gov\)](#) and click on "Connect with a Substance Abuse Coalition in Your Area."
- Schools can assist with event promotion and/or provide a location for the event.
- Local Businesses can assist with event promotion, provide a location for the event, donate supplies, and/or offer financial support.



STEP 2: SECURE A LOCATION

Work with your partners to select a location for the take-back event. Consider the following:

- Locations that are easily accessible with ample space for tables, chairs, shade or rain cover, and other supplies.
- Adequate space for patients to either park and walk to the event or drive through the event.
- Locations that are well-known to encourage participation. Using the same location annually will increase recognition and increase participation in future years.
- Locations that are near or incorporated into existing events that already experience a lot of foot traffic. Events can be co-marketed and could increase participation.

Examples of sites include:

- Community parks
- Town centers
- School cafeterias or gyms
- Parking lots of churches, malls, universities, etc.
- Fire departments
- Police departments
- Justice Centers

Be certain to get permission from your event location and coordinate safety precautions.

If pharmacies are registered as DEA Authorized Collectors (see Toolkit #2 for more information on becoming a DEA Authorized Collector), they can serve as locations for proper medication disposal. The reach of diversion services goes beyond limited take-back events once pharmacies become Authorized Collectors.



STEP 3: REGISTER YOUR EVENT

Work with your law enforcement partners to register your event with the DEA at [Drug Disposal Information](#).

Consider submitting your event to TN Together's website at [Submit an Event - Tennessee Together \(tntogether.com\)](#). Your event will be added to the [Take-Back Day Map](#), making it easier for those looking for an event to find one closest to them.



STEP 4: PLAN YOUR EVENT

Preparation is key when it comes to your event. Plan for at least 30 days of planning to ensure a successful event. Begin by reviewing federal, state, and local regulations:

- Federal

[Title 21, Code of Federal Regulations Parts 1300, 1301, 1304, 1305, 1307, and 1317: Disposal of Controlled Substances: Final Rule](#)

[Title 21 Code of Federal Regulations, Part 1317, Subpart A & B: Disposal](#)

- State

[Drug Take-back and Disposal Programs: Summary of State Laws](#), Page 80

[Tennessee Department of Health Laws & Policies](#)

Determine which items will be accepted for collection. Eligible items should include over-the-counter, non-controlled, and controlled medications. Ineligible items should include sharps and other needles.

Confirm with your law enforcement partner that they have a process in place to dispose of the collected medication. They may incinerate the medication locally, contract with a vendor to destroy the medication, etc.

Make a plan for set-up the day of the event. Develop a site map that includes:

- Location of entrances and exits, parking areas, and drive-thru routes, if applicable
- Placement of tables, chairs, and collection receptacles during the event
- Placement of directional signage during the event
- Any potential obstacles that may be an issue during the event. Obstacles may include bottlenecks in traffic, lack of bathrooms, parking congestion, etc.

Develop a supplies and materials list. Order any supplies or materials that you don't have on hand. Essential supplies include:

- Collection receptacles, appropriate for over-the-counter, non-controlled, and controlled medications. These receptacles should be leak-proof and able to be incinerated with the medication if needed. Receptacles are often provided by law enforcement or the program used for disposal; confirm before the event.
- Tables
- Chairs
- Signs advertising the event
- Directional signage for event location
- Permanent markers to black out personal health information on medications
- Hand sanitizer, protective gloves, face masks
- Clipboards, pens, markers, plastic ziplock bags (pint and gallon size)

Optional supplies include:

- Cover for shade and rain protection if an event is held outside
- Promotional material/giveaways like home medication lock boxes, at-home drug disposal systems like Deterra or DisposeRx, mail-back envelopes, brochures, lists of permanent collection sites, etc.
- Pens and paper to conduct surveys or questionnaires, if desired
- Scale for weighing collected medication, if desired
- Counting trays and spatulas for counting medications
- Food and water for volunteers

Staff, volunteers, and patients should follow the suggested infection prevention guidance of their health districts regarding COVID-19 safety precautions.



STEP 5: PROMOTE YOUR EVENT

Begin promoting your event as soon as the logistics are confirmed. Use multiple avenues such as social media, radio spots, newspaper ads, and fliers posted throughout the community. Promotional ideas include:

- Fliers posted in local businesses, schools, and pharmacies
- Graphics shared on social media pages of event partners
- Paid advertisements in the newspaper, radio, or television
- The information posted on online community calendars
- County-wide call system with a recorded message about the event
- Presentations at a local chamber of commerce or other community groups
- TN Together's Take-Back Day Map

It is important to intentionally reach out to priority populations who are disproportionately impacted by prescription drug misuse or have difficulty receiving communications through traditional means. These priority populations include:

- Older adults
- Those living in rural communities
- Black/African American communities
- Native American communities
- Hispanic/Latino communities

Make sure to include information on permanent collection sites, such as local pharmacies that are DEA Authorized Collectors, for patients that are unable to attend the take-back event but still need information on how to safely dispose of unused or unwanted medication.

[See sample Promotional Tools in Supplemental Materials](#)



STEP 6: HOST YOUR EVENT

Hold a safety briefing with staff and volunteers prior to the start of the event. Outline the event schedule and collection plan, any safety precautions, and proper attire, and review roles/assignments. Assignments include:

- Placing directional signage pointing to the event
- Setting up tables, chairs, and other supplies
- Directing traffic, if needed
- Collecting medication from cars, if needed
- Answering questions
- Asking survey questions, if desired
- Sorting, weighing, and cataloging medication (must be done by pharmacy staff or pharmacy students)

Set up the site per the previously developed site map. Ensure proper signage and table configuration for seamless drop-off of medication. Have all promotional materials and giveaways ready for distribution. Answer questions and distribute the materials to people attending the event.

Consider collecting data at your event to guide future events, seek funding for programs, and gain additional support. Data can be collected by:

- **Counting Cars/Patients:** The simplest way to evaluate your take-back event is to count the number of cars or the number of patients who return unused or unwanted medication.
- **Weighing Collected Medication:** Another simple way to evaluate your take-back event is to calculate the total weight of the returned medications. This data can be reported to the DEA or TN Together for a collective tally that is tracked over time.
- **Cataloging Collected Medications:** A more advanced way to evaluate your take-back event is to catalog the medications collected. Cataloging must be completed by a pharmacy staff member or pharmacy student, under pharmacist supervision, who can easily identify the medication. He/she will identify the medication as controlled/non-controlled, the names of the medication, and the approximate quantity remaining. By cataloging medication, you are able to collect an accurate account of medication waste. Note that all medication must be within the possession of your law enforcement officer partner at all times so that he/she may provide adequate security to prevent theft or diversion. [See Sample Cataloging Tool in Supplemental Materials](#)
- **Surveying Participants:** Another way to collect data is to survey participants via a simple survey. This survey must be optional, anonymous, and no more than five (5) questions to encourage participation. Consider asking questions regarding how patients heard about the event, how they normally dispose of medications, if they would participate in future events, etc. [See Sample Prescription Drug Take-Back Survey in Supplemental Materials](#)



STEP 7: WRAP UP YOUR EVENT

Medications collected at take-back events can only be in the possession of law enforcement - your partner is responsible for all of the collected medication. Thank your event partners for their participation in a successful event with thank you cards.

Assess the impact and success of your event by analyzing the data (the number of cars and patients that attended, the final weight, the types of medications collected, and/or any survey results). Plan future events based on the analysis. Inform partners and the community about your event's impact.

SUPPLEMENTAL MATERIALS

Planning Tools

[Implementation Checklist](#)

Event Tools

[Sample Prescription Drug Take-Back Survey](#)

[Sample Prescription Drug Take-Back Cataloging Tool](#)

Promotional Tools

[Sample Prescription Drug Take-Back Press Release](#)

[Sample Prescription Drug Take-Back Promotional Flier](#)

Other Prescription Drug Take-Back Event Communications Toolkits

[FDA's Remove the Risk Outreach Toolkit](#): Includes public service announcements, social media images and posts, fact sheets, posters, drop-in content, and website badges.

[DEA's National Take-Back Day Toolkit](#): Includes posters, pamphlets, digital and print billboard proofs, bus ads, site location banners, and registrant advertising.

[TN Together Take-Back Day Toolkit](#): Includes social media graphics and corresponding text for use as captions. Also includes video testimonials, an interactive map of locations across Tennessee accepting medications and hosting take-back events.



PRESCRIPTION DRUG TAKE-BACK TOOLKIT

STRATEGY #2: PERMANENT COLLECTION SITES IN PHARMACIES

A step-by-step guide to establishing
permanent collection sites



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STRATEGY #2: PERMANENT COLLECTION SITES IN PHARMACIES

Permanent collection sites are an important strategy to remove prescription medication from the home and dispose of them safely to prevent prescription drug misuse, accidental overdose, or other environmental consequences. These sites may be retail, hospital, clinic pharmacies and/or law enforcement facilities. Sites may offer onsite medication drop boxes, mail-back programs, or other in-home disposal methods to assist in safely disposing of unused and unwanted

medicines. ([Drug Disposal: Drug Take-Back Locations](#)) To find the closest permanent collection site near you, visit [Rx Locations \(tn.gov\)](#).

To encourage safe disposal, your pharmacy may elect to become a permanent collection site in your community. This step-by-step guide will help you register your pharmacy as a permanent collection site and extend the reach of diversion services beyond limited take-back events.



STEP 1: UPDATE YOUR PHARMACY'S DEA STATUS

The first step in becoming a permanent collection site is to change your pharmacy's DEA status to "DEA Authorized Collector." Changing the DEA collection status registers the pharmacy as a site containing a collection receptacle and allows the pharmacy to collect controlled II through V substances for destruction. This is a simple web-based process that takes less than five (5) minutes to complete.

- Visit [CSA Registration Tools: Login](#) to change your DEA status to "Collector."
- Log in with your pharmacy's DEA number.
- Using the drop-down box, change the collection status to "Collection Receptacle Only."
- Submit the request through the website.
- Once submitted, new DEA registration information and options to "Print" or "Save File" will become available.
- Print your new DEA registrant certificate.
- Display your new DEA registrant certificate where your previous certificate was posted.
- Your pharmacy is now ready to procure and install a medication drop box.



STEP 2: SELECT A MEDICATION DROP BOX VENDOR

Medication drop box vendors differ in pricing options, customer support, and ease of use. First, consider what size drop box and how many liners you would like to purchase for your pharmacy. Typically, community pharmacies require a standard 18-gallon medication drop box and use four (4) liners per year. The liners are responsible for holding medications securely in the collection receptacle and while being returned to the vendor for destruction.

Next, review pricing options with various vendors. DEA-compliant medication drop boxes can cost anywhere from \$850-\$2200* while liners range from \$125-\$175* each. Many vendors discount upstart costs by offering launch packages that allow pharmacies to rent or lease-to-own medication drop boxes. On average, monthly costs to rent or lease-to-own a medication drop box, including four (4) liners per year, can range from \$69-\$150 per month.*

**Prices listed are meant to give an estimate to the reader. These prices may vary depending on the supply chain, the vendor used, and the contract pricing negotiated.*

Finally, confirm what type of destruction method you want to use with your vendor– mail-back or vendor pick-up. Community pharmacies often prefer vendors who offer the mail-back method for destruction as it is viewed as simpler and less expensive. The pharmacy site mails collected medications to the vendor using prepaid envelopes scheduled for pick-up via an authorized mail service (like UPS). This toolkit will detail the mail-back method as it is the preferred method for community pharmacies.

Vendor options* include:

[American Rx Group](#)

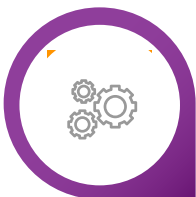
[MedSafe](#)

[Stericycle Collection Kiosk](#)

[Trilogy MedWaste](#)

**This list of vendors is not comprehensive, rather they are those commonly used by community pharmacies. Other vendors may exist that better meet the needs of your pharmacy.*

Remember, the choice of vendor is up to you. Consider your pharmacy's needs, budget, preferred destruction method, and more before making a final decision.



STEP 3: INSTALL YOUR MEDICATION DROP BOX

Select a safe and secure location within your pharmacy to install the drop box. Use the DEA's Disposal of Controlled Substances Rules to select the best location for your drop box. Note that the drop box:

- Must be securely fastened to a permanent structure, like the floor, so it cannot be removed
- Must be securely locked and be a substantially constructed container with a permanent out container and a removable liner
- Must have a small opening that allows contents to be added to the inner liner but does not allow the removal of the inner liner's contents

Once installed, the medication drop box should be within the line of sight of pharmacy staff at all times. The drop box should be inaccessible to the public when the pharmacy is closed or when an employee is not present. Finally, ensure a sign is placed on the outside of the drop box, indicating what types of medications are accepted.



STEP 4: TRAIN STAFF ON MEDICATION REMOVAL

Develop a training plan on medication removal and provide an in-service to your staff. Processes and procedures to remove returned medications for destruction vary from vendor to vendor. Make sure to choose a vendor that provides training materials and support so that the removal process is simple and easy to follow.

In general, medication drop boxes will have a lock on the medication return slot and one (1) or more locks on the inner liner compartment. Per DEA requirements, two (2) or more pharmacy staff must be present when medications are removed for disposal and transferred to a person registered to accept controlled substances for the purpose of destruction (like UPS). To remove returned medications:

- Unlock the receptacle liner compartment and remove the inner liner with the receptacle.
- Package the returned medications within the inner liner per vendor destruction guidelines.
 - **Do not** place your hands in the inner liner as needles or other sharps may be present.
- With two (2) pharmacy staff present, seal the inner liner and place it within the box to be mailed back for destruction.
- Seal the mail-back container to prevent tampering or unauthorized access.
- Replace the inner liner and receptacle collection container.
- Lock the receptacle liner compartment.
- Contact the approved courier service to schedule a pick-up.
- Have two (2) pharmacy staff present when relinquishing the mail-back container to the courier service.
- Track the mail-back container until it is received by the disposal company and proof of destruction is returned.

Note that there may be slight variations in this process, depending on the vendor selected. Follow the instructions provided by the vendor you selected to ensure safety and compliance.



STEP 5: PROMOTE THE MEDICATION DROP BOX

Pharmacy drop boxes allow patients to dispose of unwanted or unused medications, and they provide opportunities for pharmacists and patients to interact. Using medication drop boxes can increase foot traffic, thereby advertising existing pharmacy services and attracting new patients. In addition, pharmacists can offer brief counseling sessions during medication synchronization or medication regimen changes to existing patients to encourage them to return unused medications.

Promote your medication drop box by:

- Promoting foot traffic by selling seasonal and popular over-the-counter (OTC) medications
- Advertising existing immunization and medication adherence services
- Vaccinating patients near the medication drop box
- Providing medication synchronization to patients that otherwise do not use the pharmacy
- Working with a local prevention coalition, law enforcement, etc., to promote Prescription Drug Take-Back Days and your medication drop box as a drug diversion alternative

Every interaction with a patient provides the opportunity to grow the pharmacy business while impacting patient and community health.



STEP 6: OFFER OR EDUCATE ON OTHER DISPOSAL METHODS

Pharmacists are well-positioned to offer and educate patients on additional prescription drug disposal methods, beyond medication drop boxes.

To further meet the needs of the community, consider offering drug disposal systems such as Deterra Drug Deactivation & Disposal System or DisposeRx, Inc. Patients can purchase these systems for at-home use to increase their ability to deactivate and safely dispose of unused or unwanted medication when unable to attend Prescription Drug Take-Back Events or travel to a medication drop box at a permanent collection site.

Pharmacists can also educate patients on FDA-recommended DIY home disposal methods. These methods are especially important for patients that live in rural areas and do not have access to reliable transportation or discretionary funds. Consider sharing simple videos or handouts (like the flush and non-flush lists) that detail disposal methods so patients are equipped with the information they need to safely dispose of medication when unable to attend Prescription Drug Take-Back Events, travel to a medication drop box at a permanent collection site, or purchase a drug disposal system.

STRATEGY #2 SUPPLEMENTAL MATERIALS

Planning Tools

[Implementation Checklist](#)

Promotional Tools

[Operation Clean Cabinet Infographic](#)

[Medication Drop Box Frequently Asked Questions](#)

[Medication Drop Box Press Release](#)

[Medication Drop Box Flier](#)



Other Permanent Collection Site Communications Toolkits

[FDA's Remove the Risk Outreach Toolkit](#): Includes public service announcements, social media images and posts, fact sheets, posters, drop-in content, and website badges.

[Dispose My Meds Toolkit](#): Marketing ideas including proclamations, health observances, materials for download, and more to promote National Community Pharmacist Association's (NCPA) Dispose My Meds Program.



PRESCRIPTION DRUG TAKE-BACK TOOLKIT

STRATEGY #3: COMMUNITY ENGAGEMENT IN OPIOID MISUSE PREVENTION

A step-by-step guide to authentic
community engagement



A Community Guide to Diversion Control
and Pharmacy Engagement

**RURAL
HEALTH**
ASSOCIATION OF TENNESSEE

UT THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.
COLLEGE OF PHARMACY

STRATEGY #3: COMMUNITY ENGAGEMENT IN THE PREVENTION OF OPIOID MISUSE

Community engagement is the process of working collaboratively with and through, not to and for, groups of people affiliated by geographic proximity, special interest, or similar experiences. ([Principles of Community Engagement](#)) Through authentic community engagement, communities work collaboratively to address problems affecting their well-being. This type of work is essential to ensure the adoption, reach, and sustainability of evidence-based programs and strategies to prevent opioid misuse. Often, organizational decisions are made top-down, without authentic community engagement. By excluding the voice of the community, programs and strategies are less likely to be accepted and integrated into everyday practice.

It is critical to co-design opioid misuse and prevention programs through a collaborative process that synergizes a collective response to ensure uptake and sustainability. ([Using community engagement to implement evidence-based practices for opioid use disorder: A data-driven paradigm & systems science approach](#))

The following steps will offer you and your partners ways to authentically engage your community. We know that this is a critical time for communities to be equipped with the vital information and tools they need to combat opioid misuse. Communities can successfully mobilize and take action. ([9 Ways to Fight the Opioid Crisis in Your Community](#))



STEP 1: CREATE CROSS-SECTOR COMMUNITY PREVENTION COALITIONS

When all sectors of the community come together, social change happens. Cross-sector community prevention coalitions work together to prevent opioid misuse through collaborative community efforts. Coalitions often work under the premise that the most effective and cost-efficient way to reduce substance misuse is the prevention of prescription drug misuse before it starts. Building successful coalitions take time and dedication; consider the following actions:

- **Build the coalition:** Recruit a variety of individuals and organizations that should be represented in the coalition. Consider employers, faith leaders, school administrators, teachers, counselors, public health personnel, law enforcement, court services personnel, pharmacists, other medical personnel, and other committed community members including those affected by prescription drug misuse and those in recovery
- **Get stakeholder buy-in:** Recruit stakeholders and leaders that should be represented in the coalition. These individuals are key decision-makers from key sectors with the power to assign resources and make wide-sweeping decisions. Consider health directors, superintendents, directors of local substance abuse treatment facilities, mental health services administrators, hospital executives, and county leaders.
- **Bring the community together:** Spread awareness throughout the community through presentations, forums, press releases, and other campaigns. The goal is to increase awareness in the community and gain vital community feedback.
- **Establish a community plan:** Using available data, subject matter experts, and the voice of the community, build a plan to address prescription drug misuse. Include actions that the coalition

can take such as engaging youth in drug-free events, holding prescription drug take-back events, placing medication drop boxes throughout the community, communicating the dangers of substance use through media opportunities, and organizing stakeholders to promote treatment and recovery resources.

- Implement the community plan: Assign tasks within the coalition to ensure the Community Plan is carried out. Regularly meet as a coalition to check in on the status of work and evaluate efforts.

See Supplemental Materials for Coalition Development Tools

Many prevention coalitions working to address substance use are already in existence in Tennessee. These coalitions will be invaluable partners for your work to reduce prescription drug misuse through drug diversion. Visit [TDMHSAS Coalition Contacts FY23.pdf](#) for a list of coalition contacts or visit [Substance Use Prevention Coalitions \(tn.gov\)](#) and click on "Connect with a Substance Abuse Coalition in Your Area."



STEP 2: COLLABORATE TO HOST PRESCRIPTION DRUG TAKE-BACK EVENTS

Prescription Drug Take-Back Events are designed to remove unused or unwanted prescription medication from the home and dispose of them safely to prevent prescription drug misuse, accidental overdose, or other environmental consequences. These events provide an opportunity for your community to conveniently and securely dispose of medication, raise awareness about prescription drug misuse, and improve community collaboration as partners join together to make a difference.

Prevention coalitions can work with partners such as law enforcement, pharmacies, healthcare providers, schools, local businesses, and more to plan, implement, and evaluate these drug take-back events.



STEP 3: INCREASE PLACES FOR PERMANENT SAFE PRESCRIPTION DISPOSAL

Hosting a Prescription Drug Take-Back Day not only increases awareness but also provides an opportunity for the community to safely dispose of unused or unwanted medication. These events are effective but having access to a consistent, 24/7 drop box for safe prescription drug disposal dramatically increases the pounds of unused and unwanted prescription drugs collected. A principle tenet of public health is making the healthy choice the easy choice— if medication drop boxes are common, easy-to-access, and plentiful, then a patient is more likely to dispose of prescription drugs safely and in a timely manner.

Prevention coalitions can engage with their partners and stakeholders to increase access to medication drop boxes. Coalitions can raise funds to help authorized collection sites purchase medication drop boxes, advertise existing drop boxes, and volunteer at events featuring medication drop boxes.



STEP 4: COMMUNICATE THE DANGERS OF SUBSTANCE MISUSE

Prevention coalitions are well-positioned to host media campaigns that communicate the dangers of substance misuse. Communications campaigns often work to change the knowledge, attitudes, and/or behavior of a specific, intended audience via marketing or advertising techniques. By recognizing the power of marketing and advertising to influence decision-making, prevention coalitions can use campaigns to promote healthy behaviors and work to change community norms. ([Communication Campaign Professional Development Resource Guide](#))

Campaigns can be developed from infancy or prevention coalitions can use existing resources, already developed for existing health observances such as International Overdose Awareness Day, National Recovery Month, or Red Ribbon Week.

See Supplemental Materials for Opioid Misuse Communications Tools



STEP 5: CREATE & PROMOTE REFERRAL PROGRAMS

Having access to accurate, up-to-date information on prescription drug misuse as well as a centralized way to seek referrals is vital in combating the opioid epidemic. An effective referral network unifies local health and social service systems, creating seamless experiences for both the healthcare provider and the patient in need of SUD counseling and/or interventions.

Tennesseans can get help for themselves or a loved one experiencing SUD by calling the Tennessee REDLINE (1-800-889-9789). The Tennessee REDLINE is a service that provides addiction information as well as referrals to residents at their request. ([Tennessee Association of Alcohol, Drug, and Other Addiction Services TN REDLINE](#)) Prevention coalitions can support this referral program by promoting its existence throughout their community, answering questions about its purpose, and encouraging its use thereby connecting those in need with resources.



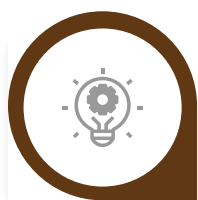
STEP 6: INCREASE ACCESS TO SYRINGE SERVICE PROGRAMS & NALOXONE

Harm reduction is another tool in the battle against opioid misuse and overdose death. Harm reduction is defined as interventions aimed to help people avoid the negative effects of drug use, often with caring, kindness, and respect. ([NIDA: What is Harm Reduction?](#)) Both syringe service programs (SSPs) and naloxone distribution are examples of harm reduction programs.

SSPs provide comprehensive harm reduction services to anyone seeking services. These programs often include free sterile needles, syringes, and other injection equipment; safe disposal containers; HIV and viral hepatitis testing and linkage to treatment; overdose prevention and education; and much more. Currently, there are only a few SSPs in Tennessee, providing these vital services to those in need. ([TN Department of Health's Harm Reduction and SSPs](#))

When a person has taken too much opioid medication, it can slow their breathing to a dangerously low rate. When breathing slows too much, overdose death can occur. Naloxone can reverse this, allowing the person to breathe normally again. While naloxone is not a dangerous medicine, proper training is required by law. Anytime an overdose is suspected, first responders should be notified by calling 911 immediately. Then, one should administer naloxone and stay with the patient until first responders arrive to continue care. ([TN Department of Health's Naloxone Training Information](#))

Prevention coalitions can advocate for increased SSP availability as well as increased naloxone access and training for first responders, individuals at high risk of overdose, their families, and friends, and agencies and organizations that provide treatment and recovery services to community resources. In Tennessee, Regional Overdose Prevention Specialists (ROPS) are available throughout the state to offer training and distribute naloxone to trained community members. Training is free and lasts about 1 (one) hour. A certificate is provided upon completion.



STEP 7: SHARE INFORMATION ON STATE LAWS THAT ENCOURAGE INTERVENTION

To encourage people to seek out medical attention for an overdose or follow-up care after naloxone has been administered, 40 states and the District of Columbia have passed some form of Good Samaritan Law. In general, these laws provide some form of immunity from arrest, charge, or prosecution for certain controlled substance possession and paraphernalia offenses when a person who is experiencing an opiate-related overdose or observing one calls 911 for assistance. ([National Conference of State Legislatures- Good Samaritan Laws](#))

In July 2014, Tennessee passed a Good Samaritan Law centered on naloxone. The main components of this legislation include:

- Grants immunity from civil suit to providers who prescribe naloxone to a patient, family member, friend, or another person in a position to assist in giving the medicine naloxone
- Allows the Department of Health to provide training and instruction on how to use naloxone
- Requires you to receive basic instruction on how to give naloxone, including taking a quiz and printing a certificate
- Grants a “Good Samaritan” civil immunity, or protection from being sued, for administering naloxone to someone they reasonably believe is overdosing from an opioid ([TN's Department of Mental Health & Substance Abuse Services: Naloxone Training Information Good Samaritan Law](#))

Prevention coalitions can support this law by promoting its existence throughout their community, answering questions about its purpose, hosting training sessions, and encouraging others to feel



STEP 8: ADVOCATE FOR RECOVERY COURTS

Recovery courts, or drug courts, are special courts willing to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives. This approach reduces recidivism, encourages compliance, and supports families of recovery court participants. As an alternative to incarceration, recovery courts can reduce some of the burdens on jails by creating an effective diversion program. ([Fast Facts: Certified Recovery Court Locations](#))

Currently, there are five (5) types of recovery courts covering 86 of Tennessee's 95 counties— adult, veterans, mental health, DUI, and juvenile and family. Prevention coalitions can advocate for additional support and funding for recovery courts as evidence-based programming to help participants on the road to recovery. ([Recovery Courts in Tennessee](#))



STEP 9: BUILD AWARENESS ABOUT THE STATE'S CONTROLLED SUBSTANCE MONITORING DATABASE

Prescription drug monitoring programs (PDMPs) are electronic databases that track controlled substance prescriptions. PDMPs can help identify patients who may be misusing prescription opioids or other prescription drugs and may be at risk of overdose. By using PDMPs, authorized users are able to ensure patients have access to safer, more effective chronic pain treatment while reducing prescription drug misuse, abuse, and overdose. The Centers for Disease Control (CDC) recommends checking local PDMPs at least once every three (3) months and prior to every opioid prescription; state requirements may vary. ([Prescription Drug Monitoring Programs: Checking the PDMP: An Important Step to Improving Opioid Prescribing Practices](#))

In Tennessee, healthcare practitioners use the Controlled Substance Monitoring Database (CSMD) to address prescription drug misuse. All healthcare practitioners are required to check the CSMD before prescribing an opioid, benzodiazepine, or Schedule II amphetamine to a human patient at the beginning of a new episode of treatment, prior to each new prescription for the first 90 days of that treatment, and every six (6) months if that treatment is continued. ([TN Department of Health: Controlled Substance Monitoring Database and Prescription Safety Act](#))

Prevention coalitions can support CMSDs by sharing information about their existence throughout the community and encouraging their use.

STRATEGY #3 SUPPLEMENTAL MATERIALS

Coalition Development Tools

[Community Anti-Drug Coalitions of America \(CADCA\)](#): Tools, publications, webinars, podcasts, and technical assistance manuals developed by CADCA's National Coalition to help coalitions implement the SPF.

[Project Lazarus Community Coalition Resources](#): Community toolkit and ready-to-go handouts for those wishing to lead a Project Lazarus coalition

[Count It! Lock It! Drop It! \(CLD\) Community](#): Information on how to become a CLD community as well as resources on CLD communities in your area

Opioid Misuse Communications Campaign Tools

[Communication Campaign Professional Development Resource Guide](#): Step-by-step process to developing a communications campaign

[CDC's Rx Awareness Campaign](#): Campaign that tells the stories of people whose lives were impacted by prescription opioids

[TN Together Media Campaign](#): Statewide effort to impact the state's opioid crisis through messaging, information, and inspiration.

Community Pharmacy Spotlights

The following pharmacies have registered with the DEA as permanent collection sites and have installed medication dropboxes at their locations. To learn more about their experiences, please reach out using the provided contact information.

Pharmacy Spotlight #1: Eastern Tennessee

CVS Pharmacy - 423.886.3269

796 Ridgeway Ave, Signal Mountain, TN 37377

Pharmacy Spotlight #2: Middle Tennessee

Mac Pharmacy Oak Ridge - 865.298.8657

45 New York Ave, Oak Ridge, TN 37830

Pharmacy Spotlight #3: Middle Tennessee

Publix Pharmacy - 931.551.7036

1771 Madison St, Clarksville, TN 37043

Pharmacy Spotlight #4: Western Tennessee

Phipps Pharmacy - 731.535.3522

20190 E Main St, Huntingdon, TN 38344



References

- What is the U.S. Opioid Epidemic? Hhs.gov. Published October 27, 2021. Accessed [15 August, 2022]. <https://www.hhs.gov/opioids/about-the-epidemic/index.html>.
- Drug Overdose Deaths. cdc.gov. Updated June 2, 2022. Accessed [15 August, 2022]. <https://www.cdc.gov/drugoverdose/deaths/index.html>.
- Luo F, Mengyao L, Florence C. State-level economic costs of opioid use disorder and fatal opioid overdose – united states 2017. Centers of Disease Control and Prevention Morbidity and Mortality Weekly Report. 2021;70(15):541-546. <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7015a1-H.pdf>. Accessed [15 August, 2022]
- Drug Overdose. tn.gov. Accessed [15 August, 2022]. <https://www.tn.gov/health/health-program-areas/pdo.html>.
- ResilienTN. tntogether.com. Accessed [15 August, 2022]. <https://tntogether.com/resilientn/>.
- Office of Informatics and Analytics, Tennessee Department of Health. Tennessee's Annual Overdose Report 2021: Report on Epidemiologic Data and Projects to Address the Overdose Epidemic. tn.gov. Accessed [15 August, 2022]. <https://www.tn.gov/content/dam/tn/health/documents/pdo/2021%20TN%20Annual%20Overdose%20Report.pdf>.
- Facts & Figures – 2021 Prescription Slides. tn.gov. Accessed [15 August, 2022]. <https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html>.
- Project Lazarus. projectlazarus.org. Accessed [17 August, 2022]. <https://www.projectlazarus.org/home>.
- Salwan A, Hagemeyer NE, Tudiver F, et al. Community pharmacist engagement in opioid use disorder prevention and treatment behaviors: A descriptive analysis. Journal of the American Pharmacists Association. 2020;60(6). doi:10.1016/j.japh.2020.06.008
- Buffington DE, Lozicki A, Alfieri T, Bond TC. Understanding factors that contribute to the disposal of unused opioid medication. Journal of Pain Research. 2019;Volume 12:725-732. doi:10.2147/jpr.s171742
- Chisholm-Burns MA, Spivey CA, Sherwin E, Wheeler J, Hohmeier K. The opioid crisis: Origins, trends, policies, and the roles of Pharmacists. American Journal of Health-System Pharmacy. 2019;76(7):424-435. doi:10.1093/ajhp/zxy089
- Kennedy-Hendricks A, Gielen A, McDonald E, McGinty EE, Shields W, Barry CL. Medication sharing, storage, and disposal practices for opioid medications among us adults. JAMA Internal Medicine. 2016;176(7):1027. doi:10.1001/jamainternmed.2016.2543
- Smolen A. Role of the pharmacist in proper medication disposal. US Pharmacist. 2011;36(7):52-55. <https://www.uspharmacist.com/article/role-of-the-pharmacist-in-proper-medication-disposal>. Accessed [17 August, 2022].
- Drug Disposal: Drug Take Back Locations. fda.gov. Accessed [17 August, 2022]. <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>.
- Clinical and Translational Science Awards Consortium, National Institutes of Health, Centers for Disease Control, Agency for Toxic Substances and Disease Registry. Principles of Community engagement. 2nd ed. Atsdr.cdc.gov; 2011. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf. Accessed [17 August, 2022].

El-Bassel N, Gilbert L, Hunt T, et al. Using community engagement to implement evidence-based practices for opioid use disorder: A data-driven Paradigm & Systems Science Approach. Drug and Alcohol Dependence. 2021;222:108675. doi:10.1016/j.drugalcdep.2021.108675

9 ways to fight the opioid crisis in your community. icma.org. Published March 2017. Accessed [19 August, 2022]. <https://icma.org/articles/article/9-ways-fight-opioid-crisis-your-community#:~:text=There%20is%20hope%21%20Communities%20can%20successfully%20mobilize%20and,are%20implementing%20to%20respond%20to%20the%20opioid%20epidemic>.

Communication campaign - prevention first. prevention.org. Published 2019. Accessed [19 August, 2022]. <https://www.prevention.org/Resources/55024956-ba43-4bd6-830d-38ac9aff44a1/CommunicationCampaignResourceGuideFY20.pdf>.

TN Redline. Tennessee Association of Alcohol, Drugs, and other Addiction Services. Accessed [19 August, 2022]. <https://www.taadas.org/tn-redline>.

What is harm reduction? National Institutes of Health. Accessed [19 August, 2022]. <https://nida.nih.gov/videos/what-harm-reduction>.

Naloxone training information. tn.gov. Accessed [19 August, 2022]. <https://www.tn.gov/health/health-program-areas/health-professional-boards/csmd-board/csmd-board/naloxone-training-information.html>.

Drug overdose immunity and good samaritan laws. ncsl.org. Published June 5, 2017. Accessed [19 August, 2022]. <https://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx#:~:text=To%20encourage%20people%20to%20seek%20out%20medical%20attention,a%20Good%20Samaritan%20or%20911%20drug%20immunity%20law>.

Naloxone training information. tn.gov. Accessed [19 August, 2022]. <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/naloxone-training-information.html>.

Fast facts: Certified recovery court locations. tn.gov. Accessed [21 August, 2022]. <https://www.tn.gov/content/tn/behavioral-health/research/fast-facts/recovery-court-locations.html>.

Recovery courts in Tennessee. tn.gov. Accessed [21 August, 2022]. <https://www.tn.gov/behavioral-health/substance-abuse-services/criminal-justice-services/recovery-drug-court-programs-in-tn.html>.

Prescription drug monitoring programs (PDMPs). cdc.gov. Accessed [21 August, 2022]. https://www.cdc.gov/drugoverdose/pdf/PDMP_Factsheet-a.pdf.

Controlled substance monitoring database (CSMD) and prescription safety act. tn.gov. Accessed [21 August, 2022]. <https://www.tn.gov/health/health-program-areas/health-professional-boards/csmd-board/csmd-board/faq.html>.

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