

# Office of Addiction Services and Supports

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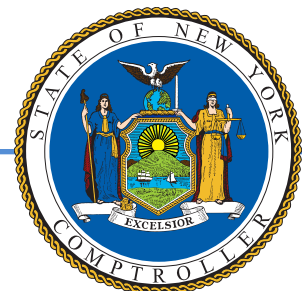
## Oversight of Drug Disposal

Report 2018-S-64 | May 2020

OFFICE OF THE NEW YORK STATE COMPTROLLER  
Thomas P. DiNapoli, State Comptroller

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Division of State Government Accountability



# Audit Highlights

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## Objective

To determine whether the Office of Addiction Services and Supports' (OASAS) programs and the programs it oversees collect and dispose of unneeded drugs using environmentally sound methods. Our audit covered the period January 1, 2016 to April 27, 2019.

## About the Program

Unused, unwanted, and expired pharmaceuticals present a range of potentially harmful environmental and societal consequences. Both controlled and non-controlled substances are inherently dangerous if used inappropriately and controlled substances are particularly at high risk for diversion, misuse, abuse, and addiction. Therefore, unwanted and expired pharmaceuticals must be disposed of to mitigate those risks. Certain long-accepted disposal practices, such as flushing and garbage disposal, have led to the contamination of environmental resources. However, more environmentally sound disposal options, such as approved drug take-back programs, are available. Since 2008, the Department of Environmental Conservation (DEC), the State's environmental regulatory agency, has supported pharmaceutical collection as a best management practice alternative, and further reinforced this policy in its updated [2017 Guidance for Proper Pharmaceutical Disposal](#).

The disposal of unused and unwanted controlled substances in New York State is regulated at the federal level primarily by the U.S. Drug Enforcement Administration (DEA) and at the State level by the Department of Health's (DOH) Bureau of Narcotic Enforcement. While the DEA and DOH primarily support pharmaceutical collection and other environmentally sound disposal methods, they also allow flushing when such options are not available.

OASAS oversees one of the nation's largest addiction services systems. Due to the nature of addiction treatment, OASAS programs and the programs OASAS oversees frequently manage client pharmaceuticals, and are thus responsible for ensuring that any unused, expired, or otherwise unwanted drugs are properly disposed of.

## Key Findings

- Overall, OASAS addiction treatment centers and OASAS-certified providers (Providers) have met the regulatory requirements for collecting and disposing of unneeded drugs. However, there are improvement opportunities in some of their pharmaceutical management practices. While some of the sampled Providers had effective controls over the drug disposal process, which followed the regulations and were environmentally friendly, others did not use environmentally sound methods of disposal whenever possible.
- Based on our review of records from 20 Providers, 47,566 doses (53 percent) of controlled substances were flushed down the drain during the 40-month period January 1, 2016 through April 27, 2019. Although Providers should develop drug disposal policies and procedures that align with applicable regulations, including environmentally sound

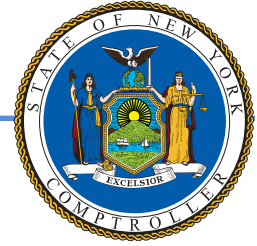
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methods, not all Providers were compliant with their own policies and, in some cases, not even familiar with them.

- Since 2008, the State has been shifting away from flushing as an acceptable option and toward a policy of environmentally sound drug disposal. In support of this effort, OASAS should encourage Providers accordingly when establishing their disposal policy.

## **Key Recommendation**

- Review Provider pharmaceutical management, including drug disposal policies and procedures, during recertification inspections and encourage the inclusion and use of environmentally sound disposal methods.



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## Office of the New York State Comptroller Division of State Government Accountability

May 14, 2020

Ms. Arlene González-Sánchez  
Commissioner  
Office of Addiction Services and Supports  
1450 Western Avenue  
Albany, NY 12203

Dear Commissioner González-Sánchez:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage government resources efficiently and effectively and, by so doing, providing accountability for tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of Drug Disposal*. The audit was performed according to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Division of State Government Accountability*

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# Glossary of Terms

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<b>Term</b>	<b>Description</b>	<b>Identifier</b>
ATC	Addiction treatment center operated by OASAS	<i>Key Term</i>
BNE	Bureau of Narcotic Enforcement within DOH	<i>Division</i>
Class 3a institutional dispenser limited license	Allows health care facilities that take possession of an individual's prescription for a controlled substance for the purpose of safeguarding to administer that substance to the patient; does not give prescribing privileges	<i>Key Term</i>
Controlled substance	Drug or other substance, such as methadone and amphetamines, that is tightly regulated by the government due to the risk of abuse or addiction	<i>Key Term</i>
DEA	U.S. Drug Enforcement Administration	<i>Agency</i>
DEC	Department of Environmental Conservation	<i>Agency</i>
DOH	Department of Health	<i>Agency</i>
EPA	U.S. Environmental Protection Agency	<i>Agency</i>
FDA	U.S. Food and Drug Administration	<i>Agency</i>
OASAS	Office of Addiction Services and Supports	<i>Auditee</i>
Non-controlled substance	Drug or other substance, including over-the-counter medication and medication prescribed to treat medical conditions, that is not regulated	<i>Key Term</i>
Providers	Used to refer collectively to OASAS' ATCs and OASAS-certified providers	<i>Key Term</i>
Take-Back Program	Authorized collection agent/location (e.g., BNE, law enforcement, pharmacies, or other private drug disposal companies using incineration to destroy medical waste) where drugs can be legally surrendered	<i>Key Term</i>

# Background

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Unused, unwanted, and expired pharmaceuticals present a range of potentially harmful societal and environmental consequences. Both controlled and non-controlled substances are inherently dangerous if used inappropriately and, particularly in the case of controlled substances, are at high risk for diversion, misuse, abuse, and addiction – unwanted doses must therefore be disposed of to mitigate those risks. However, certain long-accepted and convenient disposal practices – such as flushing and garbage disposal – introduce these substances into our water systems and wastewater treatment plants, which may not be equipped to remove them.

Pharmaceuticals, including controlled and non-controlled substances such as pain medications, antibiotics, contraceptives, and antidepressants, have been found in New York State’s vast network of waterbodies – over 70,000 miles of rivers and streams and over 7,600 freshwater lakes, ponds, and reservoirs – and have been linked to changes to the spawning ability of fish and the evolution of antibiotic-resistant strains of bacteria. The ultimate effect of this finding on humans is unknown, and concerns about potential adverse human health and ecological effects have led to initiatives to limit the disposal of unneeded drugs into wastewater treatment systems. In 2008, for instance, the Department of Environmental Conservation (DEC), the State’s lead environmental regulatory agency, launched its “Don’t Flush Your Drugs” campaign and since then has continued to fortify its policy to facilitate the proper disposal of pharmaceuticals, through collection and other environmentally sound methods, and strengthen protective controls over the waters of New York State. See, for example, DEC’s [2017 Guidance for Proper Pharmaceutical Disposal](#).

The disposal of unused and unwanted controlled substances in New York State is regulated at the federal level primarily by the U.S. Drug Enforcement Administration (DEA) and at the State level by the Department of Health’s (DOH) Bureau of Narcotic Enforcement (BNE). In support of the federal Secure and Responsible Drug Disposal Act of 2010, enacted to curtail prescription drug abuse through the diversion of controlled substances and simultaneously reduce the introduction of some potentially harmful substances into the environment, the DEA expanded disposal options and opportunities for both institutions and consumers effective October 2014. As a result of the DEA’s regulatory action, environmentally sound disposal is more readily available through community take-back events and drop-off collection boxes at authorized hospitals/clinics and law enforcement agencies. While the DEA and DOH primarily support pharmaceutical collection and other environmentally sound disposal methods, they still allow flushing and garbage-mixture disposal when these other options are not available.

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The Office of Addiction Services and Supports (OASAS) oversees one of the nation's largest addiction services systems, providing prevention, treatment, and recovery services to approximately 234,000 New Yorkers every year. In addition to operating 12 addiction treatment centers (ATCs), OASAS is responsible for monitoring the approximately 345 OASAS-certified providers to guarantee quality of care and ensure compliance with federal and State regulations. In total, the ATCs and providers (hereafter collectively referred to as Providers, unless noted otherwise) operate over 900 chemical dependence treatment programs throughout the State.

Due to the nature of addiction treatment, Providers may be responsible for managing patients' pharmaceuticals. Providers are required to ensure that medications are accounted for and safely stored, and that any unused, expired, or otherwise unwanted drugs are disposed of or destroyed in compliance with federal and State regulations. Providers are also required to maintain various records of all controlled substances, including prescribed patient medications, emergency inventory, and disposal logs. Further, according to Title 10, Part 80 of the New York Codes, Rules and Regulations, Providers are required to surrender unneeded controlled substances to the DEA or a DOH-authorized collection entity or destroy them in the presence of a State-licensed practitioner, pharmacist, or nurse. DOH must give its approval prior to the destruction of these substances, and disposal records must be kept for a period of five years. Providers also dispose of other substances, including non-controlled prescriptions and over-the-counter drugs. DOH approval is not needed for disposal of these drugs, and Providers may either establish their own policies and procedures or follow BNE regulations for controlled substances.



# Audit Findings and Recommendations

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Overall, we found OASAS Providers met the regulatory requirements for collecting and disposing of unneeded drugs. However, there are improvement opportunities in Provider pharmaceutical management practices. While some of the 20 Providers we sampled had effective controls over the drug disposal process, which followed the required regulations and were environmentally friendly, others did not use environmentally sound methods of disposal whenever possible. We found that 12 of 20 sampled Providers continued to flush unneeded drugs. Where drugs are disposed of in non-environmentally sound ways – such as flushing or discarding in the trash – they may ultimately pose greater risks to water sources.

DEA and DOH guidelines for safe drug disposal do not expressly prohibit flushing, but allow it when more environmentally sound options are not readily available (i.e., local drug take-back programs are not offered or are overly inconvenient). Providers' use of environmentally sound disposal methods is thus not mandatory but encouraged.

Although Providers are responsible for developing policies and procedures that align with applicable regulations, we found that not all of our sampled Providers followed them. Given that the State is moving toward a policy of environmentally sound drug disposal, we believe OASAS could do more to encourage Providers' cooperation.

In response to our preliminary findings, OASAS officials indicated that less environmentally sound drug disposal methods such as flushing are a means to reduce the immediate potential for diversion and prevent overdose, and possible death, among the most vulnerable of its patient population. We acknowledge the scope of prescription drug abuse and the risk of diversion and potential overdose, as well as OASAS' important role in preventing such occurrences. However, we believe immediate patient safety and more environmentally sound disposal methods are not mutually exclusive, and OASAS' mission will not be compromised by using these disposal methods.

## Substance Disposal

For the 20 sampled providers, we found a total of 369,604 doses of controlled (90,469) and non-controlled (279,135) substances were disposed of or destroyed during the 40-month period of January 1, 2016 to April 27, 2019. Based upon our review of Providers' records, the drug disposal methods used fell into one of three categories (see Exhibit at the end of this report):

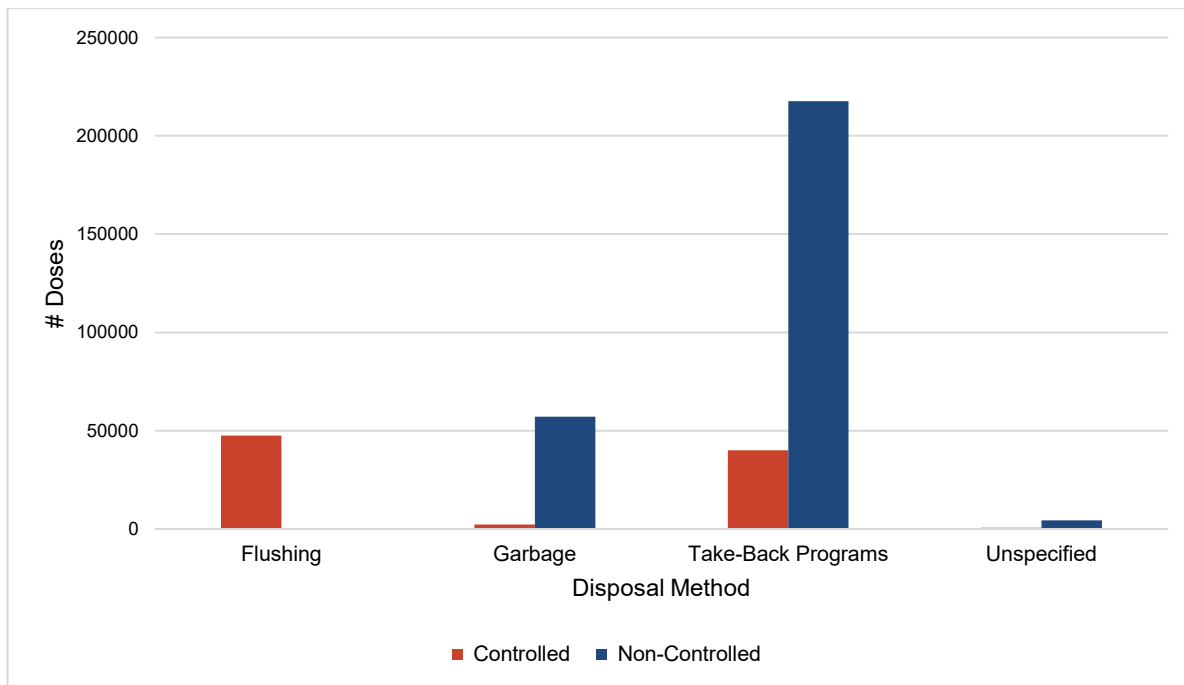
- Flushing – disposing unused/unneeded drugs down a toilet or sink
- Garbage – mixing unused/unneeded drugs with substances (e.g., cat

litter, coffee grounds) to render them undesirable and throwing the mixture in the trash

- Take-back programs – Surrendering unused/unneeded drugs to an authorized collection agent/location (e.g., BNE, law enforcement, pharmacies, or other private drug disposal companies using incineration to destroy medical waste)

We found that 70 percent of the drug doses (257,555 of 369,604) were disposed of through take-back programs (see Chart). However, a breakdown by drug type shows a lower rate of take-back disposal for controlled substances (44 percent or about 40,000 doses) compared with non-controlled substances (78 percent or about 218,000 doses). Some Providers didn't specify a disposal method, accounting for less than 2 percent of the total doses in our sample.

### Total Substance Disposal Method by Drug Type



### Controlled Substances

Providers of addiction treatment services must comply with DEA and State regulations when disposing of unused, expired, or otherwise unwanted drugs, which includes the use of take-back or other drug collection methods for ultimate destruction. In addition, BNE requires Providers to submit an inventory of all controlled substances to be disposed of/destroyed for approval. The request must include the name, strength, dosage, and source

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of the substance as well as the quantity and reason for disposal/destruction. Also, State regulations require Providers to maintain drug disposal records for controlled substances for a period of five years. However, 7 of the 20 Providers we sampled could not provide disposal records for the entire audit scope period.

Of the 90,469 doses of controlled substances that were disposed of or destroyed during the period of January 1, 2016 to April 27, 2019, the majority were disposed of by flushing (47,566, or 53 percent). Twelve Providers in 15 counties had disposed of controlled substances by flushing (see Exhibit). Notably:

- Three Providers operating in Central New York, the Finger Lakes Region, the Southern Tier, and Long Island accounted for 31,012 doses (65 percent) of the 47,566 doses of controlled substances disposed of by flushing in our sample.
- These same Providers accounted for only 8,350 doses (21 percent) of the 39,967 doses disposed of through take-back.

In response to our results, OASAS officials indicated that Providers were following the DEA and DOH requirements for disposal of controlled substances, stating that the DEA and DOH often require flushing as the means of destruction where disposal options are otherwise limited (e.g., due to location, inadequate staffing). We believe that neither the DEA nor DOH require a particular method of destruction so long as the desired result of irretrievability is achieved. The requirements allow for some flexibility, and flushing may be the quickest and easiest disposal method under these circumstances. However, Providers could find any of the DEA's expanded options equally convenient. The disparate rates of flushing among Providers suggest some may not be aware of some newer options that have become available as the use of more environmentally friendly methods of disposal continues to increase across the State.

For example, since 2014, the DEA allows Class 3a treatment facilities to participate in DOH-approved law enforcement take-back events. In addition, the DEA allows Provider resident-patients to use the same options currently available (e.g., mail-back programs) to all consumers (i.e., not in treatment facilities). Based on DEA and DOH guidelines, the paperwork required for participation in a take-back event is no different than that required for self-disposal. Upon approval, BNE provides the facility's contact information to the DEA, which then contacts the facility to schedule an approximate time and date for DEA officials to pick up the unneeded drugs.

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For the Providers in the 15 counties that had disposed of controlled substances by flushing, we reviewed the websites of relevant county organizations to identify the respective county policy. Twelve of the 15 websites either explicitly stated “do not flush” (8) or recommended the use of more environmentally friendly methods of drug disposal (4). In addition, we spoke with officials familiar with drug take-back programs in the regions where we noted the highest incidence of flushing controlled substances and found take-back programs were available in those areas. We were told that their programs are open to anyone, including addiction treatment providers.

## **Non-Controlled Substances**

Of the 279,135 doses of non-controlled substances (see Exhibit) that were disposed of during our 40-month audit scope of January 1, 2016 to April 27, 2019, less than 1 percent (13) were disposed of through flushing. The majority of drugs (274,785 doses, or 98 percent) were disposed of through take-back programs (217,588, or 78 percent) or in the garbage (57,197, or 20 percent).

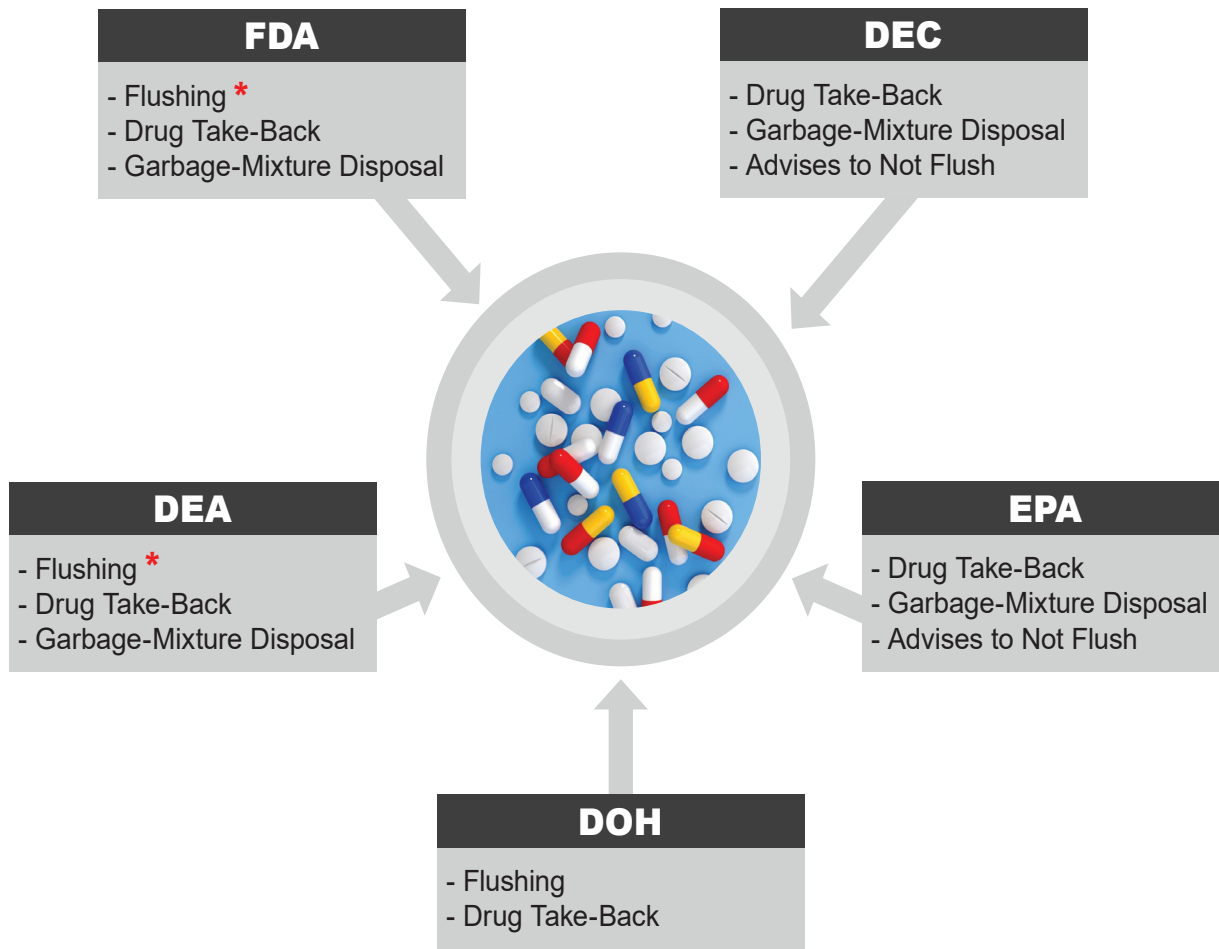
Of the 20 Providers sampled, only 8 provided records for their disposal of non-controlled substances. Seven of the 8 used a take-back program, 4 exclusively; 2 also used garbage and 2 also used flushing as a disposal method.

## **Federal and State Drug Disposal Guidance**

In addition to DEA and DOH, other stakeholder agencies have issued guidance on drug disposal, including the U.S. Food and Drug Administration (FDA), U.S. Environmental Protection Agency (EPA), and Department of Environmental Conservation (DEC). We compared their drug disposal guidance with that of DEA and DOH to determine best practices. We found the guidance among the agencies to be inconsistent, as shown in the following Figure.

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## Federal and State Drug Disposal Guidelines



\* If no other method is available.

Photo Source: iStock.com/MicroStockHub

While all five agencies support take-back programs, which include pharmacy returns and medication drop-off boxes, as a means of disposal, DEC and EPA explicitly advise against flushing unwanted pharmaceuticals. Specifically, DEC's Guidance for Proper Pharmaceutical Disposal recommends that, with limited exception, no pharmaceuticals be flushed. The DEA and FDA recommend flushing only if there is no other disposal option available. Further, the FDA has issued a flush list that identifies select medicines that can be flushed when take-back methods are not readily available.

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Despite DOH allowing flushing in last-recourse circumstances, we note that documents that Providers submit to BNE for drug disposal approval include flushing as an option.

In their response, OASAS officials stated that their Providers are not licensed by the FDA, DEC, or EPA and that each agency has differing rules and guidance for drug disposal based on their mission, and those rules are meant more for the general public, not addiction treatment providers. We recognize OASAS Providers are licensed by DOH. We researched the drug disposal guidelines of other State agencies whose overarching mission is protecting public health and well-being and those of federal agencies involved in drug safety as a comparison to the options available to OASAS Providers through DOH. Officials also pointed to the FDA's acknowledgment that the risk of exposure to medicines on the flush list outweighs the potential environmental risk of flushing those drugs when a take-back option is not readily available.

OASAS also reiterated that Providers have developed policies and procedures for safe and proper medication handling, dispensing, and disposal. We surveyed the sampled Providers and requested their policies and procedures to review the content, and compared them with drug disposal records to determine their compliance. Our analysis revealed that not all Providers were compliant with their own policies and, in some cases, not even familiar with them. For instance, officials for one Provider stated they do not use the BNE take-back program, even though their policy and drug disposal records showed that they had.

We also asked 16 sampled Providers if they sought to practice more environmentally sound drug disposal methods. All 16 said that they do; however, 8 stated that they flush controlled substances and 3 stated that they flush non-controlled substances. While flushing is allowed, DEA specifies this method is to be used when other disposal options are not readily available, while DOH directs Providers to the DEA website for additional drug disposal guidance. In all other circumstances (e.g., disposal of non-controlled drugs, non-urgent need), there are more environmentally sound options available, such as take-back events and community drop-off boxes. Some Providers indicated they use community drop-off boxes when appropriate.

We note that, during Provider recertification, OASAS determines whether Providers have substance disposal policies and procedures in place but does not review them for content. As such, there is no assurance that Providers have effective policies and procedures that align with applicable regulations. As the State continues to advance its efforts toward a policy of environmentally sound drug disposal, OASAS should encourage Providers accordingly when establishing their disposal policy.

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According to OASAS officials, the agency is in the process of restructuring, and Regional Offices will be participating in program monitoring. With this redesign, officials will consider the extent to which pharmaceutical management practices should be included.

## **Recommendations**

1. Review Provider pharmaceutical management, including drug disposal policies and procedures, during recertification inspections and encourage the inclusion and use of environmentally sound disposal methods.
2. Ensure that Providers maintain drug disposal records according to State and federal regulations.

# Audit Scope, Objective, and Methodology

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The objective of our audit was to determine whether OASAS programs and the programs OASAS oversees collect and dispose of unneeded drugs using environmentally sound methods. Our audit covered the period January 1, 2016 to April 27, 2019.

To accomplish our objective, and assess internal controls related to our objective, we reviewed relevant laws and regulations and interviewed OASAS officials to get a better understanding of the programs and their oversight of those programs. We selected a judgmental sample of 20 Providers first by patient capacity, to ensure our review of Providers included those most likely to be handling larger quantities of pharmaceuticals, and then by location, to ensure representation of Providers across the State. We excluded certain treatment facilities (i.e., methadone clinics, those in hospital settings) because they were deemed low risk. Our sample was not designed to be, and cannot be, projected to the population as a whole.

We interviewed four Providers to gain an understanding of their programs. We reviewed their drug disposal policies and procedures. In addition, we toured their facilities to look at the security of their drug storage area. We queried the remaining 16 Providers in our sample and obtained their policies and procedures to gain an understanding of their drug disposal practices. We analyzed drug disposal records for all Providers to determine whether those policies and procedures were being followed and to see if they practiced environmentally sound disposal methods when possible.



# Statutory Requirements

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## Authority

Our audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions, and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

## Reporting Requirements

We provided a draft copy of this report to OASAS officials for their review and formal written comment. Their comments were considered in preparing this final report and are attached at the end in their entirety. The officials agree with our recommendations and are taking steps to implement them.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Addiction Services and Supports shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and if the recommendations were not implemented, the reasons why.

# Exhibit

## Providers' Disposal Methods and Doses Disposed

Provider	Location by County	Disposal Method								Total Doses
		Flushing		Take-Back Program		Garbage		Unknown		
		Controlled	Non Controlled	Controlled	Non Controlled	Controlled	Non Controlled	Controlled	Non Controlled	
<b>ATCs</b>										
A*	Kings	—	—	8,839	—	—	—	—	—	8,839
B*	Oneida	3,416	—	—	—	—	—	—	—	3,416
C*	Orange	—	—	4,756	—	—	—	—	—	4,756
D*	St. Lawrence	2,574	—	—	—	—	—	—	—	2,574
E*	Suffolk	327	—	1,363	—	—	—	—	—	1,690
<b>ATC Subtotals</b>		<b>6,317</b>	<b>—</b>	<b>14,958</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>21,275</b>
<b>OASAS-Certified Providers</b>										
F*	Albany	981	—	—	—	—	—	—	—	981
G*	Albany	1,769	—	—	—	—	—	—	—	1,769
H*	Broome	—	—	73	—	24	—	—	—	97
I	Broome, Onondaga	6,108	3	6,814	—	—	—	—	—	12,925
J	Dutchess	—	—	5,099	3,460	—	—	—	—	8,559
K	Erie, Niagara	1,417	10	5,699	76	—	—	—	—	7,202
L*	Franklin, St. Lawrence	2,504	—	—	—	—	—	—	—	2,504
M	Monroe, Wayne	3,438	—	—	34,279	—	13	—	4,337	42,067
N*	New York	—	—	—	—	1,348	—	—	—	1,348
O	Ontario, Wayne	17,763	—	5	2,820	1	57,184	—	—	77,773
P	Putnam	—	—	5,004	89	—	—	—	—	5,093
Q	Schenectady	—	—	153	283	—	—	—	—	436
R*	Suffolk	7,141	—	1,531	—	—	—	695	—	9,367
S*	Tompkins	—	—	335	—	868	—	—	—	1,203
T	Ulster, Dutchess, Putnam	128	—	296	176,581	—	—	—	—	177,005
<b>OASAS-Certified Providers Subtotals</b>		<b>41,249</b>	<b>13</b>	<b>25,009</b>	<b>217,588</b>	<b>2,241</b>	<b>57,197</b>	<b>695</b>	<b>4,337</b>	<b>348,329</b>
<b>Total All Providers</b>		<b>47,566</b>	<b>13</b>	<b>39,967</b>	<b>217,588</b>	<b>2,241</b>	<b>57,197</b>	<b>695</b>	<b>4,337</b>	<b>369,604</b>

\*Did not provide drug disposal information for non-controlled substances

# Agency Comments

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## Office of Addiction Services and Supports

ANDREW M. CUOMO  
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.  
Commissioner

March 3, 2020

Mr. Mark Ren  
Audit Director  
Office of the State Comptroller  
110 State Street 11<sup>th</sup> Floor  
Albany, NY 12236

Re: Draft report on Audit of OASAS Oversight of Drug Disposal (2018-S-64)

Dear Mr. Ren

Thank you for the opportunity to respond to the draft report of the NYS Office of the State Comptroller's (OSC) audit conducted of the oversight of drug disposal practices in the NYS Office of Addiction Services and Supports (OASAS) programs. Below are comments and responses to the recommendations contained in your draft findings.

### **Audit Findings and Recommendations**

Initially, we appreciate that OSC has confirmed that OASAS "... addiction treatment centers and OASAS-certified providers have met the regulatory requirements for collecting and disposing of unneeded drugs." As we discussed during the audit and as noted in your draft report, there are conflicting disposal requirements set forth by the multiple state and federal oversight agencies, nevertheless it appears that the providers examined are in fact following the required process for the agencies which regulate them.

### **Recommendation 1:**

Review provider pharmaceutical management, including drug disposal policies and procedures, during recertification inspections and encourage the inclusion and use of environmentally sound disposal methods, including, where appropriate, the mail-back program.

### **Response:**

As noted by OSC in their report, when OASAS conducts a review to determine the appropriate renewal of a provider's operating certificate, we look for evidence that the provider has an appropriate medication disposal procedure in place. OASAS does not have the jurisdiction or authority, to dictate a particular disposal method or determine compliance with required medication disposal procedures. Instead that oversight is vested in the state or federal agency that

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regulates narcotics and other medication storage, administration and disposal by healthcare facilities. Those agencies conduct site visits and record reviews to determine compliance. Nevertheless, OASAS will issue a provider-wide advisement, noting the requirement to adhere to the appropriate state and federal medication disposal guidelines and reminding these providers to be mindful of, and always consider disposal in the most environmentally sound way.

**Recommendation 2:**

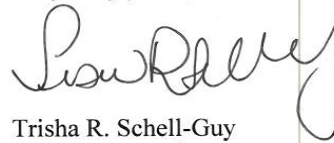
Ensure that Providers maintain drug disposal records according to State and Federal regulations.

**Response:**

OASAS will issue a provider-wide advisement, reminding providers of their obligations to maintain drug disposal records consistent with State and Federal regulations.

Once again, thank you for the opportunity to respond to the draft report and we look forward to receipt of the final document.

Very truly yours,



Trisha R. Schell-Guy  
Deputy Counsel

cc: Steven Shrager

# Contributors to Report

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