

BUILDING A SAFE AND RESILIENT CANADA



Prescription Drug Return Initiatives in Canada



Published by Public Safety Canada, Ottawa K1A 0P8 www.PublicSafety.gc.ca

© Her Majesty the Queen in Right of Canada, 2013

Cat. No.: PS14-9/2013E-PDF ISBN: 978-1-100-21676-8

Acknowledgements

Public Safety Canada would like to thank the following agencies that contributed to this document:

- United States Drug Enforcement Administration
- Niagara Region Public Health
- Niagara Regional Police Service
- Ontario Provincial Police
- Cornwall Community Police Service
- Ottawa Public Health
- Post-Consumer Pharmaceutical Stewardship Association
- Health Canada

Public Safety Canada would also like to thank the Canadian Association of Chiefs of Police (CACP) for their dedication and commitment to the issue of the misuse and abuse of prescription drugs.

TABLE OF CONTENTS

| 1. Introduction | 4 |
|---|----|
| 2. Prescription Drug Return Initiatives | 5 |
| 2.1 U.S. Drug Enforcement Administration | |
| 2.2 Niagara Region Drug Drop Day | |
| 2.3 Ministry of Environment (Ontario) Regulation | |
| 2.4 Medi Drop (Cornwall) | |
| 2.5 Ottawa Public Health Medication Clean-Out Project | |
| 2.6 Medications Return Program | |
| 3. Government Resources | 16 |
| Appendix A: Canadian Association of Chiefs of Police Resolution | 17 |
| Appendix B: Niagara Region Drug Drop Day Tools & Resources | 20 |
| Budget (example) | 20 |
| Budget Template | 22 |
| NRPS Operational Plan | |
| Prescription Drug Inventory Form | 25 |
| Communications Strategy | |
| Sample Letter to City Clerk | |
| Appendix C: Health Canada Form 3515 | 30 |

1. Introduction

The illicit use and/or misuse of pharmaceuticals, in particular narcotic opioids, has become an issue of increasing concern with impacts on public safety and community well-being. In fact, trends indicate rising rates of recreational misuse of prescription drugs by youth, the majority of whom obtain these drugs from family medicine cabinets and from friends.

In Canada, prescription drug misuse represents a complex and growing problem affecting many communities from a number of perspectives. In some regions, health professionals have identified opioid misuse in particular as a public health crisis due to rates of addiction, recreational misuse and overdose deaths. From an enforcement perspective, the criminality associated with prescription drug misuse includes fraudulent use of the health care system, pharmacy robberies, drug-impaired driving, and more traditional drug trafficking activity- both by organized criminals and individuals taking advantage of lucrative street markets.

Additionally, pharmaceuticals can be harmful to the environment when disposed of improperly such as in landfills or waterways, thus creating potentially dangerous environmental exposure to chemicals. The significant rise in the use of these products has led to increasing detection of chemicals in the environment, including our drinking water. Proper disposal is an important step in lowering these levels to protect the health and safety of Canadians.

In June 2011, Public Safety Canada (PS) hosted a national workshop on the *Illicit Use of Pharmaceuticals* in Vancouver, attended by 100 participants representing federal, provincial and municipal law enforcement as well as health officials, including physicians and pharmacists. The goal was to facilitate multi-sectoral discussion and to increase the overall understanding of the issue of pharmaceutical misuse from a public safety perspective. A final report from this event is available on the Public Safety website at: http://www.publicsafety.gc.ca/prg/le/iupw2011-eng.aspx.

Flowing from this workshop, the Canadian Centre on Substance Abuse (CCSA) has taken the lead in the development of a National Framework on Prescription Drug Misuse; PS is the lead for the Enforcement/Diversion component of the framework. In June 2012, the National Framework Advisory Committee met in Halifax in order to launch the development of framework objectives. At that time, PS and other Enforcement/Diversion stream partners worked to develop a set of recommendations to guide future activities. These include undertaking research to better understand the implications of prescription drug misuse on police resources, and facilitating increased communication between police and health officials, including undertaking joint awareness and prevention campaigns.

Public Safety Canada is working with the Canadian Association of Chiefs of Police (CACP) Drug Abuse Committee and other partners towards establishing a National Prescription Drug Drop-Off Day to further both the Enforcement/Diversion pillar of the Canadian Centre on Substance Abuse's National Framework on Prescription Drug Misuse, led by Public Safety Canada and the CACP resolution passed at their annual meeting in Sydney, Nova Scotia (August 19-22, 2012). A copy of the resolution is available at **Appendix A**.

Purpose of the handbook

This document identifies examples of initiatives, mostly Canadian, to reduce the harms related to the illicit use and disposal of pharmaceuticals, with a specific focus on awareness-raising. It also includes examples of successful multi-agency partnerships and showcasing models where police, public health and the private sector are working together in a coordinated and effective manner, as well as practical information, budget tools and templates, and awareness materials developed to reduce the use of prescription drugs for non-medical purposes.

It is hoped that presenting these practices will provide practical information for those seeking to identify and implement effective practices such as hosting municipal, regional or provincial prescription drug return initiatives. Groups interested in developing their own initiatives are also encouraged to explore and promote other initiatives in place in their municipality or region, such as the programs mandated through provincial regulations (i.e. Ontario's regulation).

2. Prescription Drug Return Initiatives

Many drug return initiatives already exist in Canada. While not all initiatives and programs can be included in this handbook, promising practices have been selected to demonstrate the range of options that are available and which have been successfully implemented in Canada. Each prescription drug return initiative in this handbook differs in their approach and has been successful in overcoming challenges such as funding pressures, legal issues concerning the transportation and destruction of pharmaceuticals, and the competing priorities and mandates of partner organizations. Each initiative may offer valuable tips for others who may wish to undertake a similar initiative.

The initiatives in this handbook include:

- United States Drug Enforcement Administration's National Take Back Initiative;
- Niagara Region Drug Drop Day;
- Ministry of Environment (Ontario) regulation;
- Cornwall's Medi Drop Program;
- Ottawa Public Health Medication Clean-Out Project; and
- Medications Return Program.

Other existing initiatives, not in this handbook, include:

- Municipal/Provincial/Territorial Household Hazardous Waste Collection Programs
- Pharmacy Take Back Programs
- Private Sector (i.e., Pharmaceutical Industry) Take Back initiatives
- Etc.

In addition, there are a number of forms, templates and sample letters (**Appendix B**) that can be used to facilitate take back planning and implementation including:

- Budget examples and templates
- Health Canada Form 3515
- Various awareness materials (e.g., posters, bag tags, newspaper ads, etc.)
- Sample letter to the City Clerk

Public Safety Canada has been involved in a number of prescription drug return initiatives and can provide information on the misuse and abuse of pharmaceuticals as well as valuable resources and advice on holding a prescription drug drop day. This information and the materials can be obtained by contacting: socd.cgco@ps-sp.gc.ca.

United States Drug Enforcement Administration – National Take Back Initiative

Agencies involved:

- US Drug Enforcement Administration (DEA)
- State, local, and tribal law enforcement partners

The DEA's National Take Back Initiative has been a major source of influence and the DEA has been exceptionally supportive in developing Canadian take back initiatives.

According to the American *Controlled Substances Act*, pharmacies and reverse distributors cannot legally take back controlled substances; they must be disposed of by the DEA. The National Take Back Initiative was created to allow for the disposition of unwanted, unused or expired drugs to the DEA (through the Secure and Responsible Drug Disposal Act of 2010). For the Take Back Days, law enforcement representatives must be present at all take back locations. The DEA Divisional Offices provide supplies such as boxes, printed materials, vehicles, etc. The DEA is also responsible for the transportation and destruction of the collected materials at EPA approved facilities. Given the scale of the Take Back Days, total costs range from \$2.2 to \$4.2 million.

In addition, the DEA has created a law enforcement database which ensures that locations are registered and that pharmaceuticals will be legitimately collected and destroyed. All law enforcement agencies who wish to participate in the Take Back Day must register in this database. Their Take Back Day information is in turn entered into an online public database so that individuals are able to locate the collection sites nearest them. This database is available to the public approximately six weeks prior to the take back day and can also be accessed by phone for those who do not have internet access.

Take Back Days to date:

| Dates | Sites | Participants | Tons |
|----------------|-------|--------------|-------|
| September 2010 | 4,086 | 2,992 | 122 |
| April 2011 | 5,361 | 3,856 | 188 |
| October 2011 | 5,315 | 3,946 | 188.5 |
| April 2012 | 5,659 | 4,268 | 276 |

DEA materials can be accessed via the Partnership Toolbox: http://www.justice.gov/dea/take-back/takeback-day_2012.html

Contact Information:

Lisa M. Young, Staff Coordinator Telephone: 202-307-9435

Email: <u>Lisa.M.Young@usdoj.gov</u>

Cathy A. Gallagher, Associate Section Chief

Telephone: 202-307-4654

Email: Cathy.A.Gallagher@usdoj.gov

Niagara Region Drug Drop Day

Agencies involved:

- Niagara Region Public Health (NRPH)
- Niagara Regional Police Service (NRPS)
- Ontario Provincial Police (OPP)
- Public Safety Canada (PS)
- Ontario Association of Chiefs of Police (OACP)
- Donations and contributions from the private sector

On May 12, 2012, the Niagara Region Public Health, in association with the NRPS, OPP, OACP and PS, hosted a Drug Drop Day for the 12 municipalities that make up the region of Niagara. This is based on the U.S. Drug Enforcement Administration's National Prescription Drug Take-Back Days that have been held successfully twice a year throughout the United States since 2009.

Objectives of the Drug Drop Day are:

- To promote the opportunity for the public to dispose of unwanted/expired prescription medications in a safe and environmentally-friendly manner at convenient locations in communities throughout the Niagara Region.
- To describe the process for collection, identification, securing and destroying reclaimed medications.
- To raise public awareness of the various potential public safety and environmental threats posed by inappropriate use, storage and disposal of these medications.
- To demonstrate effective cross-jurisdictional partnerships and third-party support.

The May 2012 Drug Drop Day was attended by 426 vehicles and over 400kg of medications were collected. Of these 400kg, over 16,800 narcotic pills were collected. This greatly reduced the amount of medications that could be misused or diverted in the Niagara region. It is hoped that this Drug Drop Day will serve as a pilot for other jurisdictions and that it will be held on a regular basis in the Niagara region.

An awareness campaign accompanied the Drug Drop Day and several materials were created such as stickers, flyers and poster. These materials can easily be altered by any municipality, region or province that wishes to hold their own pharmaceutical return day. Examples of these materials are available in the next few pages and electronic copies can be obtained by contacting: socd.cgco@ps-sp.gc.ca.

Additional tools from the Niagara Region Drug Drop Day such as a budget, budget template, operational plan, inventory form and communications strategy are available at **Appendix B**.

Contact Information:

Erin McGinnis Niagara Region Public Health Telephone: 905-688-8248

Email: erin.mcginnis@niagararegion.ca

Tip:

Early partnership and collaboration between law enforcement and public health.

Materials

*NOTE: All materials displaying the pill bottle image are licensed. To use this specific image, users will need to pay a small licensing fee to **www.shutterstock.com** (Image ID #: 29799739).

To request assistance in translating these documents, please contact: socd.cgco@ps-sp.gc.ca.



Pharmacy Bag Tags:

Do you know where your prescription drugs are?

Chances are kids do.



Please take back all unused or expired medications to your local pharmacy.

Prescription drugs are being misused

- Prescription drugs, from your medicine cabinet, are one of the fastest growing party drugs for teens in Niagara
- They can be extremely dangerous and addictive
- 24 out of 100 Niagara youth have reported misusing prescription drugs at least once within the last year
- 17 of those 24 took the drugs from their families' homes

What can you do?

Lock up. Don't Mix. Take Back.

- Lock up your medications
 - Do not mix with alcohol
- Take back unused or expired medication to your local pharmacy

www.niagararegion.ca/health













Collection Of Pharmaceuticals And Sharps — Responsibilities Of Producers

Ontario Regulation 298/12 made under the Environmental Protection Act

In September 2012, the Ministry of the Environment (Ontario) filed a regulation requiring the proper end-of-life management of post-consumer waste pharmaceuticals and sharps.

The regulation implements an extended producer responsibility approach that requires producers of pharmaceuticals and sharps (e.g., manufacturers, brand owners or importers) to be responsible for the management of the wastes resulting from their products (e.g., unused or expired pharmaceuticals, or used sharps). Similar producer responsibility requirements also exist in other provinces.

Key principles of the approach are:

- Clear accountability on producers;
- Clearly articulated outcomes with flexibility for producers on how to meet requirements;
- Comprehensive, accessible, and convenient collection network to encourage consumer participation; and
- Comprehensive promotion and education activities to improve consumer awareness and knowledge of the collection network.

This regulation came into force on October 1, 2012, with a transition period of three months for producers to meet most requirements, such as the requirement to provide for the collection and disposal of waste pharmaceuticals and sharps and have the minimum number of collection locations available (i.e., by January 1, 2012).

Police services may wish to consider this new regulation when providing their outreach for collection.

The regulation can be accessed at:

http://www.e-laws.gov.on.ca/html/source/regs/english/2012/elaws_src_regs_r12298_e.htm

Contact information:

Ministry of the Environment Waste Management Policy Branch 135 St. Clair Avenue West, 7th Floor Toronto, Ontario M4V 1P5

Telephone: 416-325-4100

Medi Drop (Cornwall)

Agencies involved:

- Cornwall Community Police Service (CCPS)
- Eastern Ontario Health Unit (EOHU)
- Donations and contributions from the private sector

Medi Drop is a program that offers a safe place for the public to dispose of unused, unwanted or expired medication for free. Through this partnership, four Medi Drop boxes have been placed at police stations and hospitals throughout the city of Cornwall. The collection boxes are locked and securely mounted to prevent removal of the box or removal of medication from within the box without a key. As syringes cannot be placed in the drop boxes, bulk sharps disposal containers have been installed at each deposit location.

The drop boxes are emptied on a regular basis by the CCPS Evidence Unit who documents each collection to track the medications that have been collected and to monitor the program. The CCPS weighs the collected medications and secures them until they can be destroyed by incineration through a contracted provider of this service. As of December 2012, the CCPS has collected over 360 pounds of prescribed medications.

In developing the Medi Drop program, the CCPS was successful in obtaining donations from the private sector to get the drop boxes made. In return for the donation, the CCPS promised to add logos to the drop boxes and to pamphlets. The following chart illustrates the costs associated with obtaining drop boxes.

The advertising materials developed not only promote Medi Drop, but also provided education for the general public about the risks associated with keeping unused medications at home and with the unsafe disposal of medications. A brand (including the name of the program, logo, colours, etc.) was developed for Medi Drop to ensure that the program becomes known and easily recognized by the public. After the initial launch of the program through the website and distribution of the flyer, promotional activities (such as radio advertising) continued on a regular basis for about 8 months.

| Activity | Quantity | In-kind/ Donated | Cost |
|---|---------------------|---------------------|------------|
| Drop Boxes | 4 | ✓ | - |
| Secure Locks | 4 | ✓ | - |
| Sharps Disposal Containers | 4 | ✓ | - |
| Labelling for the Drop Boxes | 4 | ✓ | - |
| Advertising – Flyer – Printing Costs | 25,000 | EOHU | \$1,517.00 |
| Advertising – Flyer – Distribution Costs | ~23,000 | EOHU | \$2,877.19 |
| (unaddressed mail-out through Canada Post) | | | |
| Advertising – Radio Advertisements | Airing for 8 months | EOHU | \$4,675.00 |
| Advertising – Posters (printed internally) | 75 | EOHU | \$8.25 |
| Website Development Costs (e.g., domain name, | Bilingual | EOHU | \$340.00 |
| pictures) | website | | |
| Video Costs (e.g., music, voice-overs) | 3 videos | EOHU | \$570.00 |

| Translation Costs for All Materials and Website | - | EOHU | \$650.00 |
|---|-------------|------|--------------|
| EOHU Employee Hours Worked to Develop | ~300 hours/ | EOHU | ~\$15,000.00 |
| Materials (e.g., website, flyers, posters) | 5 employees | | |
| TOTAL | | | \$25,637.44 |

For more information, please visit: www.medidrop.ca. This website provides more detailed information about the program as well as resources for parents and youths such as links to addictions services and prevention programs. The CCPS also created a bilingual pamphlet for the program; a copy of this pamphlet is available below.

Contact Information:

Danielle Lauzon

Cornwall Community Police Service Telephone: 613-933-5000 ext. 2456 Email: <u>lauzon.d@cornwallpolice.com</u>

Securing the drop-off boxes with high quality locks and ensuring safe disposals with continuous video surveillance is key.

Medi Drop

A safe place for you to dispose of unused, unwanted or expired medication.



BY USING MEDI DROP, YOU CAN HELP PREVENT:

- accidental poisoning or overdose
- home break-ins by thieves looking to get their hands on medication
- your kids or their friends taking medication to get "high"
- contaminating the environment

DO DROP THESE ITEMS

- Expired, unwanted or unused medication
- ◆ Over-the-counter medication
- ✓ Narcotics
- **Vitamins**
- ✓ Pet medication
- **Inhalers**
- **✔** Unopened EpiPens
- Liquid medication (in container or bag)
- Medication samples

DO NOT DROP THESE ITEMS

- ✗ Needles, lancets, syringes
- X Thermometers
- X IV Bags
- ★ Bloody or infectious waste
- X Trash
- X Mail



MEDI DROP LOCATIONS

- **Cornwall Community Police Service** 340 Pitt Street, Cornwall ON
 - 24 hours, 7 days a week (in the lobby)
- **Cornwall Community Police Service East End Station** 330 Montreal Road, Cornwall ON Mon-Fri: 8 a.m. - 4 p.m.
- Cornwall Community Hospital McConnell Avenue Site 840 McConnell Avenue, Cornwall ON
- 24 hours, 7 days a week (in the lobby)
- Cornwall Community Hospital Second Street Site 510 Second Street East, Cornwall ON 24 hours, 7 days a week (in the lobby)

SPONSORS









Ottawa Public Health Medication Clean-Out Project

Agencies involved:

- Ottawa Public Health (OPH)
- Ottawa Community Housing (OCH)
- Private partners (e.g., pharmacies)

Ottawa Public Health, in collaboration with Ottawa Community Housing via the Aging in Place initiative, hosted several Medication Clean-Out days. The project aims to encourage seniors to clean out their medicine cabinets of unused or expired medications on a regular basis.

The project's awareness materials provide dual messaging about safety (misuse, abuse and environmental safety) and well-being. OPH encourages seniors to have an annual review of their prescribed and over-the-counter medications with their physician or pharmacist to reduce the number of senior falls due to polypharmacy.

Public Health Nurses work with senior residences to arrange the collection and pick-up of unused or expired medications that are then disposed of at a pharmacy. Disposal arrangements are made with neighbourhood pharmacies in advance.

Contact Information:

Jacqueline Roy

Telephone: 613-580-2424 ext. 19325 Email: Jacqueline.Roy@ottawa.ca Tip:

Facilitate access for vulnerable populations by providing drop off sites where they reside.

Medications Return Program

Agencies involved:

- Post-Consumer Pharmaceutical Stewardship Association (PCPSA)
- Capital Regional District (BC)
- Public Safety Canada
- Provincial and municipal governments
- Private partners (e.g., pharmacies, colleges of pharmacists, etc.)

The PCPSA was created in 1999 and its mandate is to manage unused or expired medications in a cost efficient and environmentally acceptable manner that meets government policy or legislation. Through their website (**www.medicationsreturn.ca**), the PCPSA offers advice and resources to Canadians on how and where to dispose of unused or expired medications. Their website also offers lists of pharmacies that will accept medication returns in some provinces.

In partnership with Public Safety Canada, the Capital Regional District and Pharmasave, the PCPSA organized a contest in British Columbia to raise awareness with youths about medication returns. Youths in high school and film schools participated in the contest with the purpose of developing a video to educate the public on the dangers of improperly disposing of unused medications. Nine videos were submitted; a shortened version of the winning video was broadcast on television and is posted on the internet, receiving a consistent number of daily plays. The winning video can be viewed at: www.medicationsreturn.ca/about-us/publications.

Contact Information:

Ginette Vanasse

Executive Director, Post-Consumer Pharmaceutical Stewardship Association

Telephone: 613-723-7282

Email: info@medicationsreturn.ca

3. Government Resources

Health Canada

The Health Canada, **Office of Controlled Substances**, can, in some cases, reimburse the costs associated with the destruction of collected medications, which contain controlled substances. Law enforcement agencies must fill out form 3515 (Drug Offence and Disposition Report) and return it to Health Canada after 60 days have passed since the date of collection of the medications. Agencies should indicate the name of the medications and number of tablets/capsules/units collected and provide as much information as possible. Agencies should write "Take Back Day" in box 3A and 4, and Health Canada will prioritize the request, once received. The form can be found at: http://www.hc-sc.gc.ca/hc-ps/substancontrol/law-loi/hcsc3515-eng.php or in Appendix C.

The form can be sent by email to: drug_disposal@hc-sc.gc.ca or mailed to:

Office of Controlled Substances National Compliance and Exemption Division 123 Slater Street AL 3502B Ottawa, Ontario K1A 0K9

Health Canada's **Environmental Impact Initiative (EII)** has the mandate to reduce environmental and indirect human health impacts of substances in products regulated under the *Food and Drugs Act*. As part of its activities to fulfill that mandate, the EII is researching existing regulatory and non-regulatory initiatives that reduce the impact of products, regulated under the *Food and Drugs Act*, on the environment. The EII expects to hold broad consultations in 2013 to inform the possible development of new or updated non-regulatory initiatives.

For more information on the EII, please visit their Web page on the Health Canada Web site: http://www.hc-sc.gc.ca/ewh-semt/contaminants/person/impact/index-eng.php.

Canadian Association of Chiefs of Police (Resolution # 05-2012) ADDRESSING THE ILLICIT USE OF PHARMACEUTICALS Submitted by the Drug Abuse Committee

WHEREAS the Canadian Association of Chiefs of Police, in Resolution #08-2004, called upon the Federal, Provincial and Territorial Ministers of Health to prioritize the implementation of safeguards, in consultation with Canadian Policing and Pharmaceutical representatives, to prevent the further diversion of prescription drugs to the illicit drug trade.

WHEREAS the illicit use and/or misuse of pharmaceuticals, in particular narcotic opioids, has become an issue of increasing concern with impacts on public safety and community well-being;

WHEREAS trends indicate rising rates of recreational misuse of prescription drugs by youth, the majority of whom obtain these drugs from family medicine cabinets and from friends;

WHEREAS police in Canada are dealing with an increase in pharmaceutical-related crime including pharmacy robberies, prescription drug diversion and trafficking, and drug-impaired driving;

WHEREAS Canadian law enforcement were brought together to discuss this issue in June 2011 at Public Safety Canada's "Illicit Use of Pharmaceuticals" workshop in Vancouver, BC;

WHEREAS there remains a lack of clarity regarding police authorities in relation to prescription drugs, as well as a lack of collaboration and communication with health authorities in addressing prescription drug misuse;

WHEREAS the Canadian Association of Chiefs of Police is a member in the development of a National Framework on Prescription Drug Misuse being led by the Canadian Centre on Substance Abuse, the Nova Scotia Department of Health and Wellness and the Alberta Coalition on Prescription Drug Misuse, with the participation of federal and provincial departments and agencies, regulatory bodies and non-governmental stakeholders;

THEREFORE BE IT RESOLVED that the Canadian Association of Chiefs of Police endorses the need for a National Prescription Drug Misuse Strategy and the importance of enforcement specific actions as part of that work;

BE IT FURTHER RESOLVED that the CACP endorses an annual National Prescription Drug Drop-Off Day, to be held in conjunction with National Police Week, to encourage Canadians to drop-off their unused prescription medication to local police and community partners at specified locations;

BE IT FUTHER RESOLVED that the CACP commit itself to working with health sector partners, including pharmacists and physicians, to develop formal and informal channels of communication on the issue of prescription drug misuse, undertake joint efforts to increase

awareness, and to develop and disseminate tools and training aimed at reducing prescription drug misuse and related criminality;

BE IT FURTHER RESOLVED that the CACP urges all members to undertake data collection on pharmaceutical-related incidents, as well as participate in monitoring and surveillance efforts in partnership with health authorities, in order to track trends in illicit pharmaceutical use.

Resolution # 05 - 2012

ADDRESSING THE ILLICIT USE OF PHARMACEUTICALS

Commentary:

Prescription drug misuse has become a significant and growing public health and safety concern across Canada and the United States. Some jurisdictions have been particularly impacted. In 2008, there were 350 opioid-related deaths in Ontario – roughly equal to motor vehicle fatalities in the province, and in 2010 the Ontario College of Physicians and Surgeons issued a report calling the inappropriate prescribing, dispensing and misuse of opioids a "public health crisis." ¹

Media reports have also focused on some First Nations communities in Northern Ontario which report exceptionally high rates of prescription opioid addiction and abuse.

Globally, Canada is among the highest consumers per capita of pharmaceutical opioids (e.g. oxycodone). In 2010, one in five (20.6%) Canadians aged 15 years and older reported the use of opioid pain relievers in the past 12 months, with 1.1% reporting this use was to get high. Recreational use seems to be most prevalent among youth - according to the Centre for Addiction and Mental Health, in 2009, 20% of students in grades 7-12 reported using at least one prescription drug without a doctor's prescription.

From an enforcement perspective, the criminality associated with prescription drug misuse includes fraudulent use of the health care system, pharmacy robberies and trafficking; meanwhile, these 'licit' drugs challenge traditional supply reduction approaches.

In June 2011, Public Safety Canada hosted a workshop on the "Illicit Use of Pharmaceuticals" in Vancouver. The Workshop brought together 100 participants from across Canada, representing municipal, provincial/territorial and federal law enforcement as well as the health sector including pain management experts, public health agencies, and organizations representing physicians, pharmacists and dentists. The purpose was to promote multi-sectoral dialogue, to share information and local responses related the misuse of pharmaceuticals, and to identify areas for further action.

The Canadian Centre on Substance Abuse (CCSA) recently announced the launch of a National Prescription Drug Misuse Strategy which is being co-chaired by CCSA along with the Nova Scotia Department of Health and Wellness and the Alberta Coalition on Prescription Drug Misuse. CACP and Public Safety are the identified leads for the enforcement stream of that work. The Strategy will be finalized by the end of this calendar year and will stipulate specific short, medium and long term actions that can be readily put in place to prevent and reduce prescription drug misuse including those referenced in this resolution.

This resolution can be accessed by visiting: http://www.cacp.ca/index/resolutions.

¹ College of Physicians and Surgeons' (CPSO) report "Avoiding Abuse, Achieving Balance: Tackling the Opioid Public Health Crisis."

Budget (example)

The following is the budget for the Niagara Region Drug Drop Day held on May 12, 2012 and is included as an example of potential costs incurred during a Drug Drop Day. A Budget template follows.

| Activity | Quantity | In-kind/ Donated | Cost |
|--|-----------|---------------------|-------------|
| Advertising | | | |
| Facebook AdvertisingUsually \$50-\$75 per day (rate based on how many people click the ad) | | | \$2,000.00 |
| Movie Theatre Advertising 10 second ads Played at two theaters for eight weeks | | | \$8,000.00 |
| Radio Advertisements Live four hour broadcast at three event locations 15 second broadcasts the weekend of the event 30 second advertisements for two weeks leading up to the event Two week video pre-roll on the radio website | | | \$20,000.00 |
| Newspaper Advertisements • Half page ads in various newspapers | | | \$7,800.00 |
| Printed Materials | | | |
| Pharmacy Bag TagsPostcard-sized, are stapled to prescriptions by pharmacists | 80,000 | | \$2,300.00 |
| Flyers • 8½ x 11 | 10,000 | | \$3,600.00 |
| Magnets Magnetic clips | 2,500 | | \$2,300.00 |
| Bags Reusable grocery tote bags | 3,000 | | \$8,200.00 |
| Surveys • In colour | 3,000 | | \$335.00 |
| Posters • 11 x 17 • 27 x 41 | 500 30 | √ | \$4,500.00 |
| Roll Up Banners One per site on the Drug Drop Day | 14 | | \$5,300.00 |
| Stickers • Stickers with the Drug Drop Day date to be added to existing prescription return awareness materials | 30,000 | | \$1,200.00 |

| Other Costs | | | |
|---|-------|---|-------------|
| Drop-off sites | 14 | ✓ | - |
| 3-4 law enforcement officers per drop site | 42-56 | ✓ | - |
| At least one pharmacist and/or pharmacy student per drop off site | 14 | ✓ | - |
| Tents for the pill counting areas | 14 | ✓ | - |
| Drop off bins and boxes | | ✓ | - |
| TOTAL | | | \$65,535.00 |

Note: costs will vary based on region and availability of services/materials. Many of these costs can often be funded in-kind through private partnerships and donations from community sponsors.

Prescription Drug Drop Day Budget Template

Revenues:

| Source | Total Amount |
|---|-----------------|
| Cash | |
| Law Enforcement Agency | |
| Public Health Unit | |
| Municipal/Provincial/Territorial/Federal Government | |
| Private Sector | |
| Other | |
| In-kind/Donated | |
| Municipal/Provincial/Territorial/Federal Government | |
| Private Sector | |
| Other | |
| TOTAL REVENUE | |

Expenses:

| Activity | Quantity | In-Kind/ Donated | Cost |
|--------------------------------------|----------|---------------------|------|
| Advertising | | | |
| Social Media Advertising | | | |
| Movie Theatre Advertising | | | |
| Radio Advertisements | | | |
| Newspaper Advertisements | | | |
| Printed Materials | | | |
| Pharmacy Bag Tags | | | |
| Flyers | | | |
| Magnets | | | |
| Bags | | | |
| Surveys | | | |
| Posters | | | |
| Roll Up Banners | | | |
| Stickers | | | |
| Other Costs | | | |
| Drop-off sites | | | |
| Law enforcement officers | | | |
| Pharmacists and/or pharmacy students | | | |
| Tents for the pill counting areas | | | |
| Drop off bins and boxes | | | |
| TOTAL EXPENSES | | | |

Niagara Regional Police Service Operational Plan for a Prescription Drug Drop-Off Day

The Niagara Regional Police Service developed an Operational Plan (collection process) for the Drug Drop Day, this plan accounts for all the details of the day from a law enforcement perspective:

- Vehicles will be routed through the collection site by pylons and barriers. The collection site should be easily identified by the placement of marked police vehicles, a canopy with tables and chairs and a Prescription Drug Drop-Off Day sign. For officer safety and community safety, these driving lanes are to be clearly marked.
- 2) People drive to the canopy or tent area and hand their medications either through a window or they may pop the trunk. For officer safety and community safety it is important that people do not exit their vehicles.
- 3) The drugs will be deposited into the supplied orange "Home Depot" pails and walked over to the tables in the collection area. This is the examining area.
- 4) Each car that attends at the site will be given a recycle bag. These bags have general drug information and drug safety tips. These bags can be handed out during the exchange of the medications.
- 5) It is important to record the number of vehicles that attend each site and the times they attend. Please record these numbers on the Traffic Control Ledger. This can be done easily by putting a "tick" in the appropriate time slot on the ledger. This is a very important statistic for purposes of analyzing the program.
- 6) The drugs will be brought to the examining area. If there is a pharmacist or pharmacy student present they will examine the drugs. Where a medication has been identified as a narcotic prescription, this substance shall be taken to a further examining area where the medication can be counted and recorded by the pharmacist. Narcotic medications shall be placed into one of the provided Stericycle boxes and kept separate from the other medications. If the medications are deemed to be non-narcotic, they are simply placed in another Stericycle box. Each box holds a maximum capacity of 20 kilos. When a box is filled, it is to be taped closed, marked on the exterior with the following information:
 - a) Site location
 - b) "Narcotic" or "Non-Narcotic"
 - c) Box number
 - d) Time the box was started and the time it was sealed.

These boxes will be weighed when they are brought back to Headquarters.

7) At the sites where there is not a pharmacist or pharmacy student, the medications can be examined by a Drug Officer. If the officer can positively identify medications as narcotic, then they can be separated from the non-narcotic medications and they too will be weighed separately.

- 8) Each site will have a record book so the pharmacist/student/police can record the amounts of narcotics seized. This can be done by recording a pill count, or in the case of narcotic liquid medications, by using an estimated ounce dosage remaining in the bottle. The pills and liquids can be added into the same Stericycle box.
- 9) Each site has at least one biological sharps container for any turned in used syringes. During the initial examining area, the contents of the items for examination should be closely scrutinized to prevent unintentional breakages of the skin or perforation of the gloves.
- 10) Any unused items that get turned over during the event can be place in a separate box. These items such as diapers, unopened boxes of syringes, etc. will be collected and sent to Third World countries.

For more information or to consult the entire operational plan, please contact Detective Sergeant Terry Thomson at 905-685-2427 or 9900@nrps.on.ca.

Prescription Drug Inventory Form

Additional inventory forms are available by contacting: socd.cgco@ps-sp.gc.ca.

| | Drop-Off Site #1 | Drop-Off Site #2 | Drop-Off Site #3 | Drop-Off Site #4 | Drop-Off Site #5 | Drop-Off Site #6 | Drop-Off Site #7 | Drop-Off Site #8 | Drop-Off Site #9 | Drop-Off Site #10 | Drop-Off Site #11 | Drop-Off Site #12 | Drop-Off Site #13 | Drop-Off Site #14 | |
|---------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| Codeine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Demerol | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Diazapam | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fentanyl patches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hydrocodone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hydromorphone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lomitil | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Megestrol | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morphine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Opium - Belladonna | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oxycodone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Percocet / Oxycocet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Phenobarbital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Propoxyphene | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robaxisal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Teridural | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tramadol | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pills/Tablets Grand Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Codeine syrup ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dexamethasone ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hydrocode Bitertrate ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hydrocodone Liquid ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hydromorphe ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Methadone ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morphine Liquid ml | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Liquids Grand Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Original Form created by Sgt Terry Thomson #9900 NRPS

| | Number of Vehicles | Total Weight Non-Narcotic (grams) | Total Weight Narcotic (grams) |
|-------------------|---------------------------|-----------------------------------|-------------------------------|
| Drop-Off Site #1 | 0 | 0 | 0 |
| Drop-Off Site #2 | 0 | 0 | 0 |
| Drop-Off Site #3 | 0 | 0 | 0 |
| Drop-Off Site #4 | 0 | 0 | 0 |
| Drop-Off Site #5 | 0 | 0 | 0 |
| Drop-Off Site #6 | 0 | 0 | 0 |
| Drop-Off Site #7 | 0 | 0 | 0 |
| Drop-Off Site #8 | 0 | 0 | 0 |
| Drop-Off Site #9 | 0 | 0 | 0 |
| Drop-Off Site #10 | 0 | 0 | 0 |
| Drop-Off Site #11 | 0 | 0 | 0 |
| Drop-Off Site #12 | 0 | 0 | 0 |
| Drop-Off Site #13 | 0 | 0 | 0 |
| Drop-Off Site #14 | 0 | 0 | 0 |
| Grand Total | 0 | 0 | 0 |

| Sharps* | 0 | |
|---------|---|--|

Original Form created by Sgt Terry Thomson #9900 NRPS

Communications Strategy

The Niagara Region Public Health developed a comprehensive communications strategy for their Drug Drop Day. The following are the main lines from this strategy. For more information, please contact Erin McGinnis at 905-688-8248 or erin.mcginnis@niagararegion.ca.

Main Objectives:

- To increase education and awareness among the general public about the problem of prescription drug misuse, and how/where to properly dispose of unused or expired prescription medications.
- 2. To promote Drug Drop Day, where the general public can drop off their unused or expired prescription medications for safe disposal.

Key Messages:

- 1. Dangers of improper disposal i.e., affects our water ways and soil, provides access/abundance in community when not disposed of
- 2. Make an informed decision lock up, take back
- 3. Locally disposal option outside of regional drops off, one unified day throughout municipalities to drop off Rx medications.

Communication Objectives:

- 1. Education/Awareness of prescription drug misuse risks/dangers
- 2. Education/Awareness of prescription drug misuse disposal practices
- 3. Education/Awareness of disposal locations available throughout the year (e.g., pharmacies)
- 4. Highlight/Promote the Drug Drop Day
- 5. Distribute Drug Drop Day promotional materials/resources

Stakeholders/Potential Partners:

The following programs and services already have the target audience/population engaged (e.g., parents, seniors, etc.) or established partnerships with local organizations/stakeholders who can target the appropriate audience/population.

Family Health (Regional/Municipal)

- Healthy Babies/Healthy Children Program
- Child Health Program
- Dental Health Program
- School Health Programs (Elementary and Secondary)
- Reproductive Health Program
- Infant and Child Development Services

Community Services (Regional/Municipal)

- Children's Services
- Social Assistance and Employment Opportunities
- Seniors Services
 - Long-Term Care Facilities/Homes
 - Seniors' Homes
 - Supportive Housing
 - Community Programs for Seniors

Chronic Disease and Injury Prevention (Regional/Municipal)

- Substance Misuse Prevention Program
- Injury Prevention Program
- Tobacco Control, Protection & Enforcement Program
- Youth Engagement
- Healthy Eating and Physical
- Suicide Prevention Program
- Workplace Wellness Program
- Early Detection of Cancer Program

Clinical Services (Regional/Municipal)

- Sexual Health
- TB Prevention & Control
- Immunization Management
- Vaccine Storage and Handling
- Infectious Disease Prevention & Control
- Community Mental Health

Environmental Health (Regional/Municipal)

- Inspection/Investigation (Food Safety, Safe Water, etc.)
- Rabies/Vector Borne Diseases

Other Regional/Municipal Programs and Services

- Central Support, Information and Surveillance
- Emergency Medical Services (EMS)
- Public Works
 - Development Services
 - Water and Wastewater
 - o Waste Management
 - o Transportation
 - o Garbage, Recycling and Organics
 - o Corporate Communications
- Municipal Chambers of Commerce, Board of Health, Councillors, Mayors, Other Politicians

Health Care Professionals

- Physicians
- Dentists/Oral Surgeons
- Pharmacists
- Nurse Practitioners/Nurses

Health Care Sector

- Provincial Pharmacists' Associations
- Hospitals/Emergency Rooms
- Clinics (e.g., walk-in, prompt care, pain management, oncology treatment, etc.)
- Laboratories
- Rehabilitation and Counselling Centres
- Community Health Centres
- Addictions and Treatment Centres
- Mental Health Organizations/Programming

Community Support Services

- Community Housing
- Neighbourhood Associations/Groups
- Community Centres/Arenas/Golf Courses/Sports Complexes/Parks
- Places of worship (e.g., churches, synagogues, mosques, temples, etc.)
- Parent/Grandparent Groups
- Child Care Facilities
- Clubs (e.g., Rotary, Lions, Kiwanis, etc.)
- Not-For-Profit Organisations (e.g., United Way, Diabetes Association, Canadian Cancer Society, Red Cross, St. Johns Ambulance, Boys and Girls Club, etc.)
- Employment and Career Planning Services/Agencies
- Multicultural Network Services/Programming
- Veterans Services/Programming

Provincial Ministries

- Family and Children Services
- Transportation
- Labour
- Environment
 - Health

Academic/Education

- Post-Secondary Institutions (Offering Relevant Pharmacy Programming/Studies)
- School Boards (Parent/Teacher Nights, Newsletters, Conferences, etc.)
- Business Education Councils/Networks
- Libraries/Literary Programs/Resource Centres
- Adult Education Programming

Private Sector

- Shopping Centers/Malls/Stores/Salons
- Media Outlets (e.g., Newspaper, Magazines, Television, Radio, social networking, etc.)
- Local Fax Broadcast System

Letter to City Clerk

The NRPS sent out this letter to confirm the date, time and location for the event in each community. They also asked if any equipment could be provided for the event.



Niagara Regional Police Service

68 Church St., St. Catharines, Ontario, Canada L2R 3C6
Tel. (905) 688-4111 Fax. (905) 685-5081
www.nrps.com nrps@nrps.com

Chief of Police Wendy E. Southall

April 17, 2012

William J. Kolasa Director of Corporate Services/Clerk

Town of Lincoln 4800 South Service Road Beamsville, Ontario

Dear Sir:

Re: Prescription Drug Drop-Off May 12, 2012 Hours 8 a.m. - 4 p.m.

The Niagara Regional Police Service (NRPS) is partnering with Niagara Region Public Health to conduct a Prescription Drug Drop-Off Day in each municipality in the Niagara Region.

The site selected within your community for this event is Town of Lincoln 4800 South Service Road Beamsville, Ontario.

The collection process involves having vehicles pull into the parking lot, drive to the collection area where they will hand their medications to the Police. The medications will be taken to an examining area where a pharmacist will identify and catalogue the medications. The medications will be placed in collection boxes and taken to the NRPS.

The vehicle occupants will not be exiting their cars, simply handing the pills over from the window or opening their trunks.

Specific needs for this event are pylons or barriers to control and entrance and exit route and where possible, a tent set-up for the analysis of the medications.

Thanks for your time and interest in this community event.

Yours truly

Terry Thomson Detective Sgt. #9900

9900

Prescription Drug Unit



Fort Erie • Grimsby • Lincoln • Niagara Falls • Niagara-on-the-Lake • Pelham Port Colborne • St. Catharines • Thorold • Wainfleet • Welland • West Lincoln



| Health Santé Canada Canada | | | | | | | | | | | | |
|---|---|----------------|---|--|---|---------------------------|---|---------------------------------------|---------------------------------|--------------------------------|----------------------------------|--|
| | ı | | | | DISPOSITI | | PORT | | | | Protected | |
| Please select the section under which authorization of destruction is required under the Controlled Drugs and Substances Act. | | | | Follow-up to previous request | | | | Correction to a previously form | | | | |
| You MUST check ONE of the following boxes to identify the purpose of s. 24(4) Pursuant to court order | | | | of the report being sent to Drug Analysis Service. s. 26 Security, health or safety hazard s. 28 Consent received | | | | | | | | |
| s. 25 No application for return of controlled substance within 60 days | | | | s. 27 Pursuant to court order | | | | s. 29 Emergency Destruction of plants | | | | |
| 1 Name and address of organization responsible for the seizure | | | | POLICE | | | | 2 Date File Opened (yyyylmm/dd) | | | | |
| | | | | CB\$A | | | | 3a Police: File Reference No. | | | | |
| | | | | 3 | | | | 3b CBSA: File Reference No. | | | | |
| Telephone No. Fax No. | | | | | | | | 4 Police: Exhibit Report No. | | | | |
| DEFENDANT (Use a separate form for ea | ch defendant o | r "No Case Exh | nibit") | _ | | | 1 | | | | | |
| 5 Name | | | | 6 Sex 7 Place of birth | | | | 8 Dale of birth (yyyy/mmldd) | | | | |
| 9 Address 10 Provin | | | 11 Occupation 12 known to use (list all drugs) | | | | 2 Citizenship 13 FPS | | | | | |
| OFFENCE AND DISPOSITION OF CHARG | | | | _ | | | | | | | | |
| 15(a) Act and section | of Drug | | | 15(b) Act and se | | 16(b) Name of Drug | | | | | | |
| 17(a) Date of arrest (yyyy/mm/dd) | e of offence | | | 17(b) Date of an | nm/dd) | 18(b) Place of offence | | | | | | |
| 19(a) Date of trial (yyyy/mm/dd) 20(a) Place of trial | | | 19(b) Date of trial (yyyy/mm/ | | | | v/dd) | 20(b) Place of trial | | | | |
| 21(a) Act and section or C.C. (conviction) 22(a) Date of sentence (y | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 23(a) Disposition of charge 24(a) Sentence | | | | 23(b) Disposition of charge | | | | | 24(b) Sentence | | | |
| CONTROLLED SUBSTANCES TO BE DES | | | | _ | | | 30 | | 31 | 32 | | |
| Item No. Date seized Drug Dru | em No. Date seized Drug Drug Name of drug(s) and other item(s) seized suspected | | | | | | Stage of product (for plants) | tion | Quantity | Unit (eg. kg. ml, plants | 33 Received by | |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | + | | |
| | | | | | | | | | | | | |
| 34(a) (b) (c) Samples taken Photos taken Prosecutor notified | | | | | Prosecutor's Nami | e | Telephone | ephone No. Fax No. | | | | |
| 35 Outline of case (Police use only) | | | | | | | SUB Status | | Zone | Watch | Date reported (yyrylmmidd) | |
| 36 Name and signature of first officer responsible Date (yyyy/mm/tdd) | | | | sign | signature of second officer responsible | | | | Date (yyyy/mm/dd) Time reported | | | |
| 37 On behalf of the Minister of Health, I he by incinerator or other appropriate mea | | | | | | | | subst | tances listed | above, | | |
| | | | | | | | | | | | | |
| POLICE SERVICE | Si | gnature | | | | | | Date | | •••• | | |
| 38 Once local destruction has been effected Drug Analysis Service | | | ward a copy | y to: | | | | | | | | |
| Drug Strategy and Controlled Sub Ottawa, Ontario K1A 189 Telephone No.: 613-946-1143, Fax | No.: 613-941-476 | 0 | | | | | | | | | | |
| | | | | | | ruction Date (yyyy/mmhld) | | | | | | |
| 41 Witne | | | | | | | | | | | | |
| | | | | | | 43 Facility location | | | | | | |
| | | | | | | 44 Method of destruction | | | | | | |
| HC/SC 3515 | | | | | | | | | | | aďä | |