



Community Pharmacy Roadmap Program Development Template

Program/ Service Quadrant	Return of Unwanted Medicines (RUM) – Medicine Disposal Service C – In-pharmacy Health Services and Programs
1. Program/Service Description	
a) Background	<p>Following a series of trials prior to July 1998, the Department of Health and Ageing provided funds to facilitate the collection and disposal of unwanted and out-of-date medicines from the Australian community through the Return of Unwanted Medicines (RUM) Project¹.</p> <p>RUM addresses one of the fundamental impediments to the Quality Use of Medicines (QUM) in Australia, namely safe disposal. It is widely understood that hoarding of old and unwanted medicines can lead to the medicines becoming toxic or harming children if left lying around, and leading to both misuse and abuse².</p> <p>Consumers can return medicines to any community pharmacy in Australia, and also via accredited pharmacists conducting Home Medicines Reviews (HMR). In 2009-2010, over 480,000 medicines were returned through RUM and disposed of by Environmental Protection Authority (EPA) approved high temperature incineration¹. This method of disposal avoids the significant environmental health hazard posed by inappropriate disposal through the sewerage system and landfill.</p> <p>Returned medicines are not recycled, which is in accordance with the internationally agreed guidelines on drug donations³. Due to Occupational Health and Safety Risk, RUM does not accept needles and syringes (refer to Needle and Syringe Roadmap Template).</p>
b) Brief Description	Community pharmacies collect these medicines at no cost in approved RUM containers. Pharmacists or other suitable staff collect the medicines and place them in the RUM container, which are collected by pharmaceutical wholesalers for disposal. A pharmacist may decide at time of collection to review medicines returned with the consumer.
c) Alignment with Government Policy	RUM aligns with the National Medicines Policy – Quality Use of Medicines.
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, utilising the network of 5000 plus community pharmacies to effectively and safely dispose of unwanted or out-of-date medicines is an efficient and cost effective way to support public health and safety.</p> <p>From a community pharmacy perspective, providing such a service reinforces the community pharmacists' roles as medication managers and custodians of the Pharmaceutical Benefits Scheme (PBS). It also promotes return patronage by offering a comprehensive suite of medicine services, including medicines review.</p>
e) Consumer Benefits	Consumers have the opportunity to safely dispose of any medications that were not utilised or are out of date. This reduces the risks of medication misuse, accidental poisoning and environmental toxicity to consumers and the community. RUM also provides consumers access to pharmacist advice on QUM.
f) Who Performs the Service	<ul style="list-style-type: none"> Pharmacists

¹ Returning Unwanted Medicine, The National Return & Disposal of Unwanted Medicines Limited (website: <http://www.returnmed.com.au/>)

² 'Beyond the medicine cabinet: An analysis of where and why medicines accumulate' (2008) *Environment International* Vol. 34:1157-1169

³ 'Guidelines for Drug Donations' (1999) World Health Organisation

g) Collaboration with Other Health Care Professionals	<i>Is the service likely to require any formal collaboration with other health care professionals?</i> No.
2. Implementation and Enablers	
a) Stakeholder Consultation	<i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement the program:</i> <ul style="list-style-type: none"> • Pharmacy organisations • Government bodies • Funders • Professional insurers
b) IT Requirements	<i>Is pharmacy software required to deliver this program?</i> No.
c) Infrastructure and Staffing	<i>Is a private consultation area required to deliver this program?</i> No. <i>Is the program within the pharmacist's/ pharmacy assistant's normal scope of practice?</i> Yes. <i>Will an additional pharmacist likely to be needed?</i> No.
d) Training	<i>What additional formal training is likely?</i> Nil.
e) Supporting Standards, Procedures and Templates / Checklists	<i>Will a QCPP standard be required?</i> No. <i>Will professional guidelines and/or standards be required?</i> No. <i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes. RUM Collection Procedure Protocols exist for each State and Territory ⁴ .
f) Legislation / Regulation Implications	Yes. Any Schedule 8 medicines returned for disposal are to be recorded and destroyed in accordance with state/territory legislation
Funding	
Funding Options	Possible funding options include: <ul style="list-style-type: none"> • Alternative Commonwealth Program <i>Has any funding for this program been secured?</i> Yes. Currently funded by the Commonwealth Government
Timelines	
Timelines	<input checked="" type="checkbox"/> Established community pharmacy practice <input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation(1 July 2016 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)

⁴ RUM Collection Procedure – Protocol for Pharmacists (June 2010).