

Prescription Drug Take Back Day

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ABSTRACT

Our purpose was to educate and provide materials to the Charleston County community for proper methods of disposing unused and expired medications to combat accidental poisoning and improper disposal of medications in the community. We proudly partnered with the Charleston County Sheriff's Department and MUSC Public Safety. MUSC Public Safety currently houses the **only** medication drop box in Charleston County. Charleston County Sheriff's Department helps to monitor illegal prescription use in the community.

In 2016, 550 people in South Carolina died from prescription overdose. During that same year, Charleston County was the second highest county in the state for opioid-involved overdose deaths. In 2016, South Carolina EMS administered Naloxone 417 times, an alarming 155 times more than the subsequent year .

METHODS

Focused on promoting equity within the Charleston community, our target population included the surrounding rural areas of Charleston, in which citizens may not have adequate resources or the time to travel to a drop box located miles from their home. We set up 4 four-hour Drug Take Back events in diverse locations and promoted the events to the public through the following outlets:

- ✧ Charleston County Sheriff's Office Press Release
- ✧ Live 5 News - WCSC-TV
- ✧ ABC News
- ✧ Facebook
- ✧ Town Hall and Church announcements
- ✧ MUSC student broadcasting

RESULTS

February 3rd – Tour Kickoff at MUSC

- ✧ Collected 3 pounds of medication

February 10th - New First Missionary Baptist Church

- ✧ Collected 1 pound of medication

February 17th - Awendaw Town Hall

- ✧ No collection

February 24th - Hollywood Town Hall

- ✧ No collection

Supplemental Supplies/Information Distributed:

- ✧ 24 Deterra Drug Deactivation Systems
- ✧ List of local Take Back Sites
- ✧ "Prescribed Opioids? Get Informed" brochure

Barriers faced in implementing the Take Back Tour were predominantly location and consistent communication with the communities. The more well known locations had better results.



CONCLUSIONS

The Equity group attempted to make a significant impact in our community by reducing the burden of unused medications within Charleston and the surrounding area. In review of our efforts, we collected 4 lbs of medication at 4 locations throughout the Lowcountry. We were happy with these numbers, but recognize that there remains room for improvement; specifically with the marketing outreach efforts. We advertised mostly within the MUSC community, but also reached out to the general public through radio, local news, online media, and local law enforcement. Moving forward, our group thought it might be more effective to reduce the number of sites in which drugs are collected, and instead spend that time creating opioid awareness within the community. For example, advertising our campaign in an area with heavy foot traffic the day before our collection date may be a more effective strategy to garner more deposits.



In conclusion, our Equity group was proud of what was accomplished in our limited time-frame. We had an excellent team that drew experience from multiple realms within the healthcare and law enforcement professions. The unique perspectives and training of each individual lent itself in a multidisciplinary fashion that we found to be invaluable to our project. With a few minor adjustments, the Prescription Drug Take Back Program could be a very useful tool to battle the opioid epidemic in Charleston.