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**Committee on Environment**

**Re: Raised Bill 92**

**Public Hearing, February 20, 2012**

Senator Meyer, Representative Roy and members of the Environment Committee my name is Ingrid Gillespie and I am the Director of the Lower Fairfield County Regional Action Council. I am here today to express my concerns about Senate Bill 92. As a member of the CT Prevention Network (CPN), we have worked to coordinate a regional Rx Drop Box pilot in a number of municipalities in Connecticut. The pilot was a success and has now expanded into a state-wide program. Because of the success of the current program I have concerns about mandating municipalities adopt this specific program.

I would like to begin by briefly describing the state-wide program that presently exists in Connecticut. It is called the Prescription Drug (Rx) Drop Box Program and includes a Policy and Procedure for any CT Police Department interested in implementing this program. This Policy and Procedure was developed as part of a regional pilot that was conducted between September 2010 and August 2011, and involved a number of members including the CT Department of Consumer Protection (DCP), as the agency who oversees the security and proper destruction of controlled substances in any location or registrant, and the US Drug Enforcement Agency (DEA), who are the agency providing authorization for police departments across the country to install Rx Drop Boxes in their facilities.

Development of this existing program has involved considerable time, effort and resources. The pilot project began as a regional effort in Lower Fairfield County involving various organizations including DCP. This was followed by recruitment of support from the CT Prevention Network (CPN) and participation of the communities of New Canaan, Ridgefield, Greenwich and Wilton. Planning meetings were held to research effective practices, develop Policy and Procedures, identify the monitoring and evaluation process, and develop a box

design. In the summer of 2011, revisions were made for the implementation, monitoring and evaluation, and Policy and Procedures, following which the program and its specifics were announced on the DCP website in September 2011.

In January 2012, CPN hosted 2 state-wide information sessions on the Rx Drop Box. There are now 7 communities who have Rx Drop Boxes and at least 15 police departments who are in various stages of preparation to have one installed. Based on inquiries to Regional Action Councils and DCP, we anticipate many more Police Departments will come on board.

Therefore, although I agree with the need implied by Section 2 for a Rx Drop Box program, there are a number of concerns regarding legislation for such a program. First, there would seem to be an unavoidable duplication of effort with respect to implementation, and that poses a burden on resources that are already facing challenges. Second, the legislated requirement for the (re-) development of the program removes much of the decisions regarding installation and implementation from the local communities that are affected. Indeed, consistent feedback from those who have the Rx Drop Boxes is that they appreciate that they have a hand in determining their capacity to secure resources to implement the program. Third, it may be problematic to exclude involvement of agencies such as the DEA, DCP and CPN, who have been key players in the development of the existing program and whose mandate clearly covers the aims of the program. And fourth, the inclusion of even more governmental agencies is very likely to add to the costs and further complicate the development of the program.

Thank you for the opportunity to present my concerns regarding this proposed legislation.