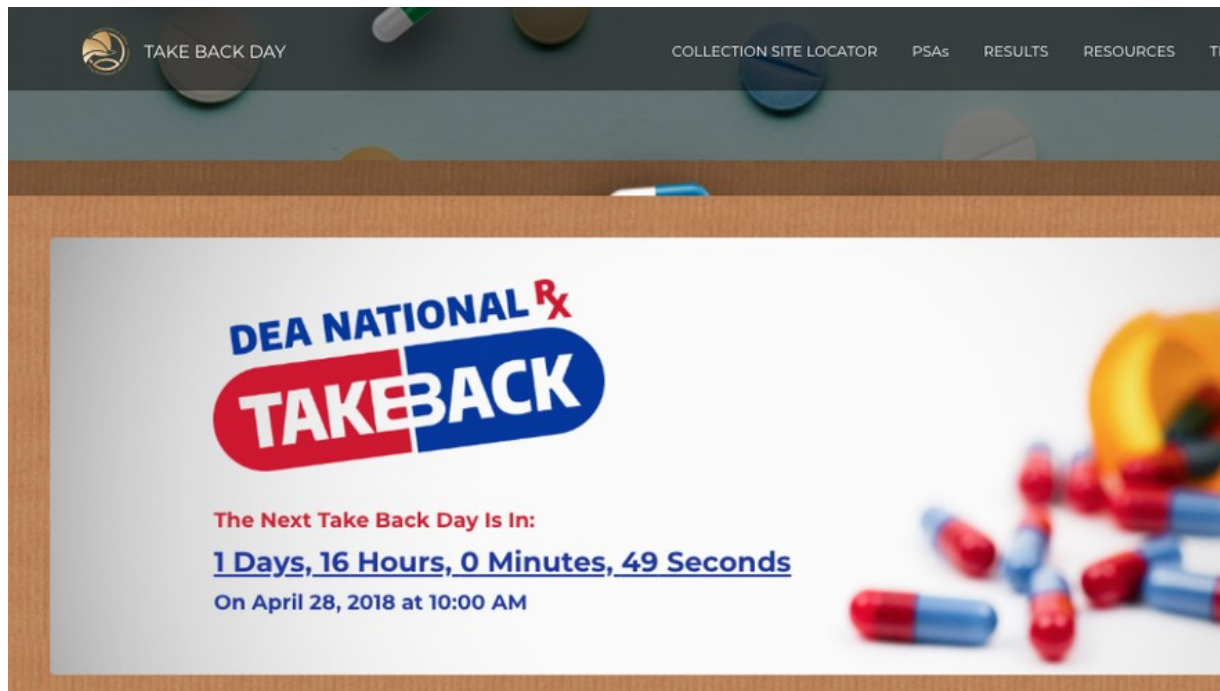


# Pharmaceutical companies, activists battle over cost, effectiveness of opioid takebacks



Screen capture from the DEA's official website for the National Prescription Drug Take Back Day, slated this year for Saturday, April 28. (takebackday.dea.gov) more >

By Jeff Mordock and Tom Howell Jr. - *The Washington Times* - Thursday, April 26, 2018

Gun takeback days proved so popular that the government is trying it with drugs, asking people to turn in unused opioids, hoping to get them out of people's medicine cabinets before they are used to feed someone's addiction.

The Drug Enforcement Administration expects Saturday to be the biggest takeback day ever, topping the 912,305 pounds collected last year.

Although the effort may be good for adding to the stigma of opioids as a scourge, analysts say, it's not clear whether the amount collected makes a dent in the total supply available to determined addicts.

And it's costly.

Safely disposing of unwanted medications costs \$1.50 a pound, a North Carolina state study calculated. That doesn't include the costs of transportation, staffing and other overhead to run the takebacks. Since the first National Take Back Day was established in 2010, more than 9 million pounds have been collected, costing local governments an estimated \$13.5 million.

Municipalities have begun to fight back, hoping to shift those costs to the pharmaceutical industry. Massachusetts and local governments in California and Washington have enacted laws forcing drugmakers to fund takeback programs.

"If the pharmaceutical industry has to pay for the unwanted and unused drugs in the back end, maybe they will figure out ways to reduce the amount of prescriptions so people only buy what they need," said Scott Cassell, CEO of the Product Stewardship Institute, a nonprofit environmental policy group that supports takeback programs.

Pharmaceutical companies have resisted. Industry trade groups have argued that takeback programs are not effective.



They also claim it is unfair to force private, out-of-state corporations to pay the tab for a local government responsibility.

"There is an appropriate role for government to do this," said Craig Burton, vice president of policy for the Association of Accessible Medicines, which advocates on behalf of generic drug manufacturers.

So far, political will for this battle has been only at the local level. Some federal lawmakers this year have begun debating bills requiring safer disposal of medicines, but they have not discussed how such measures would be financed.

The battle over picking up the tab has become so fierce that the federal courts had to weigh in on it.

In 2015, Alameda County, California, implemented the nation's first permanent takeback program and required pharmaceutical companies to pay for it. Under the plan, drug companies would pick up the tab for running 110 collection sites at police stations, pharmacies and hospitals.

The industry sued over the law, estimating that it would cost them \$1.2 million a year to comply. Alameda County disagreed with that total, saying the costs would likely be about \$330,000.

A federal court rejected the industry challenge, ruling that the program did not violate interstate commerce laws by requiring companies elsewhere to pay for local programs. The ruling was upheld by a federal appeals court, and the Supreme Court let that stand.

Takeback programs are one part of an all-ideas strategy to combat the opioid epidemic.

Congress is pouring billions of dollars into a national effort, law enforcement is vowing a more punitive approach to illegal dealers, and doctors are searching for better prescription strategies to keep drugs out of the market in the first place.

But each of those ideas has critics and questions.

Dr. Richard Blondell, vice chairman for addiction medicine at the University of Buffalo, said the fight over paying for drug takebacks distracts from its overall goal of reducing opioid deaths.

"It gets drugs off of the illicit market and raises public awareness of the problem," he said. "Those are two important things."

Research into takeback programs' effectiveness is limited, but a Wake Forest University study that looked at five Kentucky counties' experience said less than one-half of a percent of the total dangerous medications dispensed in those counties in 2013 were turned back over.

"Controlled medications collected by takeback events and permanent drug donation boxes constituted a minuscule proportion of the numbers dispensed. Our findings suggest that organized drug disposal efforts may have a minimal impact on reducing the availability of unused controlled medications at a community level," the authors concluded.

One issue limiting the effectiveness of takeback programs is lack of participation by pharmacies and other entities, the Government Accountability Office reported in October. The agency estimated that less than 3 percent of eligible participants collected unused drugs.

Pharmaceutical industry groups typically cite the GAO study when arguing why they should not have to fund drug takebacks.

"I think that's important to consider before you ask the feds, states or anyone else to be funding this," Mr. Burton said.

But supporters of the programs say preventing just one pill from falling into the wrong hands is worth the expense because it protects lives.



"If you cut the supply of drugs available in the illicit market, there will be fewer overdoses and lives lost so you will save money downstream," Dr. Blondell said. "What is the life of a 22-year-old worth?"

National Take Back Day events, which are held twice a year, continue to grow.

"They're getting more and more traction," said Gary Mendell, founder and CEO of Shatterproof, a group that combats the stigma of addiction and recovery. "The hope is we won't need them in a few years."







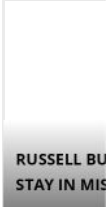
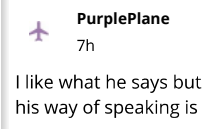
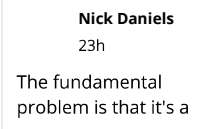
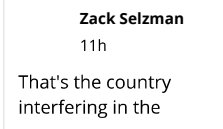
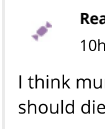
He said policymakers are helping make a dent by mandating doctors and dentists to dole out only two or three-days' worth of pills that patients need for acute pain, instead of a monthlong supply.

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