

Who should pay for disposing unused drugs? Pharma says: not us



KEITH SRAKOCIC/AP

Drug companies do not want to pay for retrieving and disposing unused prescription medicines.

By ED SILVERMAN [@Pharmalot](#)
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There are countless unwanted pills and syringes in households across the country, but it takes money to safely dispose of these medicines, and the pharmaceutical industry is trying to avoid picking up the tab. The resistance comes as the state of Massachusetts and local governments in California and Washington have passed laws that require drug makers to finance take-back programs for unused prescription medicines — driven in part by worries about leftover prescription painkillers getting into the wrong hands.

So far, the political pressure has been relatively contained. But still more cities, counties, and even federal lawmakers are pursuing similar laws. And with [momentum growing](#) for these initiatives, drug makers are worried about their bottom lines.

They ought to dispose of such concerns.

Although costs can vary depending upon regional factors, take-back programs are estimated to cost about one cent for every \$10 in sales, according to the [Product Stewardship Institute](#), a nonprofit environmental policy group that supports drug take-back programs. In Alameda County, Calif., which launched the first take-back ordinance last year and has become a model for other local governments, officials have estimated the cost at roughly \$330,000 a year on product sales of \$930 million (although a pharmaceutical industry trade group pegged the price higher, saying it could reach \$1.2 million annually).

Zoom out to the rest of the country, and such expenses can add up — especially if, as drug makers predict, these kinds of drug remediation programs become more common nationwide.

The pharmaceutical industry has adopted a range of tactics to avoid having to pick up the tab.

Trade groups initially tried for a legal dodge, but last year the US Supreme Court [refused](#) to hear the industry's objections. So now drug companies have taken to lobbying at the local level to block take-back programs.

In Los Angeles County, for example, the Consumer Healthcare Products Association started calling residents warning them that a proposed drug take-back program would increase local taxes — even when it would be drug makers on the hook.

The group, which represents companies that sell over-the-counter drugs, provided form letters outlining its complaints for people to mail to the county supervisor. “All I had to do was sign it and send it in,” said Carol Royce-Wilder, a photographer in Los Angeles. “I was led to believe it was about consumer rights. It was very misleading.”

In an interview, a spokeswoman for the association did not address the letter-writing campaign, but argued that the county legislation would create “an expensive, inefficient, unworkable, and ineffective program” and “do little to accomplish the goals the county is seeking to resolve.”

Meanwhile, several industry trade groups are supporting a bill in the California state assembly that would require local governments to, instead, adopt a state-run — and state-

financed — take-back program. In effect, this could block cities and counties from seeking industry funding.

The industry groups have offered to contribute \$5 million over five years to a nonprofit entity for educating consumers about disposal. What is meant by consumer education, however, is up for interpretation.

In 2014, the Pharmaceutical Research and Manufacturers of America, the largest such trade group in the country, launched a website called “[My Old Meds](#)” that recommends unused drugs should be placed with cat litter, sawdust, or coffee grinds in plastic bags and then tossed in the trash.

This disposal strategy, PhRMA claims, is a more environmentally friendly option than flushing pills down the toilet, and it makes the meds less palatable for would-be drug abusers. But the Product Stewardship Institute maintains this approach should generally be reserved as a last resort, and the US Food and Drug Administration recommends it only when a take-back program is not available.

A PhRMA spokeswoman said that consumers need options: “Most people don’t know what to do at all.”

It’s understandable that industry is pushing back. Drug makers have a responsibility to their shareholders, which means they must reduce or at least minimize costs. But the companies also have social responsibilities that include protecting the environment and thwarting further drug abuse.

The pharmaceutical industry might want to consider balancing these objectives and take back its objections.

This weekly column offers opinions on the latest pharmaceutical industry news.

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