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U.S.

D.E.A. Effort to Curb Painkiller Abuse Falls Short at Pharmacies

By **ALAN SCHWARZ** OCT. 10, 2015

When the Drug Enforcement Administration announced last year that pharmacies nationwide could accept and destroy customers' unwanted prescription drugs, experts in substance abuse called it a significant step toward easing the painkiller and heroin epidemic.

One year later, however, the response has been insignificant, dismaying optimists and leaving communities searching for other strategies. Only about 1 percent of American pharmacies have set up disposal programs, with none of those belonging to the two largest chains, CVS and Walgreens, which have balked at the cost and security risks, according to government and industry data.

Countless unused prescription pills like oxycodone and Xanax linger in household medicine cabinets, in easy reach of addicted adults and experimenting adolescents. People who develop painkiller dependencies often move on to heroin, which is considerably cheaper and provides a stronger high. About 23,000 Americans died of prescription-drug overdoses in 2013,

more than twice the number from 2001, according to the National Institute on Drug Abuse.

Flushing unwanted medications down the toilet is legal but discouraged because they can pollute water sources; throwing them in household garbage that eventually reaches landfills creates similar environmental concerns.

The D.E.A. decided to allow retail pharmacies to collect unwanted drugs — generally in secure, mailboxlike receptacles — because the locations are convenient for the public and already feature safeguards for the medicines, some of which can be worth \$40 per pill on the street. Pharmacies within hospitals and clinics are also eligible.

But participation is voluntary, and leaves pharmacies with the costs of collecting, safeguarding and incinerating the pills. In addition, at least eight states, including New York, have laws that forbid pharmacies to take back controlled substances.

A Walgreens spokesman said the company had not authorized any of its 8,200 locations to take back prescription drugs from customers. If someone asks to have unwanted medicine destroyed, he said, the store offers a do-it-yourself kit, for \$3.99, in which the pills are mixed with water and other substances to render their contents inactive.

“We consider this the safest and most convenient way to dispose of unused medications,” the spokesman, James Graham, said in a statement.

Since 2010, the D.E.A. has held 10 so-called take-back days — with the latest on Sept. 26 — during which the police and other law enforcement groups encourage people to bring them unwanted medications for disposal. While these have collected 2,400 tons of pills, limited research suggests that the vast majority are noncontrolled medications like cholesterol drugs, antibiotics, and even aspirin and dietary supplements. One expert likened the effort to “trying to eliminate malaria in Africa by killing a dozen mosquitoes.”

A CVS spokesman, Michael DeAngelis, said the company did not allow its 7,800 pharmacies to accept controlled medications, although it held a pilot program at one of its stores. He would not disclose the location or results.

Mr. DeAngelis said CVS instead sought to address prescription drug abuse through other means. For example, it has expanded its program of selling naloxone, a medication that can avert opioid overdoses, to customers without a prescription. And it pays for receptacles, which cost about \$800 each, that law enforcement officials use on the D.E.A.'s take-back days.

In some states, prescriptions for noncontrolled substances — those with vastly lower risks for misuse and addiction — are collected and redistributed to those in need. Social services officials in Tulsa, Okla., have about 20 retired doctors who retrieve surplus prescription drugs from dozens of area long-term-care facilities and take them to a pharmacy where they are checked, sorted and donated to low-income residents.

Begun in 2004, the program has filled 180,000 prescriptions worth more than \$35 million retail. But it does not handle controlled substances.

“They have such value on the street,” said Linda J. Johnston, the director of Tulsa County Social Services. “It’s not unusual to hear on the news about a pharmacy being robbed. It’s something we wanted to sidestep.”

While Ms. Johnston said she understood pharmacies’ concerns about security, both in guarding drop boxes and transferring their contents to disposal facilities, she expressed some skepticism for those who balk at the cost of destroying the substances. The drugs collected during Tulsa’s D.E.A. take-back day, and in about 20 other locations nationwide, are incinerated free by the local plant of Covanta, the waste and energy company.

Several West Coast counties, including Alameda (which includes Oakland, Calif.) and King (which includes Seattle), have passed ordinances to require the source of prescription medications — drug companies — to underwrite and

manage take-back programs. The Pharmaceutical Research and Manufacturers of America, the industry's main trade association, sued Alameda County over its law, but lost in the United States Court of Appeals for the Ninth Circuit. The Supreme Court declined to review the case in May, and the program could become the first to begin operation next year.

Scott Cassel, the chief executive of the Product Stewardship Institute, a nonprofit environmental group, said manufacturers in other industries had been required to handle the disposal of their own environmentally harmful products. For example, mattress makers in Connecticut are responsible for disposing of discarded mattresses because they are expensive to destroy or recycle.

“The mattress people were understandably not enthusiastic about picking up the cost,” Mr. Cassel said, “but the idea is to protect the environment and to ask industries to handle the waste. Right now it’s the taxpayers.”

As for pharmacies, Mr. Cassel said that generally only small, independent locations had used the D.E.A.’s new guidelines to begin collecting controlled medications, partly out of civic responsibility but also as a means of getting more customers in the store.

The small number of participating pharmacies does not bode well for the future of the program, said Howard Weissman, the executive director of the St. Louis affiliate of the National Council on Alcoholism and Drug Dependence.

“People mean well and want to do the right thing, but in the same way we mean to bring our plastic bags back to grocery stores, we wind up just throwing them in the trash,” Mr. Weissman said of unused drugs. “Until we figure out how to get people to understand how dangerous this stuff can be, parents are going to keep stocking their medicine cabinets with loaded revolvers.”

Correction: October 13, 2015

Because of an editing error, an article on Sunday about a disposal system for unwanted prescriptions misstated, in some editions, part of the name of a group that has a St. Louis affiliate led by Howard Weissman, who commented on the practice. It is the National Council on Alcoholism and Drug Dependence (not Drug Abuse).

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