

Washington state has the first comprehensive drug take-back program. Which state will be next?

By ED SILVERMAN @Pharmalot
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Keith Srakocic/AP

After years of skirmishes, the most comprehensive statewide drug take-back program in the nation became law late last week in Washington, potentially creating a new template for states to press the pharmaceutical industry to underwrite these efforts. The Washington [law](#) requires drug makers to fully finance and operate the program, which is designed to lower the threat of drug abuse stemming from medicines that linger in households and also reduce contamination in drinking water.

Ever since the U.S. Supreme Court [denied](#) an industry request to review a lawsuit filed over a drug take-back program in Alameda County, Calif., lawmakers in different parts of the country have been emboldened to introduce bills to force companies to finance the costs.

Local and state governments argue that drug makers are capable of paying for the programs, since the companies generate substantial revenue doing business in those jurisdictions. Annual prescription drug sales in Washington are estimated at \$5.7 billion according to the WA Secure Medicine Take-Back Coalition. The annual cost to drug makers is estimated to be about 0.1 percent of those sales, or about \$5.7 million.

Under the law, drug makers whose medicines are sold in, or into, the state must submit a proposal by July 1, 2019, explaining how they will meet requirements. There are also deadlines for when companies must contact pharmacies, hospitals, law enforcement, and others of the opportunity to participate and host a secure drop box. The state Department of Health will review and approve proposals.

“This law really fulfills the promise of the drug take-back programs and how they should operate,” said Margaret Shield of Community Environmental Health Strategies, who works with local and state lawmakers on environmental health issues.

“The pharmaceutical industry has refused for years to pay for drug take-back, but we need dedicated financing and coordination to make this work for communities. With this law, we’re making clear that, in every city and town across the state, there needs to be secure drop boxes and prepaid mailers available to all residents.”

Currently, two other states — Massachusetts and Vermont — require companies to underwrite the programs. But their laws are more limited by failing to define certain industry responsibilities or rely on partial industry funding, according to Vivian Fuhrman, senior associate for policy and programs at the Product Stewardship Institute, a nonprofit that supports drug take-back programs.

“The scope of this law is broader in terms of responsibility of parties, plans for stewardship, and convenience standards,” she explained. “So I think it will have a better chance of success and become the new model for drug stewardship laws.” She also noted this is the first “stand alone” law dedicated to such a program, while laws in the other states were folded into efforts to address the opioid crisis (see [here](#) and [here](#)).

In Massachusetts, for instance, only opioid drug makers are required to participate in the program. And there is also a sunset clause that means the program will end in December 2021.

“We’re trying to get rid of that, because it’s a glaring weakness,” explained Alejandro Alves, chief of staff to state Sen. John Keenan, who introduced a [bill](#) to eliminate the clause. “The state has had trouble implementing the program, because the pharmaceutical industry knows it’s going to go away in a few years and is just sitting on its hands, because it has no motivation to do anything.”

The Pharmaceutical Research & Manufacturers of America has [opposed](#) take-back programs that have been popping up around the country. We asked the industry trade group for comment and will update you accordingly. Currently, four California cities and 16 counties in California, New York, and Washington require drug makers to finance the programs.

Last year, though, PhRMA issued a [position paper](#) arguing that the proposed take-back program would not achieve its objectives because kiosk drop-offs and mail-back options could prompt diversion. The trade group also indicated that the cost of such a program would cause drug prices to rise.

And PhRMA reiterated an alternative: an industry effort called [MyOldMeds.com](#), which recommends unused drugs should be placed with cat litter, sawdust, or coffee grinds in plastic bags, and then tossed in the trash. But environmental activists say this should be a last resort and the Food and Drug Administration recommended this option only when take-back programs are [not available](#).

Drug makers, however, faced stiff opposition from a wide variety of organizations that supported the law. These included the Washington Association of Sheriffs & Police Chiefs, the Association of Washington Cities, the Washington State Medical Association, and the Washington Association for Substance Abuse & Violence Prevention, among others.

“This program addresses important public health issues such as the opioid epidemic, injury prevention, and environmental quality and health,” said Chris Bischoff, president of the Washington State Association of Local Public Health Officials, in a statement. “Having this program available throughout the state also reinforces that these issues are impacting our rural and urban counties alike.”

