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# Pharma Frets as Local Governments Adopt Drug Take-Back Programs

By Ed Silverman



Don't flush those meds, says PhRMA. Instead, put them in a sealable bag mixed with kitty litter or coffee grounds before tossing.

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Should drug makers be required to pay for take-back programs in which consumers can drop off unwanted medicines?

A growing number of local officials believe they should. Earlier this week, San Mateo County in California became the fourth local government in the country to adopt an ordinance that mandates the pharmaceutical industry underwrite the costs of a take-back program. In doing so, the county joined two others in California, including San Francisco, as well as one in Washington State.

But the efforts have alarmed drug makers, which are concerned that still more local governments will pass similar ordinances and saddle them with additional expenses. The pharmaceutical industry, moreover, believes the laws are unconstitutional and is waiting to hear whether the U.S. Supreme Court will hear its objections. A decision may come this month.

Take-back programs are designed to reduce contaminants in drinking water and lower the threat of drug abuse stemming from drugs that linger in household medicine chests. But local officials complain that, in the absence of state action, the costs threaten to overwhelm their budgets. And so they have turned to the pharmaceutical industry to pay for collections and disposals.

"We decided we needed to do something," says Waymond Wong, program supervisor in the San Mateo County Environmental Health Services Division. He estimates the annual cost for the take-back program is about \$250,000. "And drug makers should be part of the solution. They have the ability and infrastructure to make these programs more feasible and cost-effective."

The movement took hold three years ago when California's Alameda County adopted the first such local ordinance over the objections of drug makers. A spokeswoman for the pharmaceutical industry group, Priscilla VanderVeer, says "there is no rationale for mandating new, costly and redundant disposal options" because consumers can dispose of unwanted medicines at home.

She pointed to a suggestion on the FDA website that says consumers can remove drugs from containers and mix them with used coffee grounds or kitty litter, which makes the medicines less appealing to children and unrecognizable to anyone rummaging through trash. The next step is to place them in a sealed bag. This approach is "recognized as a viable, secure and ecologically sustainable option," the spokeswoman says.

Several industry trade groups—for brand-name and generic drug makers, as well as biotechnology companies—subsequently [challenged](#) the ordinance in court. They argued the county violated interstate commerce and discriminates against out-of-state companies by unfairly shifting costs to drug makers. A federal court [disagreed](#), though, prompting the industry to [seek](#) a Supreme Court review.

But some local government officials say more options are needed. The DEA, for instance, last fall discontinued take-back events and many local governments could no longer continue these programs on their own, says Ed Gottlieb of the Ithaca Area Wastewater Treatment Facility in New York. Pharmacies can collect unwanted medicines, but he points out they are not required to do so and do not receive funding.

As a result, the ordinances are gaining notice elsewhere, according to Scott Cassel, chief executive at the Product Stewardship Institute, a nonprofit that supports drug take-back programs. He says he is aware of at least a dozen other local governments around the country are considering similar legislation, including nine other California counties.

"There's definitely growing interest," he says. "Local governments are taking matters into their own hands, because they need solutions. And pharmaceutical companies could be collaborating and helping to ensure these programs make financial and environmental sense."

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