



## TOPIC

# Implementing Prescription Drug Take-back Initiatives

## PROBLEM

Billions of excess opioid pills are prescribed each year in the U.S., many of which end up stored in patient's homes.

This reservoir of excess opioids poses risks to young children (and pets) who accidentally ingest them. It may also initiate or maintain opioid misuse in adolescents and adults.

## SOLUTIONS



Prescription drug take-back days are operated around the country twice a year by the federal Drug Enforcement Administration in partnership with local law enforcement. These periodic efforts offer modest environmental protection benefits but have little or no impact on excess supply of opioids.



Recent Congressional legislation allows more sites in the U.S., such as pharmacies and hospitals, to become authorized, year-round drop-off sites for excess opioids.



Other developed nations such as France and Australia operate year-round prescription medicine disposal programs on a much broader scale than does the U.S.

## CONCLUSION

Take-back initiatives could likely achieve a larger effect if the U.S. enforced policies that funded a broad network of year-round drop-off sites, either from public funds or fees paid by opioid manufacturers. These policies are common outside the U.S.



## KEY POLICY EVIDENCE

National prescription drop-off days in the U.S. yield hundreds of tons of returned medication. This helps protect the environment by reducing the amount of drugs that end up in landfills or in the water supply (e.g., by being flushed down the toilet).

As of October 2017, only 2.5% of legally eligible drop-off sites in the U.S. were able to receive excess opioids. The cost of staff training, storage, and disposal is a significant barrier.

In the U.S. in 2019, nearly 5,000 law enforcement agencies and more than 6,000 collection sites participated in the DEA's annual Take-Back Day, collecting 468 tons of excess drugs.

### LEARN MORE

Pacira Pharmaceuticals (2017). The United States for Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America. <https://www.planagainstpain.com/explore-our-toolkit/2017-national-report>.

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Stewart H, Malinowski A, Ochs L, Jaramillo J, McCall K and Sullivan M (2015). Inside Maine's Medicine Cabinet: Findings From the Drug Enforcement Administration's Medication Take-Back Events. *American Journal of Public Health* 105(1): e65-e71.

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Humphreys K (2017). One Idea for Preventing Leftover Opioids from Fueling Opioid Abuse. *The Washington Post*. <https://www.washingtonpost.com/news/wonk/wp/2017/12/05/one-idea-for-preventing-leftover-opioids-from-fueling-opioid-abuse/>

McNeal B (2019). DEA's 17th National Prescription Drug Take Back Day Has Highest-Ever Partner Participation. <https://www.dea.gov/press-releases/2019/05/06/deas-17th-national-prescription-drug-take-back-day-has-highest-ever>

However, only 9% of drugs collected during U.S. prescription take-back days are controlled substances like opioids. Take-back days thus have minimal potential to reduce the rate of opioid misuse, addiction, and overdose.

North Dakota has the highest proportion of uptake by drop-off sites, at 32%. The state funds prescription drop-off programs through its Board of Pharmacy.

*The US Drug Enforcement Agency reported results from the 17th Drug Takeback Day in April 2019:*

- Total Law Enforcement Participation: 4,969
- Total Collection Sites: 6,258
- Total Weight Collected: 937,443 lbs

*The website <https://takebackday.dea.gov> provides information and promotional materials for communities and law enforcement agencies who want to participate in future take back days, which happen in April and October, as well as a searchable database of year-round drug take-back locations across the US.*

