

Report to the Legislature

Safe Medication Return

November 2022

RCW 69.48.190

Prepared by
Office of Health Professions
Health Systems Quality Assurance



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Executive Summary

The Washington State Legislature (legislature) passed Engrossed Substitute House Bill (ESHB) 1047, codified as chapter [69.48 RCW](#), which created a statewide system for the public to return unused household medications. This drug take-back system, known as Safe Medication Return, is funded by covered drug manufacturers, overseen and regulated by the Washington State Department of Health (department), and implemented by department-approved program operators. It provides the public with collection kiosks, prepaid, preaddressed mailers, and medication take-back events, along with outreach and educational material about the importance of safely storing and disposing of unwanted medication.

The department provided a June 2020 report to the legislature describing the rules created to implement ESHB 1047 and the initial approved program operator.¹

The legislature passed Second Substitute House Bill (2SHB) 1161 (chapter 155, Laws of 2021), modifying chapter 69.48 RCW to authorize the department to approve and allow the operation of multiple drug take-back programs that meet all statutory requirements.

[RCW 69.48.190](#) requires the department to report to the legislature on the status of approved drug take-back programs, including evaluating the programs' effectiveness and making recommendations for potential legislation that could improve Safe Medication Return. This report is due by November 15, following the first full year of operation, and every two years thereafter.

The department has approved two Safe Medication Return program operators: MED-Project, which began full operation November 21, 2020, and Inmar Intelligence, Inc. which had its application approved May 13, 2022. Inmar implemented its program in November 2022. These two program operators are coordinating to implement a single website and toll-free phone number to increase public understanding of Safe Medication Return and allow one-stop access to services. The department is currently conducting rulemaking to identify requirements for coordination between approved program operators.

¹ Washington State Department of Health, Report to the Legislature: [Safe Medication Return Program Report](#) (ESHB 1047), June 2020.

Status of Approved Drug Take-Back Programs

Overview

Safe Medication Return lets people dispose of household prescription and over-the-counter medications (including medications for household pets) in a way that is free, convenient, safe, and environmentally responsible. Safe Medication Return provides several ways for people to dispose of unneeded or unwanted medications, including secure collection receptacles (kiosks); free, prepaid, preaddressed mail-back envelopes and packages (mailers); and community medication take-back events (take-back events).

It provides information to the public, pharmacists, health care providers, and veterinarians about the importance of appropriately storing and disposing of unwanted medication to safeguard the environment and reduce poisonings, overdoses, and suicide attempts.

Safe Medication Return is funded by covered drug manufacturers, overseen and regulated by the Washington State Department of Health (department), and implemented by department-approved program operators. All medications collected by Safe Medication Return program operators are destroyed at waste facilities that meet federal disposal regulations.

[RCW 69.48.190\(2\)](#) requires the department to submit a report to the legislature that describes the status of approved drug take-back programs, evaluates programs' effectiveness, and makes recommendations for potential legislation that could improve Safe Medication Return. The legislative report must be submitted to the legislature by November 15 following the first full year of operation and every two years thereafter.

Program operators describe operations for the prior calendar year in annual reports due to the department by July 1. MED-Project was the only approved program operator during 2021. This legislative report includes program operator data from MED-Project annual reports describing operations from May 25, 2020, through December 31, 2021. This report also includes data from program operator monthly reports on manufacturer and kiosk host participation, ad hoc program operator safety and security reports, and the 2021 Safe Medication Return Evaluation Report from Idaho State University.

Legislation and rules

The legislature created Safe Medication Return in [chapter 196, Laws of 2018](#) (ESHB 1047). [Chapter 155, Laws of 2021](#) (2SHB 1161) added clear authority for the department to approve and allow the operation of multiple programs that meet all statutory requirements. [Chapter 69.48 RCW](#) sets the requirements for a statewide system for the public to return unused household medications, which the department refers to as Safe Medication Return.

In 2019, the department adopted [chapter 246-480 WAC](#), containing the rules necessary to implement and enforce chapter 69.48 RCW.

In 2022, the department began rulemaking to implement Chapter 155, Laws of 2021, which identifies and clarifies additional requirements for coordination amongst program operators to ensure consistent operation of Safe Medication Return. The sections under consideration are:

[WAC 246-480-010](#)—purpose and scope

[WAC 246-480-070](#)—promotion

[WAC 246-480-080](#)—program operator annual report

[WAC 246-480-990](#)—fees

Program operators

There are currently two department-approved Safe Medication Return program operators, Inmar Intelligence, Inc. (Inmar) and MED-Project. Each must independently meet all requirements of [chapter 69.48 RCW](#), including the required number of kiosks and other collection methods. MED-Project has been operating their program since 2020. Inmar was recently approved and implemented their program in November 2022.

Per [RCW 69.48.070\(2\)](#), all program operators must collaborate to present a consistent statewide drug take-back system so the public can easily identify, understand, and access educational materials and collection services provided by any program operator. They must coordinate their promotional activities, including developing and maintaining a single website and toll-free phone number. This single website and toll-free phone number must present all kiosks, mailer distributors, and take-back events, regardless of program operator, and must manage requests for mailers from individuals and retail pharmacies.

Covered manufacturer participation

Drug wholesalers that sell drugs in or into Washington are required to provide the department a list of drug manufacturers by January 15 each year. The department sends letters to entities that have an active Washington State Pharmaceutical Wholesaler License reminding them of the requirements of [RCW 69.48.040\(1\)](#).

The department emails potential covered manufacturers, including those identified by drug wholesalers, annually to inquire about their covered manufacturer status. [RCW 69.48.040\(3\)](#) requires recipients of these inquiries to respond to the department in writing. If a manufacturer does not believe they are a covered manufacturer they must provide the department the reason for that belief, a list of drugs they offer for sale, distribute, or repackage, and provide contact information for manufacturers of the drugs listed.

[RCW 69.48.030](#) and [RCW 69.48.050\(8\)-\(10\)](#) require covered manufacturers to continuously participate in Safe Medication Return through a department-approved program. In accordance with [RCW 69.48.090](#), program operators receive funding from the covered manufacturers who participate with them. The department collects an annual operating fee from each program

operator to cover the costs of the department’s administrative, oversight, and enforcement work as required by [RCW 69.48.120](#).

MED-Project began operations with 449 participating manufacturers. This number fluctuates slightly from month to month due to mergers or divisions and companies discontinuing or beginning production of covered drugs.

MED-Project reported 427 participating manufacturers in December 2021 and 462 in August 2022. Inmar reported 17 participating manufacturers in their approved plan and 19 in August 2022.

Grandfathered programs

[RCW 69.48.160](#) allowed counties to enforce grandfathered ordinances for drug take-back programs until a statewide program approved under [RCW 69.48.050](#) had been operating for twelve months. Seven counties—Clallam, King, Kitsap, Pierce, Skagit, Snohomish, and Whatcom—had local ordinances establishing drug take-back programs before implementation of the statewide system. On November 21, 2021, twelve months after the initial statewide program was fully implemented, these grandfathered programs were incorporated into the statewide system. There were no reported issues with this process.

About 60 percent of the state population lives in grandfathered counties and the grandfathered programs accounted for nearly 75 percent (117,420.6 pounds) of the 156,983 total pounds of medications collected at kiosks in 2021.

Convenience standard

[RCW 69.48.060](#) sets requirements for kiosks and kiosk placement, providing services in areas underserved by kiosks, providing mailers for distribution, and equitable and convenient access. [RCW 69.48.050\(2\)\(d\)](#) ensures kiosks are the primary collection method across the state. The department refers to the requirements of [RCW 69.48.060](#) and [RCW 69.48.050\(2\)](#) as the convenience standard, which includes the following:

- Kiosks are allowed at retail pharmacies, hospitals or clinics with on-site pharmacies, law enforcement agencies, long-term care facilities, and substance use disorder treatment programs, with preference given to locating kiosks at retail pharmacies, hospitals and clinics with on-site pharmacies, and law enforcement agencies ([RCW 69.48.060\(1\)\(c-d\)](#), [RCW 69.48.060\(3\)\(b\)](#)).

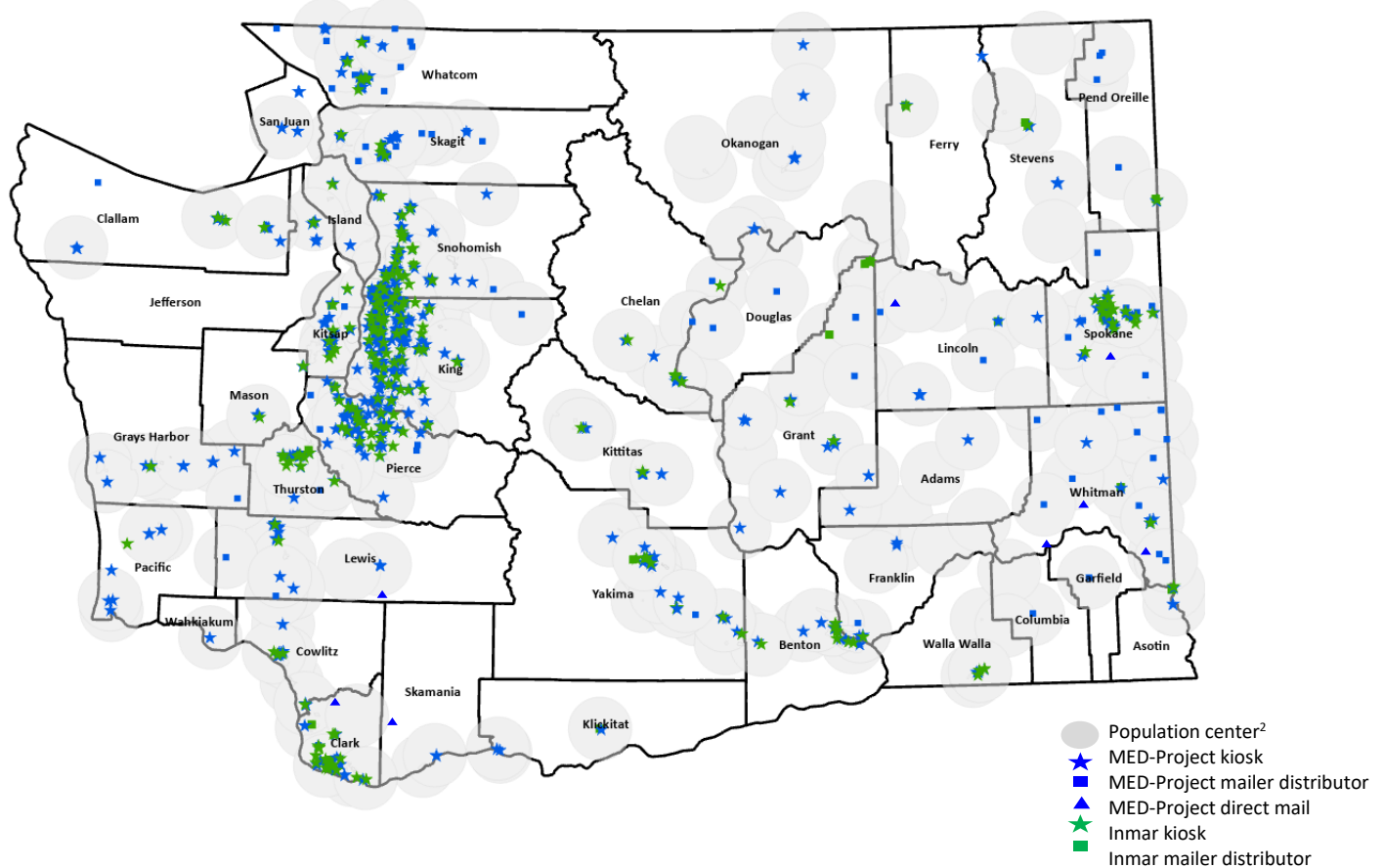
- If a retail pharmacy, hospital or clinic with an on-site pharmacy, or law enforcement agency offers to participate and meets statutory requirements, program operators must include them as kiosk hosts (RCW 69.48.060(1)(c)).
- Each program operator’s collection system must provide equitable and reasonably convenient access across the state. Kiosks and other elements of the collection system must be safe, secure, and convenient on a year-round basis (RCW 69.48.060(3)(a)).
- Kiosks must accept all covered drugs during the hours the collection site is normally open for business with the public (RCW 69.48.060(2)(a)).
- Program operators must ensure that each kiosk is serviced as often as needed to avoid reaching capacity, including a process for additional prompt collection service (RCW 69.48.060(2)(c)).

In addition, each program operator must:

- Locate at least one kiosk in each population center² plus one additional kiosk for every 50,000 residents of the population center’s city or town (RCW 69.48.060(3)(c)).
- On islands and in areas outside of population centers, locate a kiosk at each potential authorized collector that is regularly open to the public, qualified, and willing to participate (RCW 69.48.060(3)(c)).
- In areas underserved by kiosks, establish mail-back distribution locations (mailer distributors) or hold periodic take-back events. Program operators must consult with local communities, including local public health and law enforcement on where to locate these and their number or frequency. These supplemental services may not serve more than 15 percent of Washington’s population (RCW 69.48.060(3)(c) and RCW 69.48.050(2)(d)).
- Provide mailers to individuals that request them and to any retail pharmacy that offers to distribute them (RCW 69.48.060(3)(e)).

² A population center is a city or town and the unincorporated area within a ten-mile radius from the center of the city or town [[RCW 49.48.060 \(3\)\(c\)\(iii\)](#)].

Figure 1: population centers, kiosks, and mailer distributors as of August 2022



As of August 2022, there are 799 kiosks throughout Washington. MED-Project operates 597 and Inmar 202. One hundred sixty-four mailer distributors provide additional access. MED-Project operates 125 and Inmar 39.³ There have not yet been any Safe Medication Return take-back events due to COVID-19.

MED-Project meets or exceeds the required number of kiosks in 66 percent of population centers. In an additional 16 percent of population centers, MED-Project meets or exceeds requirements with a combination of kiosks and mailer distributors.⁴ The COVID-19 pandemic made consultation with local health jurisdiction (LHJ) staff difficult as they were overwhelmed with the ongoing COVID response. They did not have time to consult with MED-Project on the desired type and locations of supplemental service. In the absence of consulting with LHJ staff, MED-Project sent 24,854 mailers with educational material directly to households in eight population centers in need of supplemental service.

³ Inmar was approved as a program operator in May 2022. They will be fully implemented by November 9, 2022.

⁴ In 47 percent of population centers, MED-Project operates more kiosks than required. In many population centers, MED-Project maintains mailer distributors in addition to meeting or exceeding the kiosk requirement.

Inmar began operations May 25, 2022. As of August, they meet or exceed the required number of kiosks in 42 percent of population centers and meet or exceed requirements with a combination of kiosks and mailer distributors in another two percent of population centers.⁵

Safety and security

[RCW 69.48.080](#)(4) requires program operators to notify the department of safety or security problems encountered during collection, transportation, or disposal of collected medications as soon as practicable. No safety or security problems were reported in 2020. MED-Project reported seven safety and security problems as occurring or discovered in 2021.⁶ Two occurred in King County prior to grandfathered counties’ incorporation into the statewide system. MED-Project reported these as a courtesy and the department has included them in this report.

On average, there were 74 days between the occurrence or discovery of a safety or security problem and MED-Project receiving notice from their vendors. An average of 30 days elapsed from MED-Project notification to the department’s receipt of a safety and security report. The average from the occurrence or discovery of a problem to the department’s notification was 105 days.

Table 1: Safety and security reports

| Problem Reported by Category | Outcome |
|---|---|
| <p>Report #1</p> <p>At a routine quarterly site visit, MED-Project discovered that an unsealed collection box/liner package containing medication had been found near the pharmacy in an unsecured location.</p> <p>The pharmacy was closed when the event occurred but is located inside a store open 24 hours a day. Pharmacy staff discovered it when they arrived to begin work.</p> <p>It was unclear whether any drugs had been diverted and the pharmacy had not contacted the police or DEA.</p> <p>The collection box and liner were subsequently sealed and shipped for destruction.</p> | <p>MED-Project provided DEA reporting requirements to the kiosk host and updated their educational material related to reporting to the police and DEA.</p> <p>They also enhanced verification of monitoring prior to kiosk installation and began inspecting monitoring systems quarterly.</p> <p>In addition, MED-Project reviewed the event with the kiosk manufacturer.</p> |
| <p>Reports #2-4</p> | <p>MED-Project reported that transporters have policies and procedures for</p> |

⁵ In 25 percent of population centers, Inmar operates more kiosks than required.

⁶ Inmar did not begin program operations until May 25, 2022.

| Problem Reported by Category | Outcome |
|--|--|
| <p>Three collection box/liner packages were reported lost in transit.</p> <p>Two were initially in the transporters' record system prior to being lost. One was reported as shipped by the kiosk host but was never in the transporter's record system.</p> | <p>managing packages that appear to contain pharmaceuticals that cannot be delivered or returned. These policies and procedures include destruction at a permitted medical waste incinerator.</p> |
| <p>Report #5</p> <p>One collection box/liner package was correctly labeled but delivered to the wrong address.</p> | <p>The transporter confirmed that the wrong address received this package but could not determine what happened to the package. No further information is available.</p> |
| <p>Reports #6-7</p> <p>Two sets of inaccurately labeled injector mailers were sent to households.</p> <p>One set involved nine mailers the other, one mailer</p> <p>Three mailers were received and disposed of at two different disposal facilities. Neither disposal facility was included in MED-Project's approved plan</p> | <p>The MED-Project vendor sent nine households replacement labels and new, accurately labeled injector mailers with instructions asking people not to use inaccurate labels.</p> <p>The second disposal facility agreed to reroute future Safe Medication Return injector mailers they receive to a disposal facility listed in MED-Project's department-approved plan.</p> <p>MED-Project reported both disposal facilities were autoclave facilities, had required permits, and disposed of waste appropriately.^[1]</p> <p>MED-Project reported their mail-back vendor investigated these events, implemented IT enhancements, and provided additional training to their warehouse staff.</p> |

^[1] The department does not approve autoclave facilities for Safe Medication Return disposal.

Evaluation

[RCW 69.48.190](#) requires the department to evaluate:

- the secure medicine collection and disposal system, and
- the program promotion, education, and public outreach requirements established by this chapter.

It also requires the department to evaluate, in conjunction with an academic institution, the impact of the program on:

- Awareness and compliance of residents with safe storage of covered drugs
- Awareness and compliance of residents with disposal of covered drugs
- Rates of misuse, abuse, overdoses, and poisonings from prescription and nonprescription drugs, and
- Diversions of covered drugs from sewer, solid waste, and septic systems.

The law requires the evaluation to be done with an academic institution that is not a Washington state agency. The department contracted with Idaho State University Institute of Rural Health (ISU) for this evaluation. ISU conducted several surveys, including an awareness and compliance survey of state residents (public) and awareness surveys of law enforcement, pharmacists, health providers, veterinarians, and local public health staff.⁷ ISU also analyzed data from the [Washington Healthy Youth Survey](#), [National Survey on Drug Use and Health](#), and the department's Prescription Monitoring Program (PMP).

In addition to surveys and PMP data, ISU and the department analyzed data provided through program operator monthly reports of manufacturer participation and kiosk host sites, ad hoc safety and security reports, and annual collection and program operations reports.

Evaluation information in this report provides a baseline. Future reports will include comparisons and program impact over time.

⁷ The consumer awareness (public) survey had 2,001 respondents. There were 22 law enforcement respondents, 242 pharmacists, 767 healthcare providers, and 135 veterinarians. ISU did not include local public health survey results in their evaluation report as the response rate was too low for analysis. For all surveys, respondents could choose to skip any or all questions. Some questions were skipped automatically based on responses to prior questions.

Collection and disposal system

Weight of household medication securely and safely collected and disposed

Collecting unused medication began in 2020. Medication can be returned in kiosks or mailers either comingled in a sealed bag or in original containers. The original medication containers might be full or nearly empty. Per federal regulations, kiosk inner liners must be sealed immediately when removed and sealed inner liners and mailers must “...not be opened, x-rayed, analyzed, or otherwise penetrated.”⁸

As there is no way to determine what proportion of the total collected weight is due to medication containers, or to determine the proportion of prescription versus over-the-counter medication or controlled versus noncontrolled substances, all collection amounts are measured by the total pounds received at reverse distributors⁹ en route to destruction.

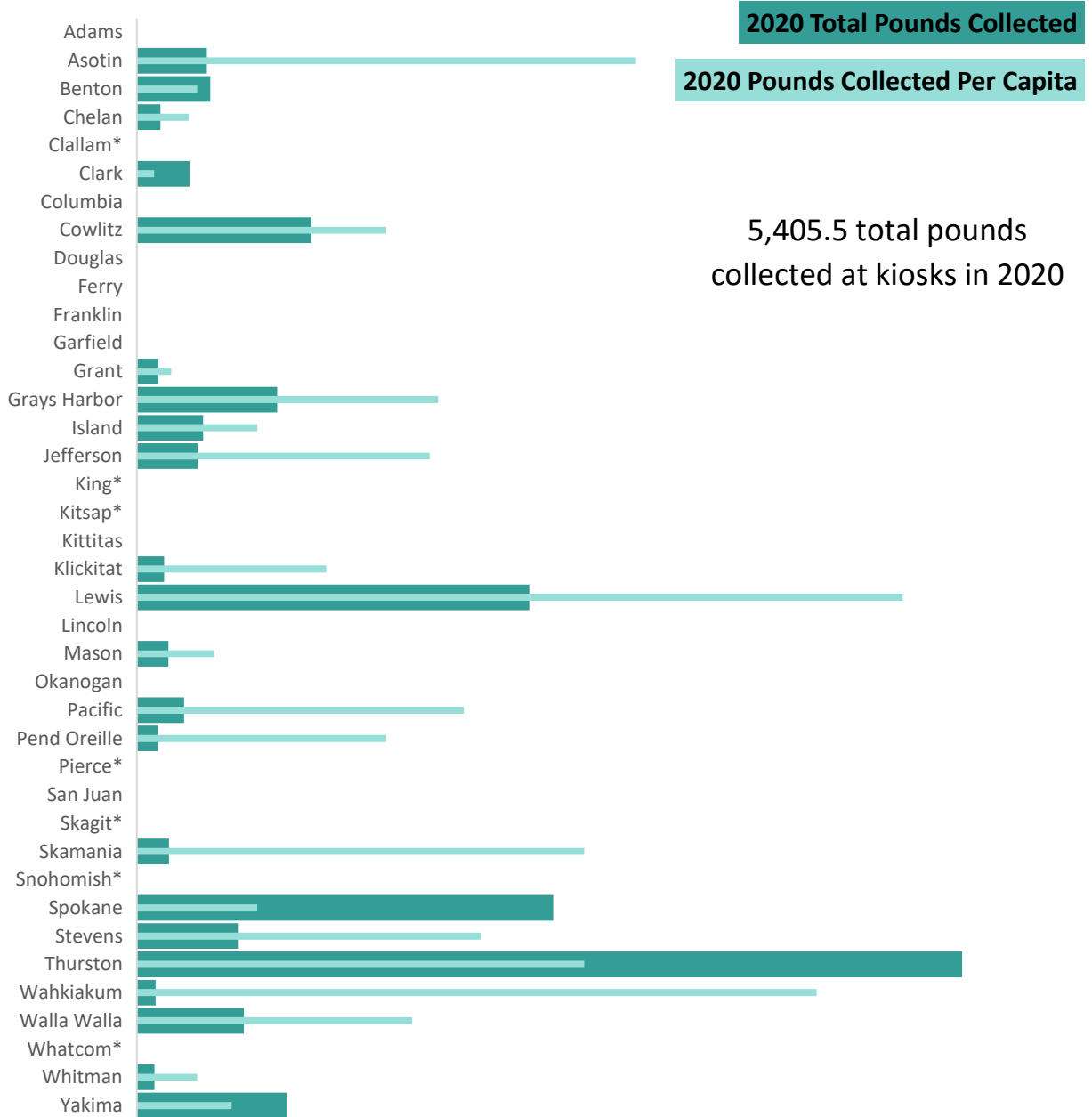
The department approved MED-Project as the first program operator in May 2020 and they were fully operational in November of that year. The weight collected in 2020 includes the implementation period. It does not include the weight collected by the seven grandfathered counties: Clallam, King, Kitsap, Pierce, Skagit, Snohomish, and Whatcom.

In 2020, Safe Medication Return collected 5,416.4 pounds of unwanted household medication (5,405.5 pounds through kiosks and 10.9 pounds through mailers).

⁸ Code of federal regulations Title 21 Chapter II Part 1317 subpart b 1317.60(c) and 1317.70(f).

⁹ Reverse distributors are registered as such with the federal Drug Enforcement Agency (DEA). They acquire controlled substances from another registrant or law enforcement for the purpose of (1) return to the registered manufacturer or another registrant authorized by the manufacturer to accept returns on the manufacturer's behalf; or (2) destruction. For Safe Medication Return, program operator's reverse distributors accept medications for the purpose of destruction.

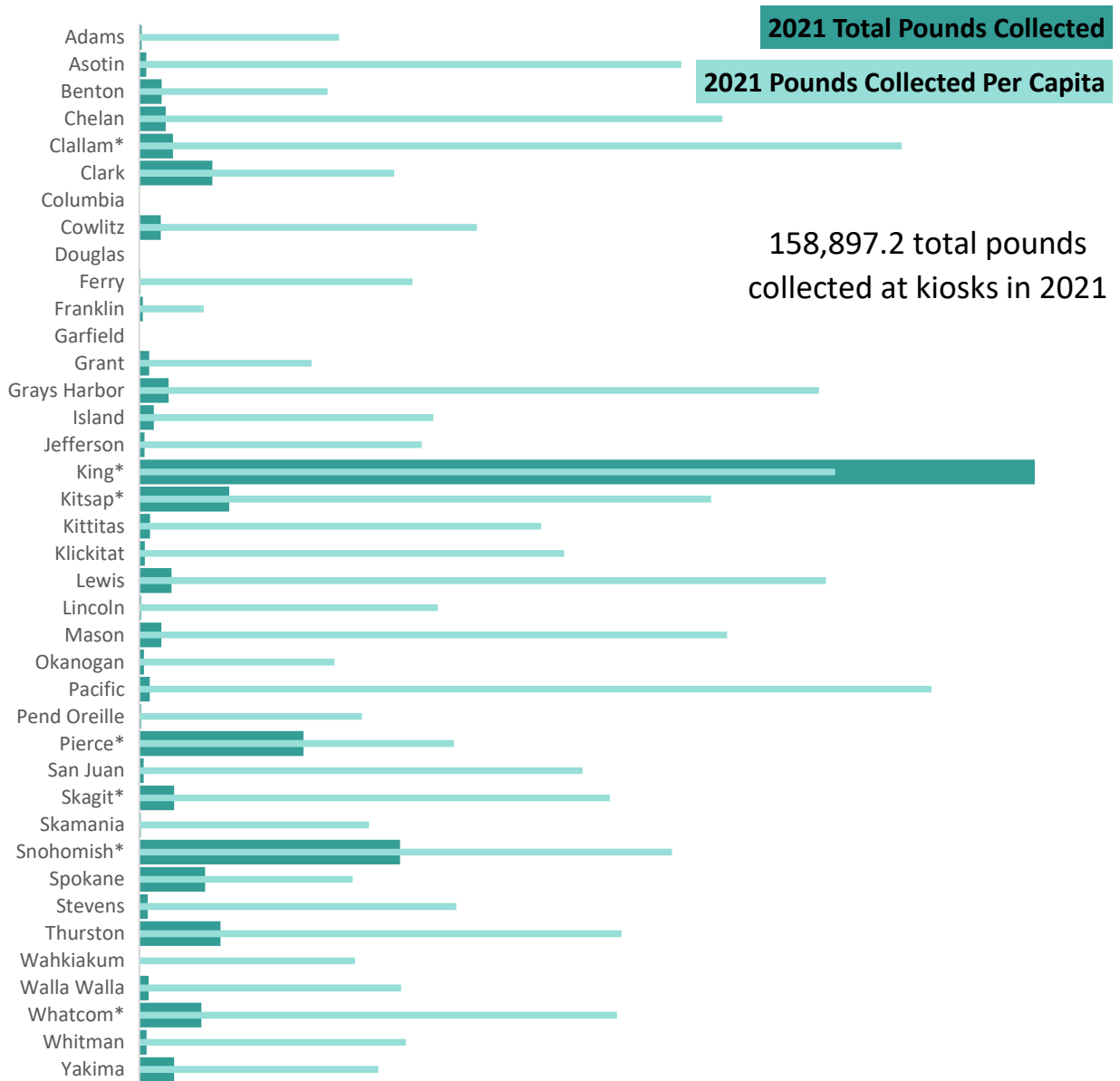
Figure 2: Total and per capita pounds collected at kiosks in 2020



*Grandfathered county—collection weight not reported for 2020.

During Safe Medication Return’s first full calendar year of operation, 2021, a total of 161,775.3 pounds of unwanted household medication was collected (158,897.2 pounds returned at kiosks and 2,878.1 pounds returned in mailers).

Figure 3: Total and per capita pounds collected at kiosks in 2021



* Grandfathered county.

In 2021, grandfathered counties collected about 74 percent (117,420.6 pounds) of the 158,897.2 total pounds of medication collected at kiosks. These seven counties account for about 61 percent of the state population.¹⁰

While the most populous counties collected more total weight, rural counties tended to collect more weight per capita. The state per capita weight collected was two hundredths of a pound per person, but the Garfield County per capita weight collected was nearly four times as high at 7.8 hundredths of a pound per person.

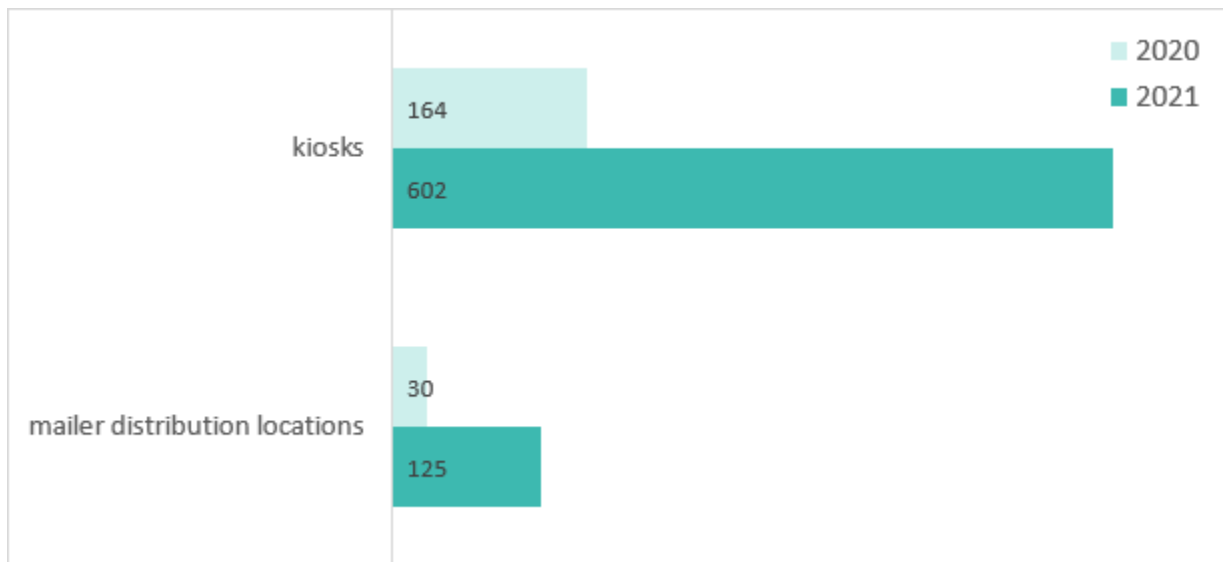
The weight collected through mailers increased from 10.9 pounds in 2020 to 2,878.1 pounds in 2021. The average weight collected per mailer was about six ounces.

Collection

In 2021, about 35 percent of the 1,469 pharmacies and 227 law enforcement agencies participated in Safe Medication Return as kiosk hosts. Over half of law enforcement and nearly a third of pharmacies participated.

MED-Project kiosks increased from 164 in 2020 to 602 in 2021 and their mailer distributors increased from 30 to 125.

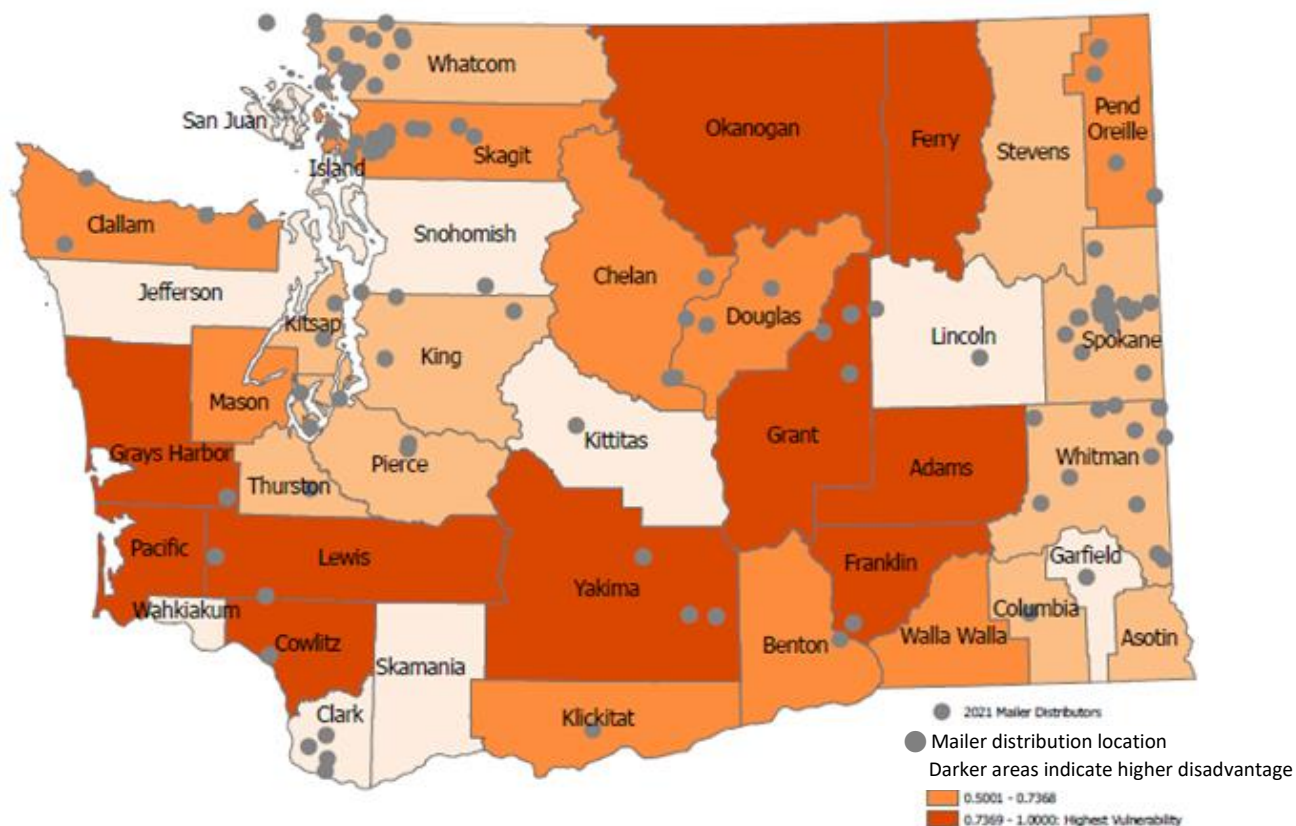
Figure 4: Number of kiosks and mailer distributors



¹⁰ OFM 2020 population data. https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/popden/popden_city.xlsx, retrieved April 14, 2022.

Mailer distributors are available in moderately underserved areas but regions with the highest need have few mailer distributors.

Figure 5: Mailer distributors and social vulnerability¹¹



During 2020, MED-Project’s implementation year, they distributed 1,040 mailers, 22.2 percent directly to individuals and 77.8 percent to mailer distributors.

In 2021, 93.5 percent of the 49,392 mailers distributed by MED-Project were sent directly to individuals. Six and a half percent, 3,192, were distributed to mailer distributors.

In 2020, 35 mailers were returned for disposal, 3.4 percent of the mailers distributed. In 2021, 6,858 mailers were returned, 13.9 percent of the mailers distributed in 2021 and 13.6 percent of the total unreturned mailers from 2020 and 2021.

¹¹ “Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks.” Centers for Disease Control and Prevention (CDC) [Social Vulnerability Index](#). CDC, Agency for Toxic Substances and Disease Registry Geospatial Research, Analysis, and Services Program. [Social Vulnerability Index 2018 Database Washington](#). Accessed August 22, 2022.

There were no take-back events in 2020 or 2021 due to the COVID-19 pandemic.

Disposal

All MED-Project and Inmar disposal facilities are outside Washington. In 2020 and 2021, MED-Project used disposal facilities in Alabama, Indiana, Maryland, and Ohio. Their approved plan also includes disposal facilities in Pennsylvania, Texas, and Utah. Inmar's approved plan includes disposal facilities in Arkansas, Indiana, Texas, and Utah.

Most disposal facilities are municipal waste combustors. The department also approved medical waste incinerators and hazardous waste incinerators in program operator plans.

In both kiosks and mailers, medication can be returned either comingled in a sealed bag or in the original containers. Program operator promotion material encourages recycling original containers if medication is returned in a sealed bag.

Per federal regulations, kiosk inner liners must be sealed immediately when removed and sealed inner liners and mailers must "...not be opened, x-rayed, analyzed, or otherwise penetrated."¹² All packaging returned through Safe Medication Return is destroyed with returned medication.

Program promotion, education, and public outreach¹³

[RCW 69.48.070](#) requires program operators to develop and provide a system of promotion, education, and public outreach about the safe storage and secure collection of covered drugs and to report activities related to this annually. This system must:

- Describe how to return unwanted household medication
- Promote safe storage and secure disposal, and discourage disposal in garbage or sewer/septic systems
- Use plain language and explanatory images to make program services and information readily understandable to everyone, including those with limited English proficiency
- Work with kiosk hosts to develop readily recognizable, consistent kiosks and clear, standardized instructions on how to use kiosks
- Establish a toll-free telephone number and website publicizing collection options and collection sites and discouraging improper disposal

¹² Code of federal regulations Title 21 Chapter II Part 1317 subpart b 1317.60(c) and 1317.70(f).

¹³ Idaho State University Institute of Rural Health, Evaluation of Safe Medication Return, 2021, August 2022. This evaluation is focused on MED-Project promotion, education, and public outreach. Inmar was approved May 25, 2022, and has not yet submitted an annual report.

- Make sure individuals, and pharmacy, health care facility, and veterinary hospital staff, know where and how to return covered drugs. This can include disseminating educational and outreach materials to pharmacies, health care facilities, and other interested parties for dissemination to individuals and households

MED-Project educational and outreach materials, including brochures, posters, kiosk signage and website are clearly written using plain language and include appropriate graphics. They are available in multiple languages. In 2020 and 2021 this included English, Spanish, Chinese, Vietnamese, Russian, and Tagalog. When grandfathered counties were incorporated into the statewide system in November 2021, MED-Project added three additional languages: Korean, Khmer, and Punjabi.

MED-Project outreach included media campaigns in Spanish, Chinese, Khmer, Korean, Punjabi, Russian, Tagalog, and Vietnamese.

Table 2: MED-Project outreach strategies

| | 2020 | 2021 |
|-----------------------------------|------------------------|--|
| Digital media campaigns | 2 lasting 4 weeks each | 3 lasting 4 weeks each |
| Radio campaigns | 1 lasting 4 weeks | 3 lasting 4 weeks each |
| Television campaigns | 1 lasting 4 week | 3 lasting 4 weeks each |
| Promotional materials distributed | 137 sites | 107 sites ¹⁴ |
| Social media | | 59 Facebook/Twitter posts |
| Emails | | 2 program announcements sent to 191 recipients ¹⁵ |
| Digital news | | 5 |
| Print | | 4 |
| Print publication promotion | | 25 |

¹⁴ Fifty-one pharmacies, 23 law enforcement agencies, 21 libraries, two clinics, and a community center

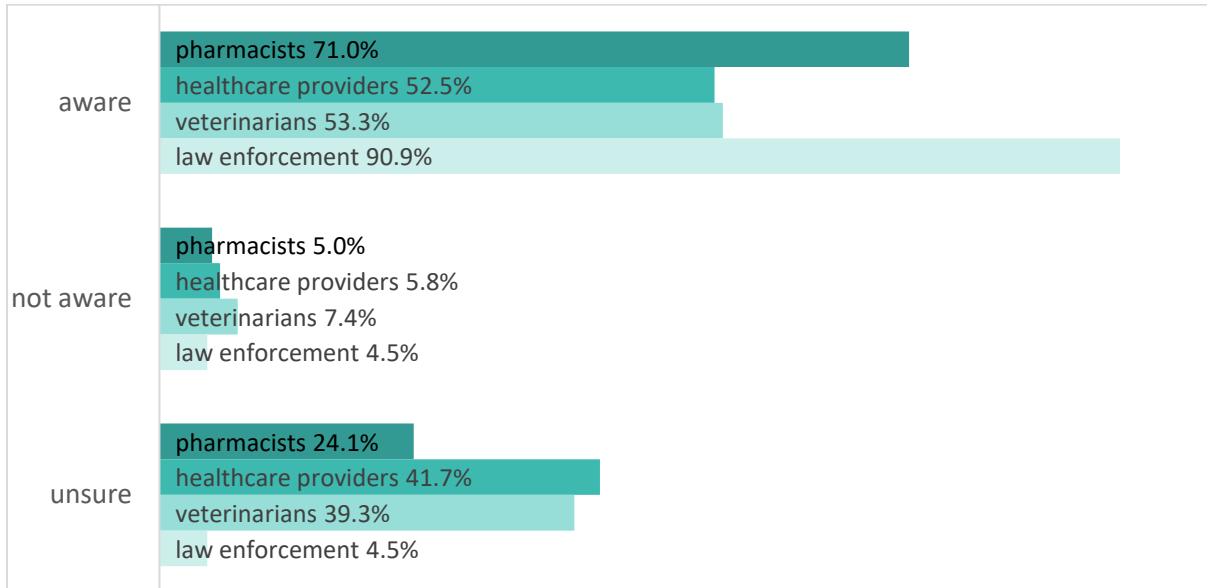
¹⁵ Including veterinary and medical clinics, pharmacies, law enforcement agencies, and other businesses and organizations.

Awareness

Although more than half of the professionals surveyed were aware of state or local guidance for medication disposal, 24.1 percent to 41.7 percent of health professionals were unsure whether there was guidance regarding safe medication disposal.

Awareness was highest among law enforcement. Pharmacists reported more awareness than healthcare providers and veterinarians.

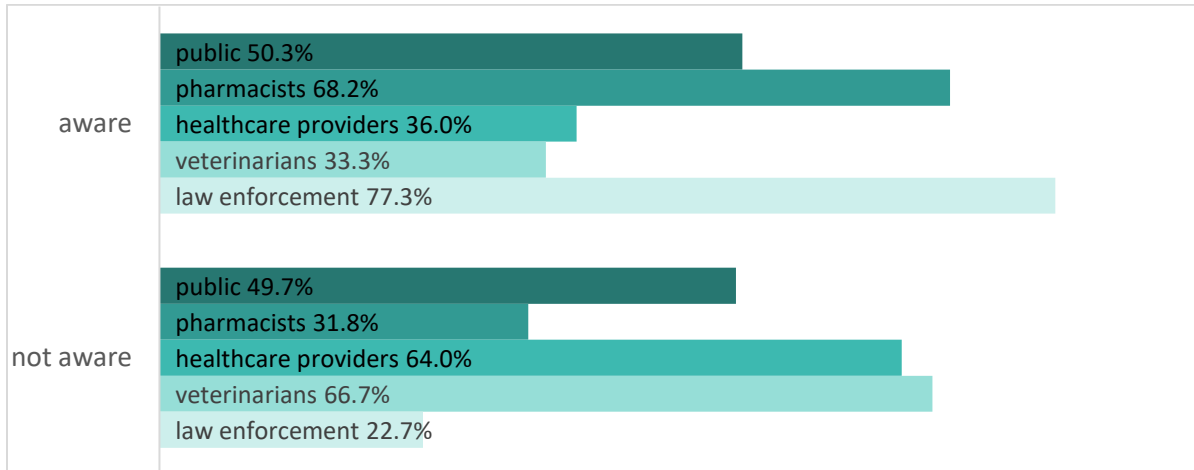
Figure 6: Awareness of state or local guidance¹⁶



¹⁶ Percentages may not add up to 100 due to rounding.

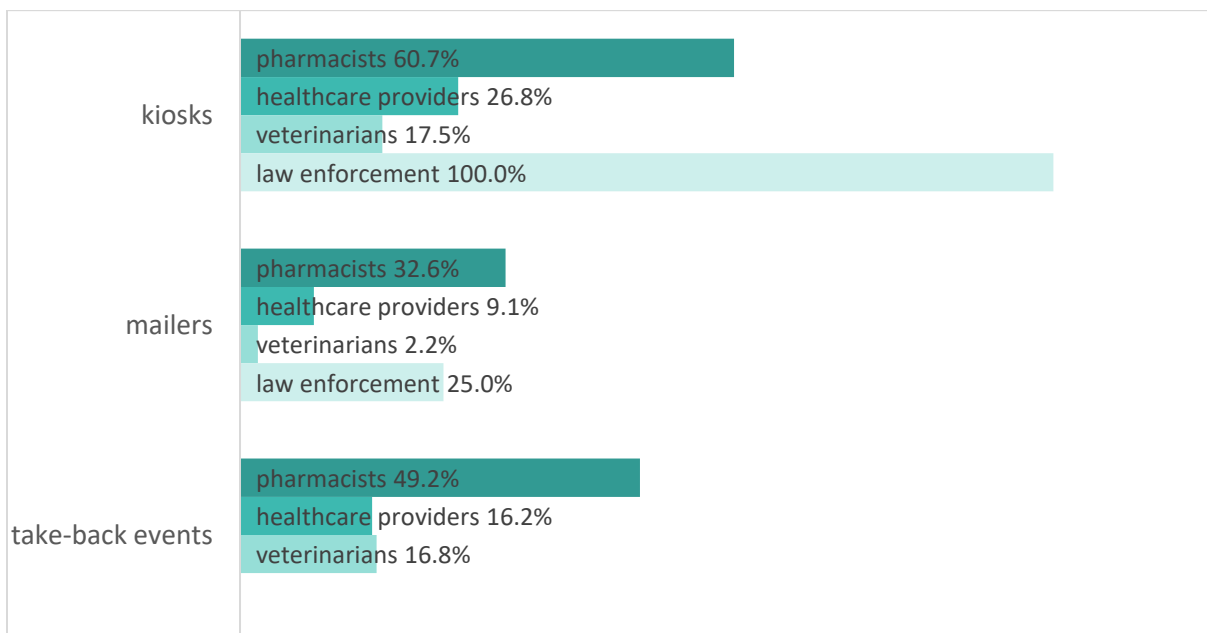
About half of public respondents reported awareness of Safe Medication Return, but most healthcare providers and veterinarians were unaware. Awareness was highest among law enforcement and pharmacists.

Figure 7: Awareness of Safe Medication Return



Of those aware of Safe Medication Return, all law enforcement respondents and more than half of pharmacists were aware of medication return kiosks. Of pharmacist respondents aware of Safe Medication Return, nearly half were aware of take-back events but only about a third were aware of Safe Medication Return mailers. Pharmacists were more aware of Safe Medication Return methods of collection than healthcare providers and veterinarians. Healthcare provider and veterinarian awareness of mailers were especially low.

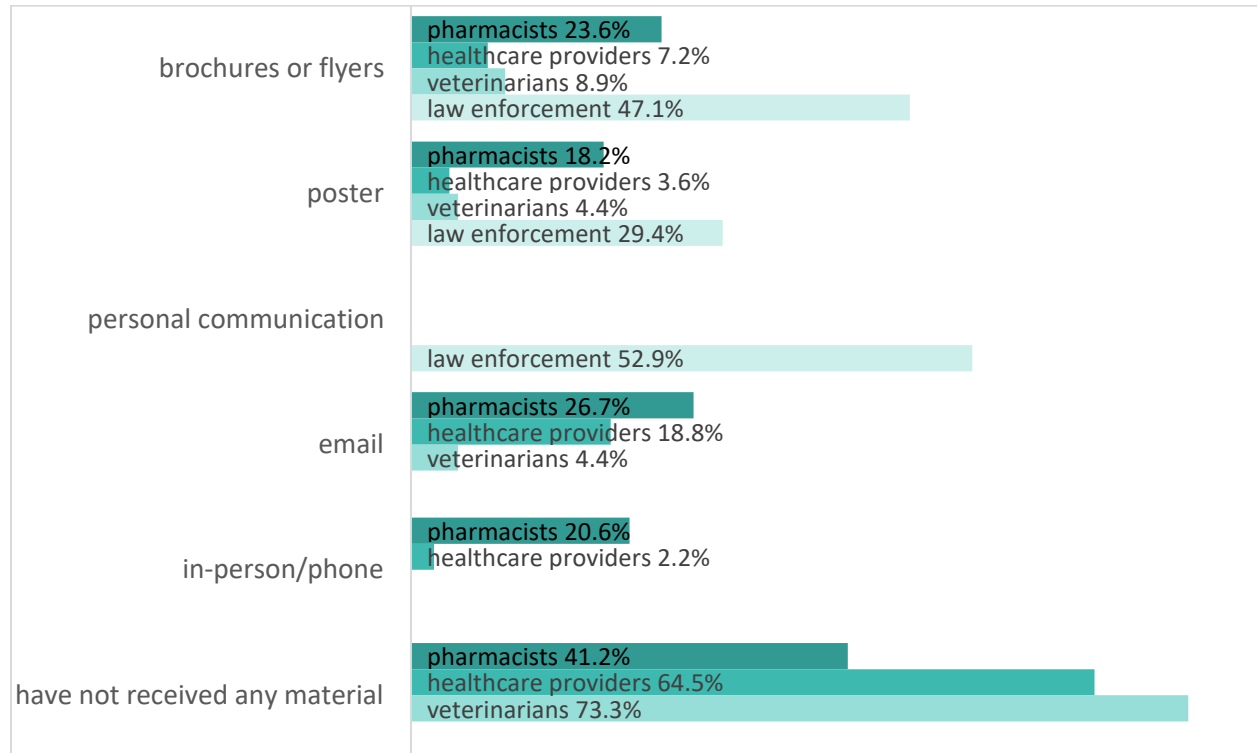
Figure 8: Awareness of system collection methods



Types of outreach received

Among healthcare providers and veterinarians aware of Safe Medication Return, most reported that they had not received any outreach material or other contact with MED-Project. Many pharmacists also reported a lack of contact or material. Outreach to law enforcement appears to be more effective. Over half of law enforcement respondents aware of Safe Medication Return received personal communications and nearly half saw program brochures or flyers.

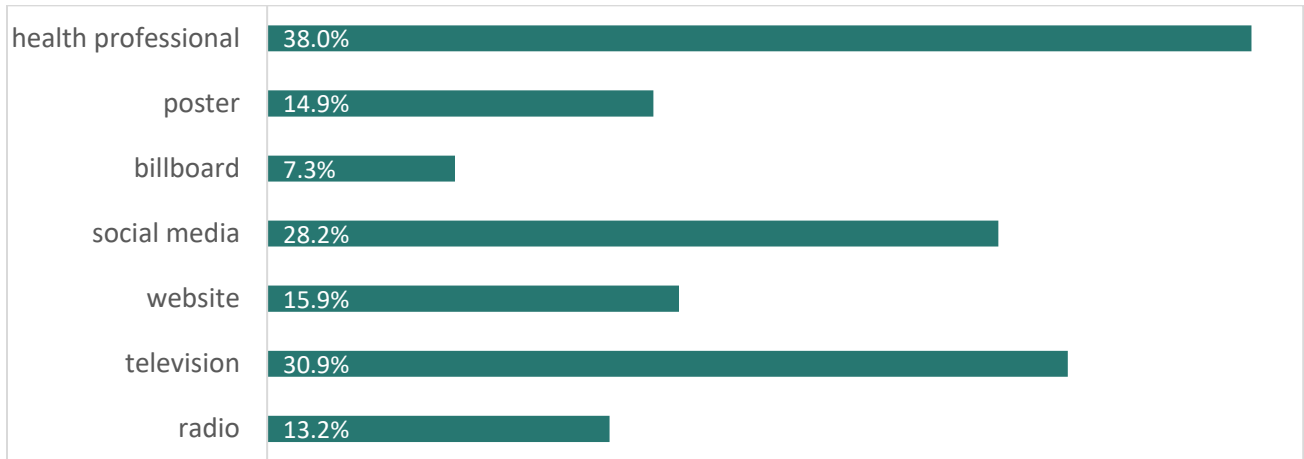
Figure 9: Types of outreach received by professionals



Respondents could choose more than one response.

MED-Project education and outreach materials, including media campaigns, raised awareness of Safe Medication Return among the public. Fifty percent of the respondents to the consumer awareness survey were aware of Safe Medication Return. They reported learning about it through outreach by MED-Project and from health professionals. More received information through television and social media campaigns than other forms of outreach.

Figure 10: How public learned about Safe Medication Return

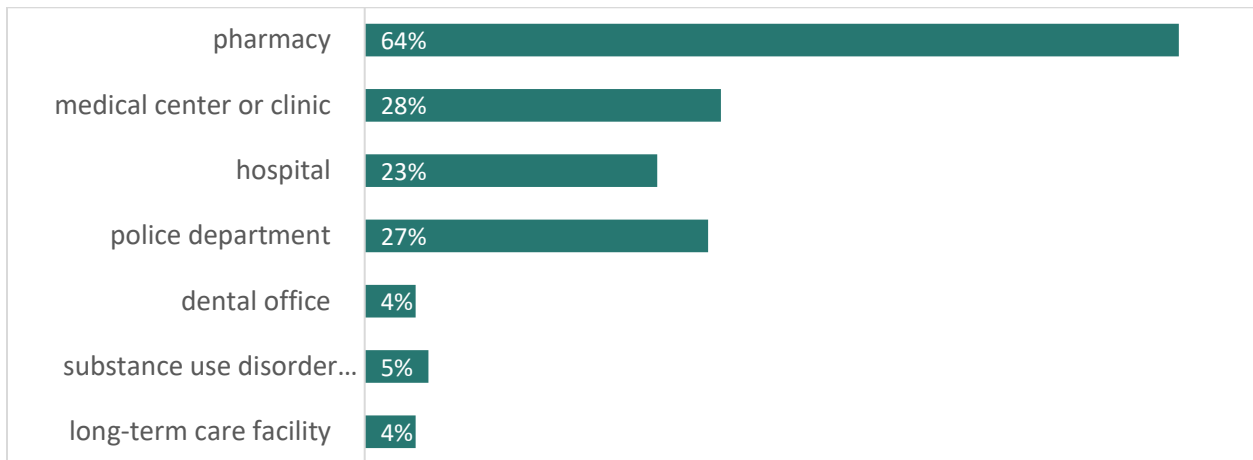


Respondents could choose more than one response.

Effectiveness

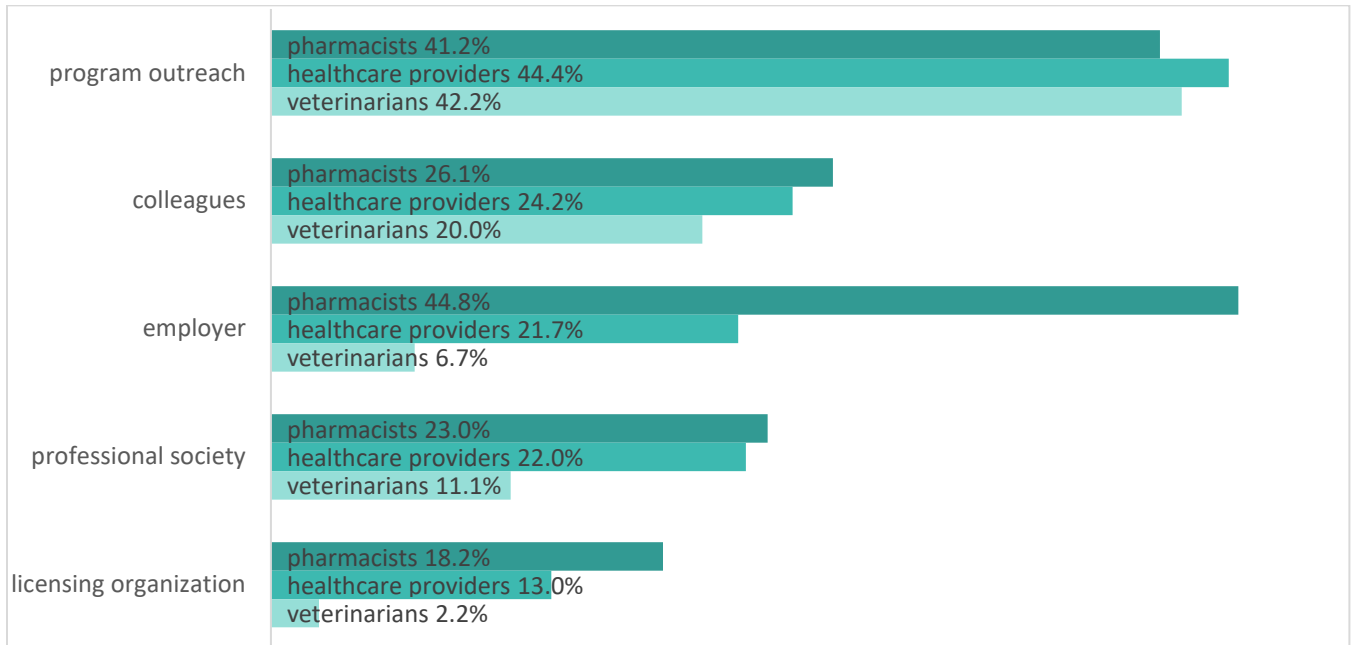
Over half of public respondents were aware of Safe Medication Return kiosks. Of respondents who had used a kiosk, 78 percent said they were able to easily locate a Safe Medication Return kiosk or mailer. Sixty-three percent liked using the program and 66 percent would use it again. They reported using kiosks in pharmacies more than kiosks in other locations.

Figure 11: Location of kiosks used by public



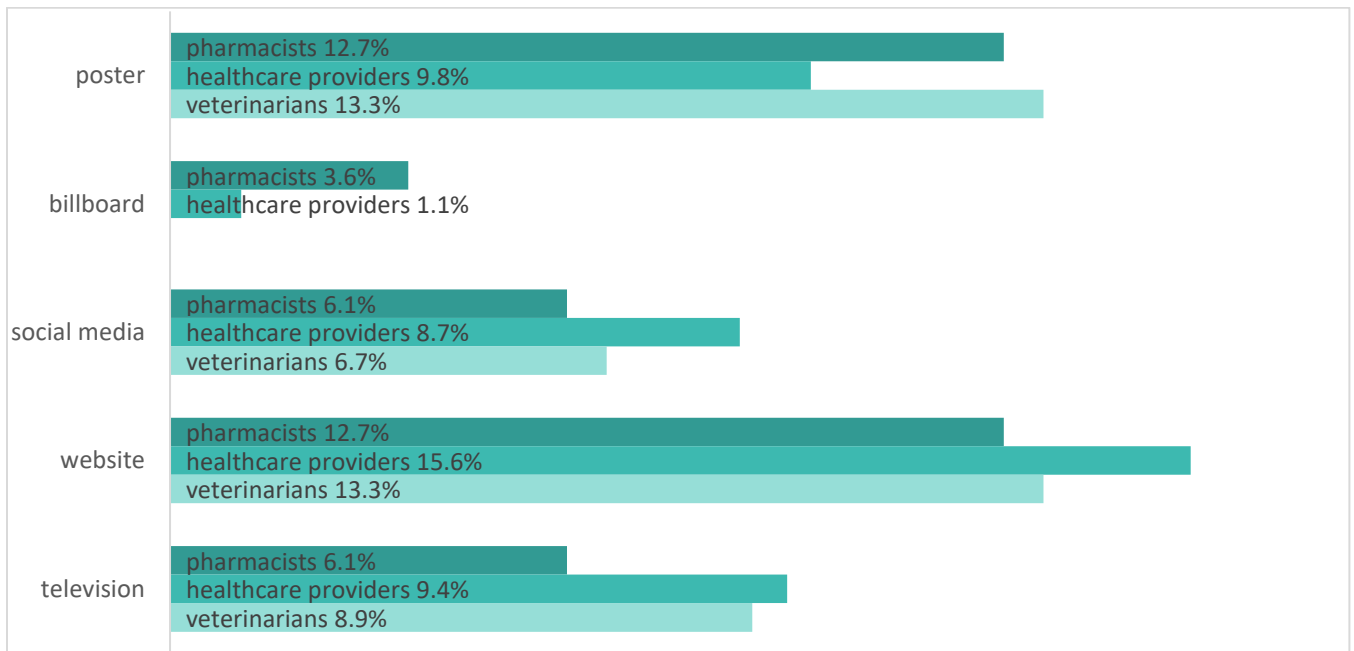
Most health professionals who were aware of Safe Medication Return learned about it from colleagues, employers, and licensing organizations rather than through program outreach and media campaigns. MED-Project website and posters were more effective at increasing awareness than billboards, social media, or television.

Figure 12: How health professionals gained awareness



Respondents could choose more than one response.

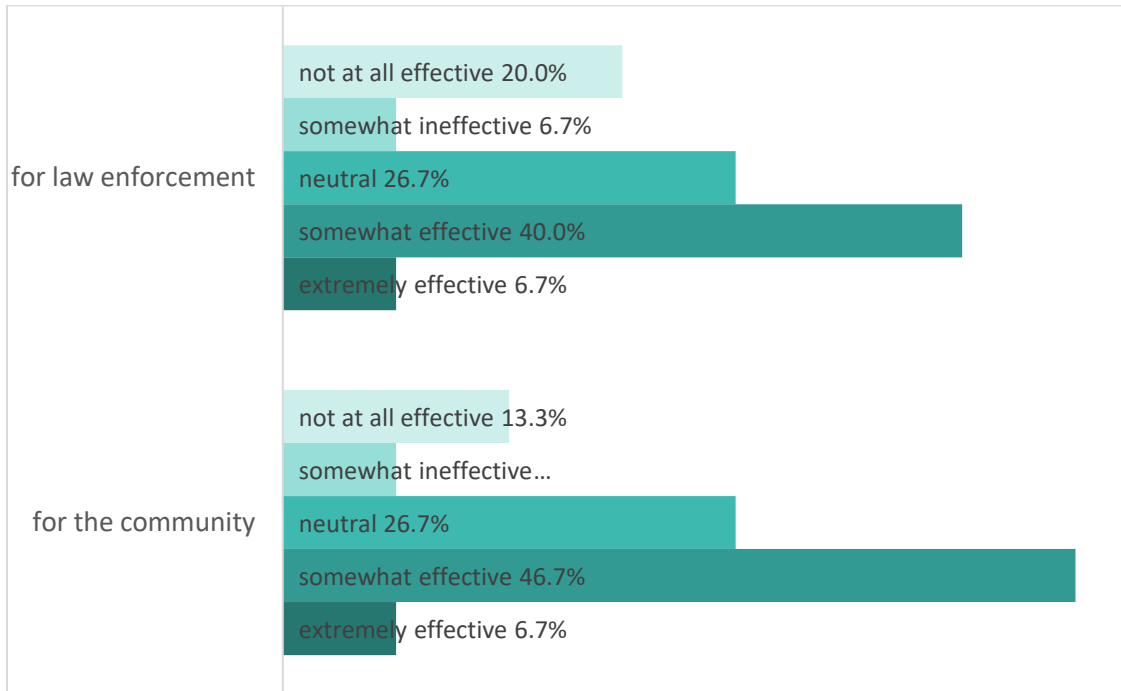
Figure 13: How health professionals gained awareness—detail of program outreach



Respondents could choose more than one response.

Most law enforcement respondents found Safe Medication Return outreach somewhat or extremely effective among law enforcement and in communities.

Figure 14: Law enforcement report of outreach effectiveness

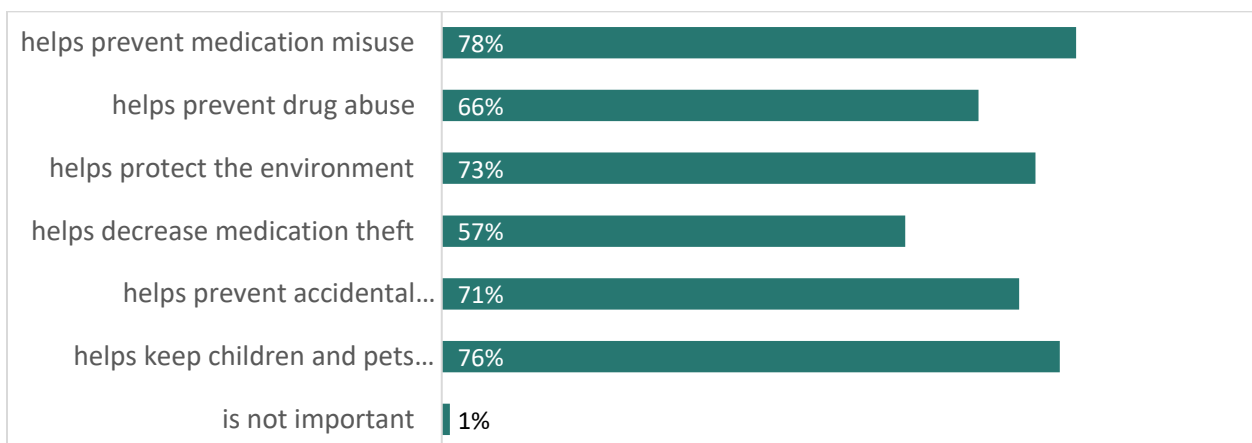


Awareness and compliance of residents

Public perceptions and behaviors

Public respondents reported the belief that the Safe Medication Return program prevents medication misuse, abuse, and accidental poisonings, and protects children, pets, and the environment.

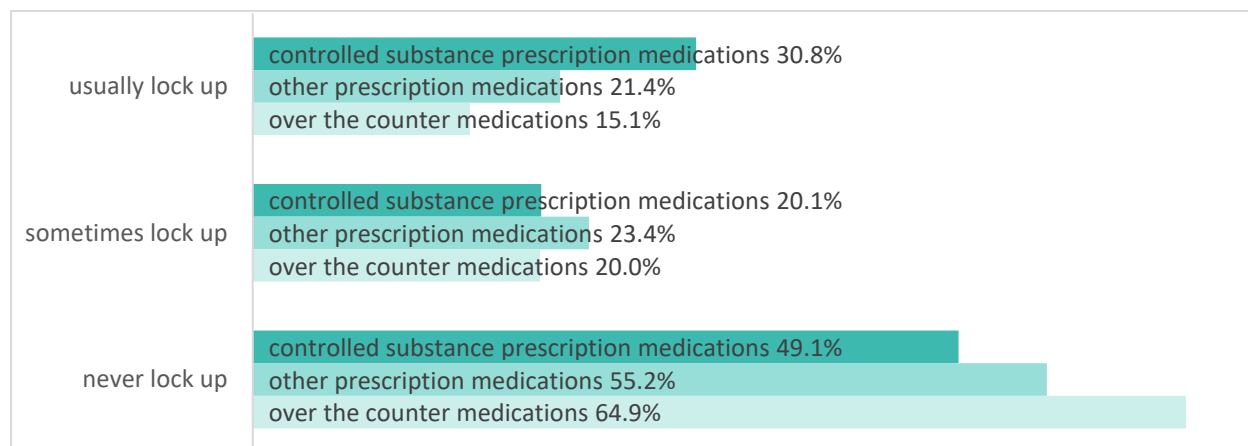
Figure 15: Public perception of Safe Medication Return



Respondents could choose more than one response.

About half the public surveyed lock up controlled substance prescription medication sometimes or usually but about half reported that they never lock up this type of prescription medication. Fewer reported locking up other prescription medications and even fewer locked up over-the-counter medications.

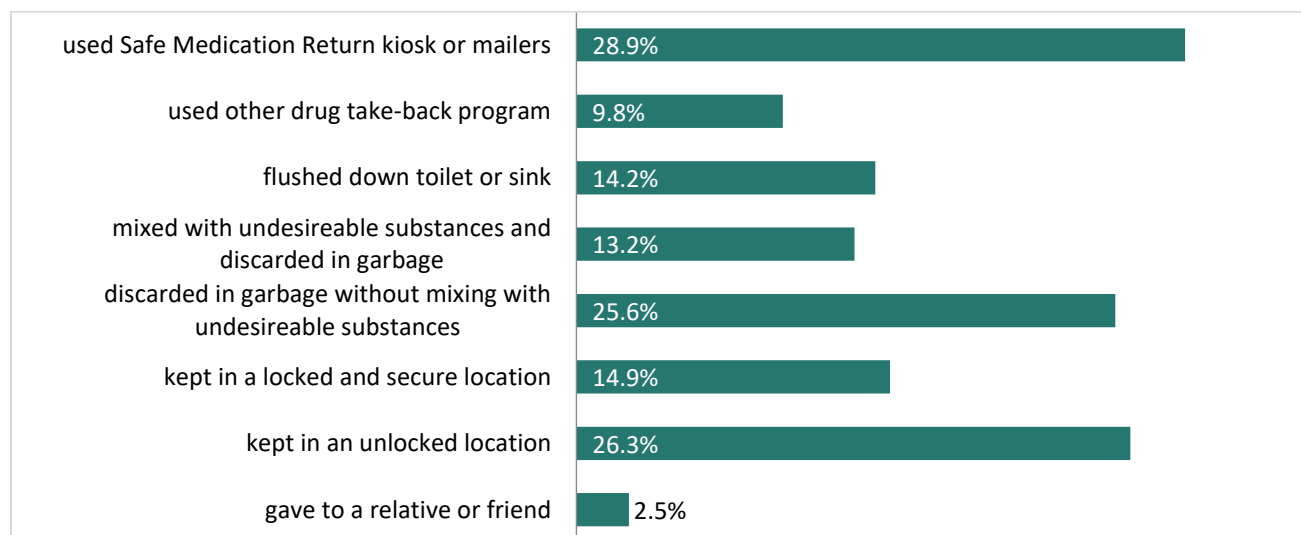
Figure 16: Medication storage



More than a third of public respondents reported using Safe Medication Return or another drug take-back program to dispose of unwanted medication. More than a third discarded medication in the garbage, most without mixing with an undesirable substance, such as kitty litter, which DEA guidelines suggest for proper disposal for areas without drug take-back or safe medication return programs. About 14 percent flushed unwanted medication down the toilet or sink and about two percent reported giving unwanted medication to a relative or friend.

Almost twice as many respondents kept unwanted medications in an unlocked location compared to those who securely locked up their unwanted medication.

Figure 17: Medication disposal



Program impact on rates of misuse, abuse, overdose, and poisoning

This section provides baseline data on opioid prescriptions, controlled substance dispensing, and youth self-reported substance use. Future reports will include baseline data on overdose hospitalization, overdose death, and poisoning, as well as comparisons and program impact over time as data is available.

Figure 18: Opioid prescriptions (all ages)¹⁷

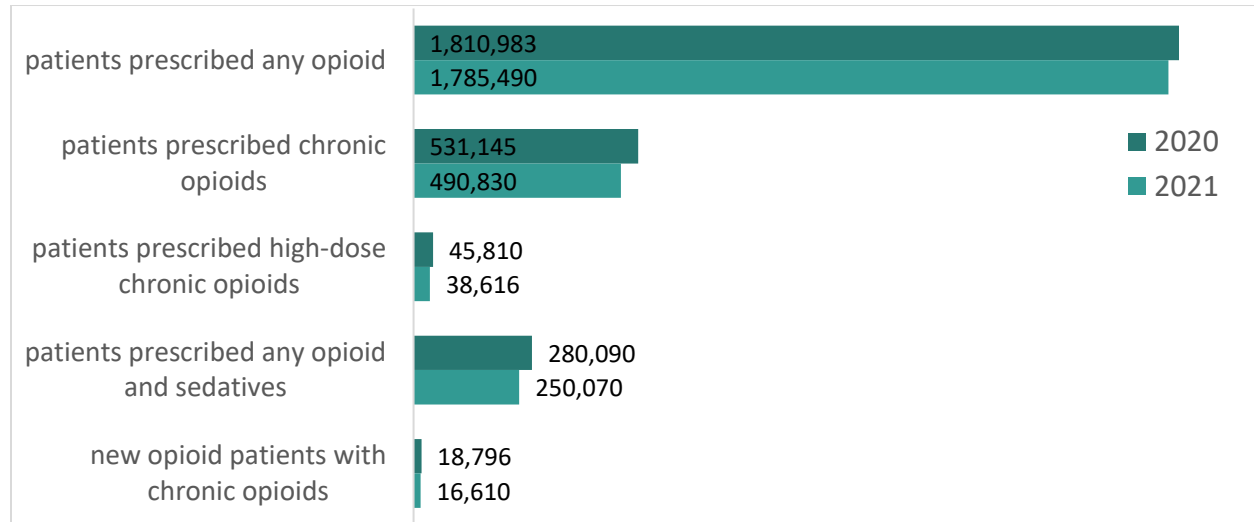
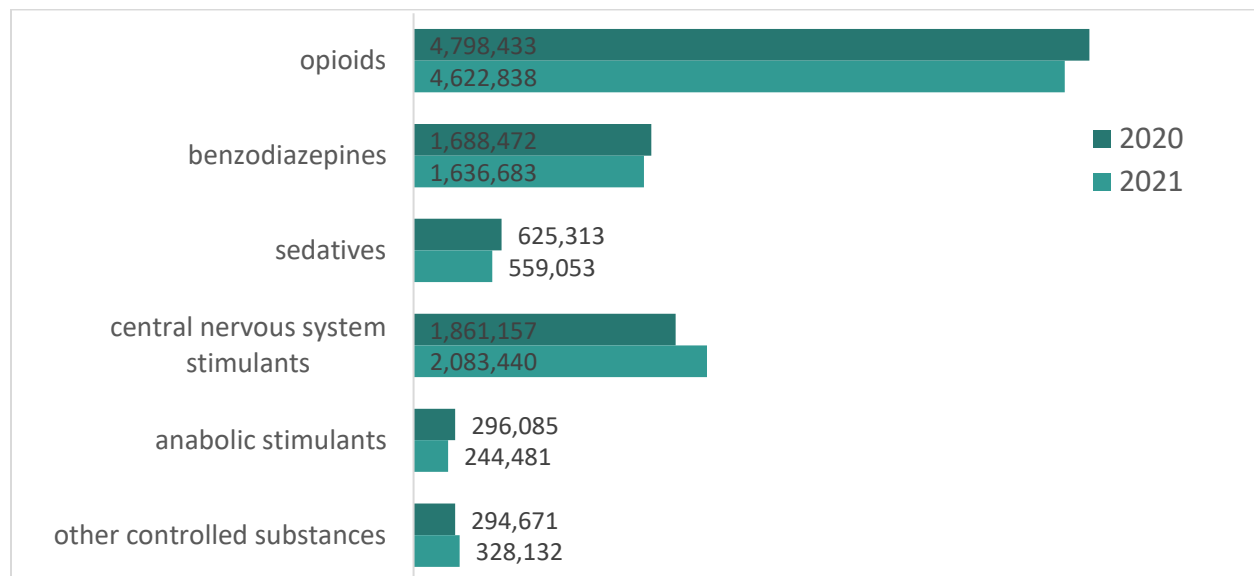
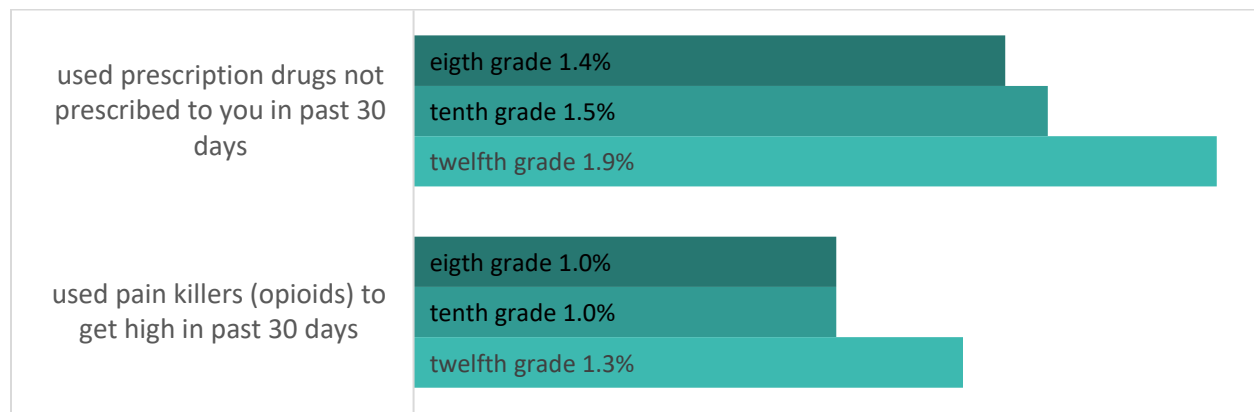


Figure 19: Controlled substances dispensed per year¹⁷



¹⁷ Washington State Department of Health Prescription Monitoring Program.

Figure 20: Youth substance use, 2021¹⁸



Program impact on diversion from sewer, solid waste, and septic systems

The department is identifying baseline data for this section. Future reports will include comparisons and program impact over time. Due to the timing of reports, the department expects to include a description of the program’s impact on drug diversion from sewers, solid waste, and septic systems beginning with the November 15, 2026, report.

Conclusions

Safe Medication Return’s capacity to collect and dispose of unwanted household medications increased from the May 2020 approval of MED-Project through 2021, which was their first year of full implementation. The department expects capacity to continue to increase with the addition of a second department-approved operator, Inmar, in May 2022.

MED-Project’s Safe Medication Return outreach materials are clearly written using plain language, include appropriate graphics, and are available in a variety of languages. The outreach material appears to be effective at educating the public about how and where to safely and securely dispose of unwanted household medication. Increasing the reach of promotional and educational material could improve the effectiveness of Safe Medication Return.

Health providers and veterinarians are important sources of information for the public and they reported low rates of program awareness and outreach receipt. Focused outreach to health

¹⁸ Washington Healthy Youth Survey, 2021.

providers and veterinarians could increase knowledge of Safe Medication Return among these health professionals, their patients, and animal owners.

Encouraging health professionals and law enforcement to share information about Safe Medication Return could increase awareness among the public.

Program impact on rates of misuse, abuse, overdose, and poisoning will be evaluated in future legislative reports, as well as the program's impact on the diversion of covered drugs from sewer, solid waste, and septic systems.

Recommendations for Legislation

The department does not currently have recommendations for the legislation to improve Safe Medication Return. We will consider the evaluator's conclusions and may work with program operators to implement program promotion improvements as authorized by RCW 69.48.070(5)(b). We cannot make definitive statements about what this might include at this time.

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