



# Oregon's Kitchen Table – Safe Medicine Return in Oregon

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The state of Oregon has a new program to make sure people have ways to get rid of unwanted medicines safely. The program gives people places to turn in unwanted medicines rather than throw them away or flush them. MED-Project USA is a non-profit group that offers ways for people to turn in medicines that are expired or they no longer want. They are working with the state to make sure that drop-off sites and other ways of turning in medicines are easy for communities around the state. In Spring 2021 Oregon's Kitchen Table worked with MED-Project USA to find out what would make it easier for people to return unwanted medicine. This is an overview of what we heard. A full report with more details is [here](#).

## ABOUT OREGON'S KITCHEN TABLE

Oregon's Kitchen Table (OKT) is in the National Policy Consensus Center at Portland State University. We give Oregonians a voice in public decision-making. Many organizations have used OKT to get public feedback. We use public gatherings and online surveys. These tools allow people to share their thoughts with decision makers.

## HOW WE LISTENED

OKT did interviews and hosted listening sessions for this project. All were done by telephone, Facebook or Zoom. We also did an online survey in Chinese, English, Russian, Somali, Spanish, and Vietnamese. We focused on underserved communities and organizations that serve those communities. We defined underserved communities as Oregonians who are:

- Native American/American Indian/Native Alaskan
- Black, African, African American;
- Latinx or Hispanic;
- Asian and Pacific Islander;
- Slavic;
- Immigrants, refugees, and undocumented people;
- Linguistically diverse;
- People with limited vision, hearing, mobility, or other disabilities;



- Seniors / elders;
- Young adults;
- People living with lower incomes;
- People experiencing houselessness;
- Farmworkers, migrant workers; and
- People living in rural parts of the state.

We recognize that people identify with multiple communities. They are not limited to just one category in how they experience the world.

### WHAT WE HEARD

People across the state shared the following overall thoughts in the interviews, listening sessions, and survey:

- Many participants were unaware of the state’s new program. They were excited about new ways to safely dispose of medicine.
- Many people expressed a desire to learn more about the safe medicine disposal program.
- Some people were confused about the new program and existing ways to dispose of medicine.
- Many people were not comfortable bringing their medicines to places where police are present.
- Some felt hospitals or medical clinics would be good places to take medicines, some didn’t.
- Safety concerns came up repeatedly.
- Many people had concerns about privacy.
- Many said trust mattered to them.
- Many said less steps would make participation better.
- People strongly preferred pharmacies as a place to return unwanted medicine. They said pharmacists are important and trustworthy sources of information about what to do with unwanted medicine.
- Many people said that the new program is critical for health and the environment. They said that widespread messages should explain why people should safely dispose of their medicine. These messages will help the program get used.
- People differed about how they wanted to get information about the program. They generally trusted their community members. Many said that doctors, nurses, and pharmacists have a key role.
- People said schools can reach families, youth, and households about the issue.

### WHO WE HEARD FROM

We introduced the safe medicine disposal project and set up interviews or listening sessions with more than 80 of the following people and groups:

- Community leaders
- Regional and local public agency staff
- Elected officials
- Community-based organizations and nonprofits
- Community healthcare workers
- Caregivers
- Networks or coalitions that serve communities
- Culturally-specific community organizers

We did thirty-three interviews, listening sessions or visits to existing community meetings. Approximately 140 people participated. A total of 624 people took the survey.

## CONCLUSION

More public input will be important as people learn about the program and as community make-up changes. Rural communities are changing. Immigrant and international communities are growing. COVID has also taught important lessons for outreach. These methods will help reach unique communities in Oregon.

Our outreach was designed to be both broad and focused on unique communities in different regions. Other underserved community views will also be important as the new program begins. We encourage MED-Project USA to continue to use culturally appropriate outreach.

### Some quotes from people who we heard from:

Children are the influencers. Older family members will listen, because the students are explaining the rules of this country, backed by what the teacher said that day - if she said it, it is so. Teachers are trusted.

Spanish: "A mi me da vergüenza regresar alguna medicación que no se ha terminado, y así es nuestra comunidad Latina. Pensamos en que habrá alguna consecuencia si regresamos a la medicina. Nos da vergüenza que el doctor vea que no terminamos la medicación. Tenemos miedo de que por regresar la medicina no nos den más atención médica o nos quiten los beneficios.

Translation in English: "I am ashamed to return medication that has not been finished, and that is how it is for our Latinx community. We think that there will be some consequences or retaliation if we return the medicine. We are embarrassed that the doctor sees that we did not finish the medication. We are afraid that by returning the medicine they will not give us more medical attention or take away the benefits."

Some quotes from people who we heard from:

I think there needs to be greater clarity about what is accepted for a take back. For instance, although some OTC items can be returned, others are refused. Like expired sunscreen and Benadryl spray. At least at my last return.

I suddenly find myself with a number of unwanted medications as my doctors search for a way to combat a newly diagnosed condition. I'm now even more aware of the amount of unwanted medications that pile up & I'm just one person. The problem is that those of us who have the greatest need to get rid of meds often no longer drive and/or find it difficult to get around. The quickest, easiest way they can be disposed of is important for the group that have the most to get rid of.

Most parents I know keep meds "just in case", like just in case that problem comes back, or just in case there is an earthquake or some other disaster.

Many people I know would not be comfortable going to a police station for this. Privacy concerns in general too, they want an anonymous way to use this service.

It should be the pharmacy's role to do this. They dispense medications so they should take them back. We all trust pharmacies to be able to keep medications secure. However many do not have drop boxes for these and to often I have taken old meds in but the box is full.

Living in a very rural community, and being a strong introvert who does not attend public events, turning in unwanted meds is challenging. The process needs to be via mail or a quick drive by drop off, similar to how I sometimes mail a letter in one of the blue boxes.

Spanish: Creo que es primero educar con los pasos de como hacerlo y porque hacerlo, y despues implementar el proceso de donde dejar los medicamentos.

English Translation: I believe that first you need to educate people about what steps to take and why do it, and then implement the process of where to leave the medications.

Russian: Мы заботимся об окружающей среде и хотим помочь, но нам нужно больше информации об этой программе на русском языке.

English Translation: We care about our environment and want to help but we need more information about this program in Russian.