

Community Engagement on Safe Medicine Return in Oregon

Oregon's KITCHEN TABLE

February 2026

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Introduction

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During the fall of 2025, MED-Project partnered with Oregon's Kitchen Table (OKT) to engage particular communities in Oregon about how Oregon's Safe Medicine Return Program could best serve people's needs. This engagement process was a follow-up to an earlier engagement process in 2021, when MED-Project began working with the Oregon Department of Environmental Quality to provide services under Oregon's new Drug Takeback Law. Now, after four years of operating the program and significant changes in technology and pharmacy access in Oregon, MED-Project sought to hear from particular communities we had not heard as much from in 2021. The goal for this second engagement process was to better understand how the program is working and what would help make it easier for people to know about and access the Safe Medicine Return Program.

We heard that returning unwanted and unused medicine is still a new idea for some Oregonians.[1] While it is an issue that impacts nearly everyone at some time or another, many of the people we talked with in this engagement process were not familiar with Oregon's Safe Medicine Return Program and were excited and grateful to learn about the opportunity to dispose of medications in a safe and secure way. Many people identified awareness and clear, practical information (e.g. where to go and what is accepted) as the most important factors that influence participation. And, we heard a number of barriers and challenges that people have faced when trying to access the program and many suggestions about how to make it easier for Oregonians to use, including opportunities to partner with community programs and people in key community roles.

While many of the community's suggestions and concerns extend beyond MED-Project's scope in operating the Safe Medicine Return Program, we are sharing their experiences in the hopes that this input will help to increase access to the program and make it easier for Oregonians to safely dispose of their medications, whether that's through MED-Project, DEQ, other program operators, or community partners.

The following summary report is also a snapshot of this particular moment, which has included a federal government shutdown, statewide concerns about the reduction of SNAP food benefits, and aggressive immigration enforcement activities that have been at the forefront of many peoples' minds.

The report consists of an Executive Summary followed by the full report, which includes the following sections:

- Community Engagement Goals and Design
- Awareness and Understanding of the Safe Medicine Return Program
- Perspectives on Increasing Access to Safe Medicine Return Services
- Suggestions for Outreach and Education
- Input Specific to Particular Communities

1 MED-Project commissioned resident surveys in 2024 that indicated a higher level of awareness statewide. OKT's engagement process in 2025 focused on hearing from specific communities, and the input shared here reflects those particular communities' perspectives.

- Broader Input Related to Disposing of Medication
- Recommendations for Future Engagement
- Conclusion

This report is not a scientific study, nor a broad statewide effort to hear from the breadth of Oregonians. Rather it is a recounting of a series of conversations over a particular period of time. Throughout the report, we have included a representative selection of quotes from participants in conversations, surveys, interviews, or other engagement activities. The appendices include annotated results of an online survey as well as more details about the engagement process.

This engagement process and MED-Project's future actions offer an opportunity to acknowledge people's input and to demonstrate how that input impacts future decisions. We are proud and grateful for the opportunity to talk with Oregonians during this process and to collaborate with MED-Project on this important work.

Executive Summary[2]

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In the spring of 2021, MED-Project began working with the state of Oregon's Department of Environmental Quality to provide services under Oregon's new law on safe medicine disposal. At that time, MED-Project partnered with Oregon's Kitchen Table (OKT) to hear from Oregonians about what would help people return their unwanted medicines.

In the past four years, significant changes have impacted how the program operates: major pharmacy chains in Oregon like Bi-Mart and Rite Aid have closed, some communities' attitudes towards law enforcement have shifted, and more people are relying on mail-order pharmacies to get their medications. In the wake of these changes, MED-Project again partnered with OKT in the fall of 2025 to hear from particular communities in Oregon about how the program could best serve people's needs around safe medicine disposal. Over 250 people participated in the different forms of engagement activities. People participated in 5 languages.

This Executive Summary provides an overview of the engagement process as well as high level findings.

Outreach and Engagement

MED-Project sought to hear particularly from communities they had not heard as much from in the past, including people who live in rural areas, people whose first language is something other than English, and people who provide end of life care. OKT used the following methods to reach people and gather their thoughts, experiences, and perspectives:

- **Individual and small-group interviews** with 22 people.
- **A series of four community conversations** held online and in person with hospice providers, rural healthcare providers, and immigrant and refugee communities.
- **Community events and conversations led by community organizers and partners** to gather input from people in their communities.
- **An online survey** available in both English and Spanish.

Findings

GENERAL OBSERVATIONS

- While some communities are familiar with the Safe Medicine Return Program, many people are still learning that the Safe Medicine Return Program exists.
- People have different reasons for wanting to dispose of medicine safely. Some care most about safety in the home, like preventing accidental poisoning or suicide. Others care about the environment and keeping chemicals out of the water.
- There is confusion about what types of medicine are accepted.

2 This Executive Summary has been through a plain language review so that it is accessible to a wide range of readers.

INCREASING ACCESS

- People want the program to be simple, with as few steps as possible.
- Many people believe that pharmacies and doctors are the best places to give out clear instructions and provide ways for people to return medication at the same time. And, many people see how other community roles can play an important role in raising awareness and helping people return medicines.
- There is a desire for the program to be "automated" so people do not have to remember to ask for it.
- People want more kiosks and places to pick up envelopes in places they already go, like the post office, grocery store, or health clinic. And, people are not sure how that will work and how to host a kiosk or supply envelopes.
- Kiosks in pharmacies are often full, hard to find, or information is not available in the language people speak, which makes people less likely to use them.
- People have concerns about safety, such as whether medicine will be stolen from mailboxes or kiosks. This is especially true in rural areas.
- School-based health centers and rural clinics are interested in hosting kiosks but need more information about legal rules.
- It is vital that basic information about the program is available in the languages that people speak at home.
- Many people think using text messages would make it easier to request envelopes.
- Some people need support in order to return medications. However, people have different views about who can help and how that should be done. Some people like home care workers need clear rules from their employers so they feel safe helping patients dispose of medication.

SUGGESTIONS FOR OUTREACH AND EDUCATION

- People suggested training people who already work closely with the community so they can share information. This includes home health workers, firefighters, social workers, and mental health specialists.
- People suggested many community groups that people already trust that MED-Project could partner with, including senior centers, Meals on Wheels, and schools.
- People would like information to be easily available in many formats and languages so people can share it in their communities, such as flyers, magnets for the fridge, social media posts, and radio ads. Having a toolkit that people can download and share would also be helpful.
- People believe that including why the program exists would motivate people to participate. People are more likely to participate if they understand how disposing of medication protects their family's safety and the environment.

INPUT FROM SPECIFIC COMMUNITIES

- Hospice workers find that mailing medication in envelopes is the best option for families who have lost a loved one. Hospice providers would like to receive regular large shipments of envelopes so that they can pass them out to families without having to request them each time.
- In rural areas, people worry about the safety of mail and long distances they have to travel to the post office. For many people, requesting and mailing envelopes would be difficult.

Future Engagement

Many people who participated in this engagement process are eager to partner with MED-Project to help make this program easier to access for their community. We encourage MED-Project to follow up with these offers to partner with local groups to spread the word and train people who work closely with their communities so that they can explain the program and help people in their communities use it. MED-Project and other operators could also focus future engagement more deeply on a single community or county, to see how the program is working and how barriers could be addressed to make it easier. We also encourage MED-Project to share updates and tangible outcomes with participants so that they can see how their ideas changed the program, and we are happy to help.

Many of the suggestions people had relate to things that are beyond MED-Project's control, like state and federal requirements about who is allowed to host a kiosk. We encourage MED-Project to share these insights with state agency partners, other program operators, and community groups.

About Oregon's Kitchen Table

Oregon's Kitchen Table is a statewide community engagement program that invites all Oregonians to participate in the decisions that affect their lives. We particularly focus on reaching, engaging, and hearing from Oregonians that have been left out of traditional engagement processes. Using culturally-specific and targeted outreach, as well as community partnerships, we work with organizers, translators, and interpreters to assure that materials and online and in-person engagement activities are available for and relevant to all Oregonians. We honor and value the wide range of values, ideas, and lived experiences that community members share with us and with public decision-makers.

OKT is housed in the Hatfield School of Government at Portland State University.

Section 1: Community Engagement Goals and Design

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Background

In 2019, the Oregon legislature passed House Bill 3273 which directed the Oregon Department of Environmental Quality (DEQ) to create a Drug Takeback Program. The program is required to provide convenient collection of unwanted prescription and over-the-counter drugs in every county in Oregon, as well as education and outreach on safe drug disposal.

In 2021, MED-Project began working with DEQ to implement the new law. As part of developing the program, MED-Project worked with Oregon's Kitchen Table (OKT) to conduct a statewide public engagement process focused on historically and currently under-served communities to better understand what would make it easier for people to return their unwanted medicines.[3] MED-Project used this input as it began setting up drop-off sites throughout the state as well as other services, such as prepaid envelopes for people to mail these medications to approved disposal sites.[4]

Engagement Goals

During the fall of 2025, after four years in operation and following closures by a few major pharmacy chains in Oregon, MED-Project again partnered with OKT. The goals for the community engagement process were:

1. To hear from people in a range of communities throughout Oregon about how the program is working for them;
2. To hear from groups we may not have heard from in 2021, including people who work in hospice, rural healthcare providers, and people whose preferred language is a language other than English; and
3. To understand what additional services or outreach would help them to return their unwanted medications.

Outreach and Engagement Activities

In order to meet these goals and reach various communities, we created a number of ways for people to provide input between September 5 and November 30, 2025. As a follow-up to the statewide engagement process in 2021, this process focused on hearing from particular communities.

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3 OKT's 2021 community engagement report is available on OKT's website.

4 The MED-Project's Safe Medicine Return Program map and contact information can be found at Med Take Back Oregon.

In total, OKT conducted the following engagement activities:

- Held four community conversations: three online and one in person
- Held 22 individual and small-group interviews
- Outreached at two community events and one statewide hospice network standing meeting
- Partnered with six culturally-specific community organizers to gather input in their communities
- Conducted an online survey in English and Spanish, to which 139 people responded

A total of 290 people participated in either a conversation, interview, or survey. More details about the engagement activities and the people who participated are included in Appendix A.

Section 2: Awareness and Understanding of the Safe Medicine Return Program

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> ***"The first part is people not being educated."***
>
> *- Healthcare provider in Gilliam County*

Findings about awareness can vary by engagement method and who participates. While MED-Project's 2024 resident surveys indicated that 74% of people they surveyed were aware of the program, in this engagement effort, which was focused on people who had not been included in past efforts, we heard mixed levels of awareness of the Safe Medicine Return Program. Some people were familiar with the program, while many were learning about it for the first time. This input suggests that some communities would benefit from more targeted messaging, clearer information on what is accepted, and outreach through trusted local messengers.

People frequently identified awareness and clear, practical information (e.g. where to go and what is accepted) as important factors that influence participation. For example, we heard from people who helped operate the Drug Takeback Program (which preceded the Safe Medicine Return Program) that they get calls twice a month from retirement centers who think they still operate the program. We also heard from some people who work in hospice care and healthcare that despite current, ongoing outreach, an increase of outreach and education may be needed for people to be able to effectively participate.

> ***"We have a list of local drop-off sites, envelopes to hand out to folks, but people just aren't aware!"***
>
> *- Conversation with rural healthcare providers*

While many people we talked to weren't aware of the program, they also shared that having ways to safely dispose of unwanted medication is important and that many people are concerned about this topic. "That's every medicine cabinet in someone's house!" one person said in an interview. Some people felt once they knew about the program, it was common sense that medication should not be thrown in the trash. In particular, people who care for an older adult or had recently experienced the loss of a parent expressed relief to find out about the program. People we spoke with who work in end-of-life care, suicide prevention, healthcare, and other fields reflected that reducing access to unwanted medication aligned with critical goals in their field or sector. For instance, someone who works with a Death with Dignity program told us that if a person dies before taking the pill, there is a need to get rid of the fatal medication. One participant who works in suicide prevention said medication disposal is a topic they talk about a lot because gathering medication is one of the primary ways people attempt suicide. In some conversations, people shared personal experiences or stories about medication being stolen from their home.

We talked with a few people who work in watershed councils who weren't aware of conversations in their sector about the importance of medicine return; but, we also heard from some people who work in wastewater treatment for whom the success of this program is extremely important. They said that concern and attention to the topic of pharmaceuticals' impact on water quality tends to come and go based on media attention.

When we asked about peoples' associations with medicine disposal, some people told us about other methods they use to dispose of medication. People told us about using coffee grounds, kitty litter, and medicine deactivation products like Deterra; but, people recognized that these approaches don't always effectively address concerns about environmental pollution or health risks. In a few places, people told us about self-organizing systems to dispose of medicine in retirement homes or housing complexes.

As people learned about safe medicine return, one of the questions that came up frequently was about whether people could return sharps and liquid medication at kiosks or using the mailback envelopes. Several people reflected that the limitations about what kinds of medication can be returned through MED-Project services make it difficult to use. In a conversation with rural healthcare providers, one person said "it can't be such a small specific kind of meds, since there are so many." Some participants expressed uncertainty about what is accepted, especially sharps and liquids, suggesting an opportunity to further clarify accepted items and provide quick, easy reference information at kiosks and alongside mail-back materials.

We received many suggestions about how MED-Project can build on existing outreach and education efforts, both through partnerships and direct engagement, to help even more Oregonians learn about and use this program. These suggestions (which are summarized in Section 4) included both ways that MED-Project can partner and work with organizations and agencies to let people know about returning medicine safely, and ways that MED-Project could be more "boots on the ground" to directly engage with communities, understand what the procedures look like at each step for different communities, and work with people to improve and design a better system.

Section 3. Perspectives on Increasing Access to Safe Medicine Return Services

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Throughout conversations, interviews, and survey responses, people raised a number of barriers and challenges that they or the communities they serve face when trying to access the Safe Medicine Return Program. There is also a great deal of interest in—as well as an appreciation for—the program, and people were eager to find ways to make it easier for Oregonians to use. The following sections detail the range of perspectives we heard about how to make the program more accessible.

Strong Desire for Simplicity

> ***"Once people know, then they will use it - it has to be an easy process."***
>
> *- Person who works with immigrant communities in Multnomah County*

In almost every conversation we had, people emphasized that this program needs to be simple, easy, and straightforward to use. People talked about ease of use as having the minimum number of steps; integrating the Safe Medicine Return Program into existing interactions like getting a prescription at the doctor's, going to the post office, or picking up medication at the pharmacy; and that the instructions about how to use the Safe Medicine Return Program should be clear and easy to understand.

> ***"I think it's having to go somewhere that's out of the way that's hard."***
>
> *- Participant from Baker County*

In various ways, people brought this up as they were pointing to the many layers of challenges that people are experiencing. For example, in our conversation with people who work in hospice, we heard that bereaved families are overwhelmed navigating a range of arrangements in the midst of grief. In conversations with people from a variety of immigrant communities, we heard that some communities are experiencing heightened safety concerns that limit travel for even basic needs; in these contexts, low-burden options and trusted messengers may be especially important.

When we asked people about requesting prepaid envelopes that could be sent to their house, most of the people we spoke with said this aspect of the program presented too many steps for people to use. As one person in Multnomah county put it, "what I think would be successful for my community is something easy and straightforward, rather than requesting online or asking someone." For people in less densely populated areas with limited transportation and mail service, additional trips to and from the post office create an additional burden and some of the challenges of rural

mail service access add complexity (see Section 5). A few people suggested that being able to request envelopes via text message would increase access. One person said they thought that older adults would be open to requesting envelopes by phone, but that the online request form could be difficult for people to use. In contrast, however, healthcare and hospice providers talked positively about using this program. There was general agreement that making sure people have information about the program and greater proactive communication, particularly from trusted people like pharmacists, healthcare providers, family, friends, or community organizations is required in order for people to effectively use the program.

Desire For More Kiosk and Mailback Supply Sites

> ***"There wasn't room for them. I had to wait in line...the box wasn't obvious...when you're at a pharmacy there's usually 20 people in line.."***
>
> *- Person who works in hospice*

Many people brought up that envelopes and kiosks should be available in more locations. Suggestions included fire departments, social services, primary care providers offices, and post offices, as well as community programs like Meals on Wheels and hospice that could distribute envelopes to people directly or pick up medications from peoples' homes. Many people agreed that kiosks and mailback supplies should be available at locations that people are going anyway, so they don't require people to go out of their way or make an extra trip.

Peoples' suggestions include places that meet federal and state requirements for having a kiosk, as well as many ideas of places that wouldn't meet the requirements. However, there are some places we heard that kiosks could be located but aren't currently - the Albertsons pharmacy in Baker City, for instance, or school-based health centers (SBHCs) that are open to the surrounding community, which one person told us are common in rural communities. Expanding into these places would require deeper conversation with specific sites or communities as there may be concerns or questions or confusions that come up on a site-by-site basis.

We also heard from several people who work in healthcare settings that they are interested in having a kiosk at their location but they weren't sure how to get it set up. A few people told us they had searched online for information about how to host a drop-off site but weren't able to figure it out. Creating easier access to information about the requirements for host sites and how to host a kiosk would make it easier for potential hosts to understand how to participate in the program.

Concerns About Safety and Security

In conversations with people who might use the program as individuals, as well as with healthcare providers and hospice staff, questions and concerns about security came up repeatedly. This included both concerns about medication being stolen from kiosks, envelopes being stolen from mailboxes or in the mail, particularly in rural areas; as well as concern about potential accusations of theft that might keep people from hosting a drop-box or helping transport envelopes.

Relatedly, we heard concerns and questions in several conversations about the physical appearance of the envelopes. Several people expressed concern that if the packages look like they contain medications, that could cause issues; and, at the same time, others expressed concern that the envelopes look like a scam because they contain so little information on the outside and people don't know where the send-to address is going or why. Across the board, people agreed that the envelopes need to contain clear information about how the program works, how to participate, and what medications are and are not accepted.

> ***"The thing I found odd about the package bags is that they don't say where they actually go to, so it could be fraudulent."***
>
> *- Person who works in Wheeler County*

A few people brought up related concerns about the safety of kiosks. One person who responded to the survey said, "there's concern that the items dropped off are not accounted for in some way…If the 'back of the house' system includes double custody or other security controls, you should publicize that on the drop boxes so that people feel more confident that their unused medications won't fall into the wrong hands." A few people who work in rural healthcare clinics expressed interest in having a kiosk but brought up concerns about the liability of having medications on-site, so ensuring that information for potential hosts will address these concerns is critical.

> ***"We've talked about it with our health officer/medical director…to be a center to bring back medications, but that comes with concern of liability of holding meds…I think just having controlled substances on site, I don't think we fully understand how they function, so we'd need more information."***
>
> *- Rural hospital administrator*

> ***"I can see the school board having issues around liability with allowing meds to be returned there."***
>
> *- Person who works with School Based Health Centers*

Differing Views on What Supports Would Most Help People Access the Safe Medicine Return Program

> ***"There could be some cognition issues about the older adult being able to select the meds to be disposed of and the need for in-home assistance to help facilitate which are being sent in."***
>
> *- Participant in statewide conversation with rural healthcare providers*

Whether getting medications to kiosks, selecting medications to be disposed of and getting envelopes to the mailbox or post office, or calling or going online to request a mailback package and then getting it in the mail, we heard from many people that it often takes additional support for some people to take the multiple steps required to effectively return medications. This particularly came up in conversations with rural healthcare providers who spoke about older adults, homebound seniors, people who can't drive, and the often-elderly partners of people who are on hospice. We also heard this in immigrant communities where, because of current fear about immigration enforcement, people don't feel safe to leave their homes or go to pharmacies or medical clinics. And, particularly in conversations with rural healthcare providers, we heard caution, confusion and some disagreement about what these support systems should look like, who are the right people to handle patients' medications, and what it would take for them to effectively help.

> ***"We're taught prescription drugs are sensitive and shouldn't be given to anyone else."***
>
> *- Person who works in public health in eastern Oregon*

> ***"I don't want to touch someone else's medications…I have heard of workers being accused of stealing patients' meds. People accusing each other of things…unfortunately that happens a lot."***
>
> *- Participant in conversation with healthcare providers in Josephine County*

In a conversation with providers in Josephine County, people told us stories in their community about healthcare workers stealing patient medications which have led patients to be distrustful of home health workers and home health workers to be wary of handling or transporting medications. Even within that conversation, there was some tension: the participant felt that home health care workers should be educated and trained to transport medications, but they were also worried about workers "running away with the torch." They agreed that agencies and companies should provide clear guidance, protocols and procedures for home care workers to dispose of medications to help people overcome the fear or hesitancy they might have about helping. Another person echoed, "some agencies may feel like they can't take peoples' meds for liability reasons…I don't know if there's any real liability there though."

Several people said that in order for people such as home care workers to help others return medicines, they would need clear protocols from their employers so that they are not afraid to offer assistance. One person suggested working with state agencies like OHA and ODHS who train and set standards for home health, home care and community health workers to help clarify policies so that people like home health workers and community health workers can clearly understand how they are able to support people, such as homebound patients, people with cognition issues, or bereaved families, to return excess medicine safely.

> ***"When people are bereaved, they are not thinking clearly which is understandable."***
>
> *- Person who works in hospice*

One participant also brought up that bias and stereotypes can enter into considerations about whether people can be trusted to dispose of medications themselves or whether staff should be the ones to dispose of medication. "I've had families who were very upset at the hospice for treating them with distrust just because they come from a community with drug abuse…And the people who are affluent get to just have the instructions and trust that they'll do it," the person shared. This echoes what we heard about the complexity and potential tensions of negotiating responsibility for disposing of sensitive medications, particularly in intense life moments like illness or after death.

Expanding Language and Technology Access

> ***"If they communicate this project in the language that people understand, I am pretty sure that older folks will spend time reading it and follow what needs to be done — they need to understand why."***
>
> *- Person who works with Chuukese-speaking community*

LANGUAGE ACCESS

In every conversation and interview with people who speak languages other than English or work with immigrant and refugee communities, people emphasized the importance of having clear instructions and outreach materials in languages that people understand. A few people mentioned seeing the kiosks but not being able to read the directions on the kiosk because they weren't translated. In general, we heard that lack of adequate interpretation and translation are major barriers to accessing a range of community services, including legal and healthcare related services.

We heard slightly mixed opinions about the best ways to make sure that information about the program is available to people who don't speak English. A Russian-speaking participant said that people in her community are comfortable with using a QR code to get to a website where information will be in Russian, even if the flyer or original message is not in Russian. Other people said, however, that information being available and visible in multiple languages is key, not just through a QR code or depending on a family member to translate. One Chuukese speaker we spoke with said that having posters and brochures in Chuukese at the doctor's office would be the best way to reach people in her community, who would be excited to see materials in their own language. However, they cautioned

that Chuukese is often not translated properly, resulting in distorted information. This echoes what we heard from other people, who wanted MED-Project and partners to be aware of significant differences among dialects and the importance of accurate translation.

And, several people mentioned that for older people who do not speak English, even if the materials were available in the person's language, having someone like a relative explain the program and how to use it is often most effective.

MIXED RESPONSES RELATED TO TECHNOLOGY

In several conversations, we asked people how MED-Project could use new technology to make it easier for people to return unwanted medication. People had many suggestions for how MED-Project could reach people to let them know about this program, including using social media. Overall, we heard positive feedback about the use of QR codes for helping people to access the Safe Medicine Return Program, including from some people who speak languages other than English, as noted above.

We heard a desire for integrating texting as a way to communicate about the Safe Medicine Return Program. For example, several people suggested that pharmacies could send an automated text to their patients who have picked up medication and that people could reply to it to request an envelope. Some people also suggested that pharmacies could send automated texts about Safe Medicine Return at the time when people were expected to finish a prescription and might have medication left over, or send out a mass text once a year to everyone who had picked up medication. Another related suggestion is that MED-Project could add a "text now" option as a way to request envelopes, in addition to calling or filling out the online form. One person we talked with noted that it would be important for text messages to be in the language that the receiver speaks, otherwise the texts would likely be ignored.

In a few conversations people pointed out that the map or listings on MED-Project's site were out of date or not accurate, pointing to a need to regularly review and audit the listings to ensure that information is accurate and up to date. One person told us that the listing in their community was not accurate as the clinic listed had recently moved to a new location with a different address. Another person told us about publishing the information in their handbook to share in their community, only for it to quickly become out of date. People also wondered why other medicine return programs that they knew about weren't on the map.

Section 4: Suggestions for Outreach and Education

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We asked people what would help people in their community know about and use MED-Project's Safe Medicine Return Program. People had many recommendations for how MED-Project could do outreach and education to let people know and use the program. We have categorized peoples' suggestions into these four themes:

- Educate and train people in key positions and sectors who can help educate their communities.
- Partner with community programs and connectors to increase community awareness.
- Get information out in multiple ways.
- Make sure basic information is readily available in multiple formats that makes it easy to access and use.
- Use messaging that relates to peoples' core values and motivates them to participate.

Education and Training for People in Key Community Roles

Participants offered several suggestions about people in particular positions, roles, or sectors who may be well-positioned to help raise understanding, awareness, and access to Safe Medicine Return. These include:

- Home health workers and agencies
- Home care workers
- Peer and community health workers
- First responders such as firefighters and Medical Reserve Corps
- Drivers of medical transit
- DHS social workers
- Suicide prevention organizations
- Aging services and older adult specialists
- Disability services workers
- Care coordinators
- Behavioral health specialists
- Mental health specialists
- Public safety officials

One participant in southern Oregon suggested that information about safe medicine return should be integrated into the annual state training for home health agencies so that all new employees and contractors get the information: "There's so much turnover…having really good printed material or a video that someone can watch or to do zoom meeting, at least once a year to remind people that this exists."

Other participants suggested that Medicaid and DHS staff and first responders would also be strategic people to partner with, so that they can integrate information into the interactions they are having with community members. One person suggested that ensuring first responders know about the Safe Medicine Return Program and can provide envelopes or information to people that they see have large stockpiles of medication could be helpful and could extend the reach of the Safe Medicine Return Program.

Community Partnerships

In addition to those already mentioned, we heard many other suggestions about programs that MED-Project could partner with to distribute mailback envelopes and/or information about safe medicine return. These include:

- Community-specific healthcare roundtables, associations, and networks (e.g. Coordinated Care Organizations, Project Echo, or the Tribal pharmacy director's roundtable)
- Senior services, such as retirement homes, Meals on Wheels, and senior centers
- Community hubs, such as farmers' markets and movie theater (e.g. ads running prior to movies)
- Watershed councils and/or water districts (including water treatment professionals)
- Schools and school districts
- Waste and recycling departments

Particularly in conversations with people who live in rural communities and people from immigrant and refugee communities or communities who prefer a language other than English, several people emphasized that information tends to be received better it is provided by people who are part of the community. One person we interviewed in Gilliam County said, "trust is important, especially in frontier communities, it can be hard for 'outsiders' to come in…so messages are more well received from people already here." In another conversation with a Southern Oregon resident, they added that sharing information and involving communities in problem-solving and program design is particularly important in rural communities. A Slavic community member also echoed the importance of partnering with trusted community members to share information through specific social media groups and in Slavic community magazines or stores in order to conduct outreach and share information.

Another participant from a rural community brought up the value of MED-Project having more "boots on the ground" presence, even in small communities. The person shared, "I think partnering with someone in the community and being prepared to go to small places and speak to small groups… We're nearly always forgotten, so them showing a bit of interest in us would make a difference."

Multiple Outreach Methods and Formats

> ***"I don't have the time to make a post, do the research into why we need to do this. The writing is labor intensive. It's easy for me to share things and print things."***
>
> *- Healthcare provider in Wheeler County*

Many people we spoke with were enthusiastic about letting their communities know about the Safe Medicine Return Program but couldn't easily find a flyer in their language or information about how to get a kiosk at their clinic. While MED-Project's website includes basic information, based on what we heard, we recommend that MED-Project consider how to expand that information to respond to people's questions and areas of confusion, including adding to the existing FAQs.

We also heard many suggestions about effective formats and methods to share information about safe medicine return. Overall, people recommend using multiple methods to conduct outreach and increase awareness of the program. Suggestions include:

- Flyers or magnets that people put on their fridge
- Ads and posts on social media
- Ads in local newspapers
- Radio station PSA's or ads
- Directly mailing flyers to peoples' homes

Given the range of outreach approaches people suggested, MED-Project might consider developing a downloadable toolkit with information in various forms and multiple languages, including flyers and social media posts, for people to help spread the word in their communities.

Effective Messaging to Motivate People to Participate

In our conversations, many people reflected that returning medications to a drop-box or sending them off in an envelope is a new habit for many Oregonians, and that to overcome the barriers to participating, people need to understand why they shouldn't flush medications down the toilet and offer clear reasoning about why they should use the Safe Medicine Return Program. Many people suggested that messaging and information should "include the why" and be framed in relationship to what people value - whether that is protecting health and safety, decreasing drug use, preventing suicide or addiction, protecting water quality, promoting environmental wellbeing[5], or decreasing

5 Many people asked us during community conversations about how medications impact water quality and the environment. While most people accepted that using safe medicine return programs are preferable to flushing medication down the toilet, they also were not aware of specific impacts. Some people expressed concern about how medications impact the environment and asked how medications collected through the Safe Medicine Return program are disposed of.

One notable exception was someone who was aware of a study that showed high levels of opioids in some watersheds and studies on biological effects of hormones, such as from erectile dysfunction drugs and estrogen, on fish. The person also said, however, that little is known about how multiple pharmaceuticals interact and impact the environment and assessments of risk to human health tend to be slow and costly.

the costs of filtering municipal water supplies. One person in a conversation with rural healthcare providers phrased it this way: "It takes someone with the initiative, to care, to recognize the possibility of contamination in the environment or concern over someone getting their hands on them."

Overwhelm in difficult moments or with the demands of daily life can make it hard for people to prioritize returning medication unless they understand why it is important. In conversations with people who work in immigrant communities, people brought up that a focus on meeting basic needs makes it hard to prioritize this topic. We also heard this from people who work in hospice.

> ***"Grandma has died in hospice, daughter says I'll take that tomorrow, and in the meantime the grandchild has access to substances and there's a danger of death. Professionals aren't going to be asking–no, you need to go now when you've just lost a family member. It can be tough for staff to bring up medications at all because that's not what's on the bereaved folks' minds is medication safety."***
>
> - *Conversation with people who work in hospice*

Relatedly, one person also suggested that increased outreach could be focused particularly on medications that pose a greater risk to the environment or human health, such as opioids.

We also noticed that alongside the newness of returning or disposing of medication through a program like the Safe Medication Return Program, people also hold a range of perceptions and practices around what they do with medications, even if those medications are expired or no longer being used. In rural and immigrant communities, we heard that the barriers people face in accessing medication also mean that people are more likely to keep or hold on to expired or unused medication "just in case" they need them for future use. One person said, "pharmacies are closed on the weekend, the hospital is an hour and a half drive…some fear that it might be needed in the future, like antibiotics. I have 2 kiddos so I've held onto things that might come in handy." One person who filled out the survey expressed strong disapproval of the idea of medicine return because they saw it as wasteful.

> ***"What if I can't get it from my doctor again? You could not convince my mom to get rid of anything, even meds that are expired for 5 years."***
>
> - *Conversation with rural healthcare providers in Josephine County*

In addition to conversations about how education and messaging could influence people's perceived barriers, a few people suggested that additional incentives would help motivate people to overcome the barriers to participate. In one community conversation, people brought up the state bottle return program and suggested that safe medicine return could work similarly: incentivizing return of medications with cash, gift cards, or a discount coupon at the pharmacy, like 10% off your next order of medication. Another person suggested that funding for small pharmacies in rural areas could make it more feasible for pharmacies to take on the administrative labor associated with hosting a kiosk.

Section 5: Input Specific to Particular Communities

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Input from People Who Work in Hospice

> ***"I'm actually really excited, I'm looking forward to being able to use this program. It would be really beneficial...it might ease their mind, just make things a little bit easier...it's just so much simpler. Drop it in a bag, put it in the mailbox and you can forget it. It's safe, it's secure, it's going somewhere where it's going to get taken care of properly and we can use that as selling points...there's a lot of positive impacts. After being handed a grocery bag full of meds, I would have loved to have that option to hand them a bag or dump it in there and mail it out."***
>
> - *Conversation with people who work in hospice*

Many of the people we talked with who work in hospice felt that mailback is a preferable option for the communities they serve, which one person said is around 24,000 patients per year in Oregon. However, while people who work in hospice view hospice programs as being set up well to provide envelopes as part of onboarding new patients, hospice staff agreed that Oregon's current system of requesting mailback envelopes isn't suited for the way hospice programs operate. People expressed uncertainty about how to receive enough envelopes to meet the need and said they would prefer to be able to access regular, bulk deliveries of envelopes. One person said, "Hospices don't want to have to call up every week - can we just get on a recurring shipment of envelopes?" Another person shared that "if it were on me to do the ordering, I would forget," pointing to the administrative burden of having to submit repeated requests for an organization that may not be able to add that task. The idea of increasing automation was echoed in a few other conversations as well, when people suggested that distributing envelopes could be an automatic part of a process of receiving medications rather than something they would have to request later.

We did hear, however, from one hospice provider who has been handing out mailback envelopes that they think the return rate is very low. "Not sure what happens to them once they're in the home or how to improve return rates," that participant said. This suggests that even in communities where using mailback packages makes sense to eliminate some barriers, there is additional work to do to understand how the process is working for people and what could be done to improve participation.

Several healthcare providers or people who work in hospice also said that they had requested envelopes but never received them.

One other theme we heard about the mailback program was concern about the size of the envelopes. In our conversations with hospice staff and for people caring for older adults, people shared stories about ending up with large amounts of medications that they had difficulty figuring out what to do with.

"You'd be amazed how much people have accumulated over the years... boxes and bags."

- Conversation with people who work in hospice

"Someone passed away and the hospice nurse came in with a giant trashbag full of pills and asked what to do with it."

- Pharmacist in southern Oregon

Key Role of Healthcare Providers and Pharmacies

When we asked people what would help Oregonians know about and dispose of medication safely, in almost every conversation people mentioned the key roles of pharmacies and healthcare providers. People talked about pharmacies and healthcare providers for a few reasons:

1. People would be most receptive to information in places that are already related to medicine and medication;
2. Pharmacists and doctors could integrate information about safe medicine return into the process of getting a prescription; and
3. It would be easiest for people to get information and return medications in places they are going anyways, including the pharmacy and doctor's office.

We talked with several pharmacists who currently participate in the program and feel it is beneficial for their communities and is frequently used. And, when we asked people what makes it difficult to dispose of medication, many of the challenges people shared related specifically to kiosks located at pharmacies. We heard in several conversations that people tried to use kiosks but they were full. We also heard from a few people who said that kiosks were difficult to find within the site and should be placed in more obvious locations. Several people mentioned "you need to get in line just to figure out where to drop off your meds" which could be because the kiosk is full, not visible, people are confused about what is accepted, or information is not available in the speaker's language. And, particularly for non-English speakers, having to ask someone for information is a significant barrier.

We also heard that long lines and difficulty parking at pharmacies make it harder for people to use kiosks at pharmacies in general. A few people said this could be related to the closure of pharmacies and healthcare facilities in the past few years. A few people said this makes it particularly challenging for people with limited mobility or who are elderly to use kiosks at pharmacies.

In many conversations, people mentioned that they or people they know have transitioned to using mail-order pharmacies like Amazon, which creates new challenges and opportunities for MED-Project as they consider outreach and education. We heard this particularly from people in rural communities who said that lower co-pays and long drives to faraway pharmacies make online pharmacies appealing. One pharmacist said that with mail-order pharmacies, there is much less interaction with the pharmacy and the prescriptions are often set up to send a 90 day supply as opposed to two weeks or a month, so the level of auto-filling can result in a lot of back-supply. There may be an opportunity for MED-Project to partner with online pharmacies to ensure that customers

learn about medicine return programs, as the landscape of how people get their medications evolves.

People also had many suggestions for how pharmacies could let people know how to safely return their medicine, including:

- Informational flyers with QR codes that could be passed out with every prescription.
- QR codes on the lids of medications.
- Distributing mailback envelopes with each prescription.
- Having flyers/information available in highly visible places, like at the counter and while people are waiting in line.
- Information that is printed automatically along with prescription paperwork.
- Instructions on paper bags that pharmacists use to distribute medications.

As with many other topics, the pharmacists we spoke with emphasized that "if it's an additional step, it's not going to happen as much." We heard that integrating information about safe medicine return so that either it's automated or integrated into an existing step will help it be adopted more easily by pharmacies. For instance, one pharmacist suggested that the paper bags pharmacists are already using to put medications in could be printed with information about safe medicine return.

> ***"We have bookmarks on how to dispose of meds that instruct people on using cat litter or coffee grounds, but if MED-Project could buy 5000 paper bags that have instructions on the bags themselves, the pharmacists can hand meds out in those bags.They could also trigger ads to print along with their paperwork. The problem with bookmark is that pharmacist has to hand them to the patient or put them in the bag which is an additional step...it's not gonna happen as much unless someone asks for it."***
>
> - *Pharmacist in Eastern Oregon*

In addition to pharmacies, almost everyone we spoke with agreed that information about safe medicine return should also be shared by healthcare providers. In conversations with rural healthcare providers, we also heard from several people who are already collecting unwanted medication from patients, sometimes just in a locked drawer. Several people emphasized that doctors are known and trusted, and therefore would be good messengers to tell people about the program. One participant talked specifically about medication reconciliation at the doctor's office, where patients bring in old medication and sort through it with their doctor and discern what to keep. The participant said this is a topic of conversation among healthcare providers and noted it as a good opportunity for medicine return, if providers could have envelopes on-hand to dispose of the unwanted medication safely.

We did hear some disagreement from a few healthcare providers who expressed feeling overburdened already. One person said educating patients about safe medicine return and dispensing envelopes shouldn't be added to primary care workflows "unless they want to do it," because many are already stretched thin.

Input related to communities that are less densely populated and have limited services

> ***"Almost no one just sends out mail by putting it on their own porch or mailbox. There's often community mailboxes and lots are on a waitlist for a PO box."***
>
> *- Baker County participant*

During this engagement, MED-Project was particularly interested in hearing from communities in less densely populated areas where the primary way of using the Safe Medicine Return program is by requesting a mailback envelope. While much of the input shared elsewhere in the report also was shared by people living in less densely populated areas, this section reflects additional input that is particular to participants who live in such communities. People shared specific challenges that people in these areas experience, and mixed responses about the ease of using the mailback process.

Some people live or work in communities, including in eastern Oregon and on tribal reservations, where many people use P.O. boxes. Many participants said that for them, mailback envelopes are not convenient because an extra trip to the post office is seen as a burden, particularly if the post office is far away. A few people said this made the process of disposing of medications feel too difficult and like too many steps, from finding out about the program to requesting a package to picking it up from the post office, filling it with medications, then returning it to the post office. Long distances and limited transit options add to these challenges.

In a conversation with rural healthcare providers across the state, several people said that a common barrier they see is that older people are typically "stuck in their homes and can't get to a postal location or drop boxes." In those conversations, participants reflected that people would need additional support to return their medications, such as having someone pick up medications or envelopes from their home or having a home care worker transport the envelope to the post office or kiosk. In a conversation with rural healthcare providers, one person suggested a "med round-up show" where healthcare providers drive around the county and pick up medications.

> ***"Mail getting stolen is already an issue for folks in rural areas. Many have their boxes locked."***
>
> *- Josephine County community member*

Many people expressed fears about mail being stolen from mailboxes (a common issue), mail counters at post offices, and in general, shared the sense that mail is not secure. One participant from Gilliam County shared that it is regular practice for people in their community to leave packages on a counter at the post office which then might sit for several hours before being picked up. Even in communities where people have the option of having packages picked up from a mailbox, many people we spoke with said that they would not feel comfortable putting medications in their mailbox. As one person from the South Coast said, "I get weird about putting meds in my mailbox because I'm nervous about someone breaking in." Another participant from Yamhill County said she felt that people in her community would feel like mail is not secure and that it could get lost.

In small communities, a few people shared concerns that additional awareness about each other's activities could increase the risk of theft, whether from people's homes, mailboxes, or a post office counter. One person we spoke with talked about how in their small community, "everyone knows, Don had his hip replaced and he always goes to the coffee shop on Tuesday." Some of the people we spoke with had experienced medication being stolen from their homes and were grateful to know that this program exists.

When we asked about what would make it easier for people to use the program, given these challenges, many people in less densely populated areas suggested that increasing community partnerships, working with trusted messengers, and having more kiosk locations would be most helpful. Several people in rural communities felt that state agencies often aren't aware of the distances people have to travel to access services. Therefore, they said it is important both that there are more kiosks and that kiosks can be accessed without people having to go out of their way, i.e. that they are available in places that people are already going. For instance, a participant from Baker County told us that Albertson's is "the place that everyone goes" because it is the only full-service grocery store and pharmacy and so it would make sense to have a kiosk there. A few people also mentioned that limited hours make it difficult for people to use kiosks because they are likely to be locked in the evening when people are off work.

> ***"As a town or small city, we have to travel from 1 to 1 ½ hours to get to those kiosks, so having something here would be easier rather than transporting the meds."***
>
> *- Healthcare providers in Gilliam County*

Section 6: Broader Input Related to Disposing of Medication

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As we talked with people about safe medicine return, people shared ideas and observations which extend beyond what's within MED-Project's scope in operating the Safe Medicine Return Program. Currently, two different organizations - including MED-Project - provide services to meet the state's requirements for the Safe Medicine Return Program, and while the organizations jointly host a website with information and a number to call to request mailback services, kiosks and other services are administered separately. In our conversations, many community members are unaware of the distinctions of who may be overseeing or responding to requests for different services, such as requests for mailback supplies. In addition, while Oregon's law that created the Safe Medicine Return Program established a set of requirements, program operators must also meet state and federal requirements around medication disposal, including where a kiosk can and can't be placed.

We offer the experiences, perspectives, and ideas we heard from people in the hopes that this input can be of use to MED-Project as well as DEQ, other program operators, community partners, and other interested public entities in continuing to increase access for people in Oregon to be able to safely dispose of their medications.

Limitations on Kiosk Locations

While federal law stipulates where takeback kiosks for medications can be placed - only at pharmacies, police stations, and some healthcare offices - we heard from many people that having easier access to kiosks would be helpful. In particular, one thing we heard in conversations with Slavic and Latino community members is that having kiosks in culturally specific grocery stores would be helpful. One Slavic community member wondered how easily the distinctions between what is accepted and not accepted would be understood when applied to medications from another country - for instance, discerning between herbal supplements/vitamins and over-the-counter medications. Although kiosk locations are limited by federal and state requirements, MED-Project and partners can support access by promoting mail-back availability and providing culturally specific community locations with information and materials in relevant languages.

Requirements And Processes For Kiosk Hosts

> ***"Do you have trainings on creating a drop-off site? I was kind of looking around and there weren't obvious options. I was looking for a drug takeback box. How did the sheriff get their box?"***
>
> *- Healthcare provider in Wheeler County*

Across several conversations with pharmacies who currently host kiosks, we heard overall positive feedback and gratitude about the opportunity to participate in the Safe Medicine Return Program. We also heard some feedback from people who work for entities that currently host or could host kiosks about how it might be easier to have a kiosk on-site.

From a few people, we heard that some requirements and processes associated with hosting kiosks can be challenging for small pharmacies in rural areas - including Tribal reservations - to meet. One participant brought up that the logging and tracking required for pharmacies who have kiosks "is very time-intensive" and can be difficult for small pharmacies. One suggestion we heard is to streamline required documentation wherever permissible, including greater use of online tools when allowed. Another issue that came up was the rule that pharmacy workers aren't allowed to help people dispose of medications in the kiosk. For instance, if someone calls on the phone and doesn't need medications that have been ordered for them, the pharmacy worker is not allowed to put those medications in the kiosk for the person; other healthcare workers, or the customer, would have to do it. The person also brought up that the rule requiring two pharmacists and/or staff to check the box together and log keys in and out can be tricky for a small pharmacy with limited staff.

> ***"You have an administrative burden on rural and tribal communities. In a city you have the scale...that covers that. When you don't have that, it means they don't participate."***
>
> *- Person who works with Tribal communities*

Another participant who works with Tribal communities put this in the broader context that there are many unfunded mandates which Tribes are required, but often struggle, to participate in. They suggested that incentives or funding for smaller rural or Tribal pharmacies to participate could enable staff to have time to participate, encourage them to champion the program in their community, and motivate them to participate in program design or improvements to help MED-Project design the program to work better in Tribal communities.

Drug Deactivation Products

In one community conversation, a healthcare provider asked about partnering with drug deactivation companies to provide funding or easier access to drug deactivation products as part of the Safe Medicine Return Program. However, several people who participated noted that while drug deactivation products can be helpful to destroy medications in a timely way on-site, they don't address environmental concerns.

Section 7: Recommendations for Future Engagement

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In addition to the suggestions and ideas that people have shared about how MED-Project can improve the Safe Medicine Return Program to make it easier for people to participate, we offer some additional recommendations related to ongoing or future engagement for MED-Project and partners to consider as they continue to develop the program.

Pilot Deeper Engagement in Specific Communities

In one conversation with a resident in a rural county in eastern Oregon, the participant suggested 10-15 various institutions, organizations and individuals that we might talk with who ranged from waste management professionals to senior meal center coordinators. While we were able to talk with a wide range of people across this engagement, that conversation suggested to us that a deep dive into a single geographic community might illuminate some new ideas and pathways for how MED-Project could increase participation in safe medicine return. This could include exploring places that people recommended as possible kiosk sites that meet federal and state requirements but don't have a kiosk currently to better understand what that site might need in order to host a kiosk. This could also mean that MED-Project has a bigger presence and involves people in problem-solving and program design for a short period, so that people have greater awareness and engagement with the broader goals and objectives of the program. Because of connections among rural communities, focused engagement in one area could also support broad statewide engagement; so, MED-Project could build on deeper engagement county-by-county over time.

This approach to targeted outreach could also be focused on specific sectors, such as a focused effort on connecting with people who work with older adults, Tribal pharmacy directors, or people who work in suicide prevention.

Focus On Education and Training

Based on what we heard from people and what MED-Project could focus on given the requirements and limitations of the drug disposal legislation, we encourage MED-Project to focus on opportunities for education and training of people in key community roles. In our conversations with hospice providers, who have a higher level of awareness about the program because of past engagement, several people emphasized that they are well-situated to reach many thousands of people every year who will need to dispose of medication.

Similarly, there are other people in key community roles, from older adult specialists to retirement center staff to home care workers to suicide prevention task forces (see the list in section 4), who are connected to people who have a need for this program and could be enthusiastic ambassadors for the program in their communities. We encourage MED-Project and other operators to engage directly with people in these professions and roles to make sure information about the program is available in formats that are useful, receive feedback about challenges to accessing the program, build community partnerships to increase awareness and access, and work with employers, professional associations, or other state agencies to integrate information about Safe Medicine Return into professional training.

Share How People's Input was Used to Improve the Program

We recommend that MED-Project share what decisions are made throughout the process and how they came to those decisions. We encourage MED-Project to articulate the impact, benefits and actions that result from this engagement so that people feel they have been heard. OKT is happy to support MED-Project in reporting future actions back to participants in this engagement.

In addition to letting people know how their input was used, many people offered to help or expressed a desire to partner with MED-Project to increase the access to this program for their community. We hope that MED-Project takes the next step to act on those relationships with partners, particularly the sector-specific suggestions mentioned in Section 4..

Section 8: Conclusion

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This engagement process is intended to provide MED-Project with a snapshot of peoples' experiences, ideas and perspectives on Oregon's Safe Medicine Return program. These conversations took us, metaphorically, into peoples' medicine cabinets and to the moments after a loved one's passing, to talk about a topic that is utterly common, widespread, and yet a novel idea to many people–and, some people have been invested in the program's success for many decades. Despite the many other challenges communities are facing, people were excited to participate in these conversations and to partner with MED-Project to let other people in their communities know about this program. People who were just learning about the program expressed relief and gratitude that this program exists. The range of responses reflects community members' passion about the health and safety of our communities and protecting the natural environment in Oregon.

We hope that this report honors the work that has been done so far and offers guidance to support the Safe Medicine Return program's success as well as MED-Project's continued engagement with Oregonians in the future.

Appendix A. Community Engagement Process and Participation

Appendix A. Community Engagement Process and Participation

COMMUNITY ENGAGEMENT PROCESS AND DESIGN

In the fall of 2025, MED-Project partnered with OKT to hear from Oregonians about how the Safe Medicine Return program is working and what could make it easier for people to access. This was a follow-up to the earlier statewide and all-virtual engagement OKT did in 2021, when MED-Project and DEQ were setting up the program. Based on the first four years of program operation and opportunities we saw to deepen and expand on the 2021 engagement, the goals for this community engagement process were:

1. To hear from people in a range of communities throughout Oregon about how the program is working for them;
2. To hear from groups we may not have heard from in 2021, including people who work in hospice, rural healthcare providers, and people whose preferred language is a language other than English;
3. and, to understand what additional services or outreach would help them to return their unwanted medications.

In order to meet these goals and reach various communities, we created a number of ways for people who live in Oregon to provide input in English or Spanish between September 12 and November 15, 2025. These included:

- Individual or small group interviews;
- An online survey in English and Spanish, with paper versions available as needed;
- Culturally specific community events, 1-on-1 conversations, and community conversations led by community organizers and partners to gather input from people in their communities; and
- 4 community conversations held online and in person with hospice providers, rural healthcare providers, rural suicide prevention and older adult services, and Spanish and Somali-speaking families. These were in English with interpretation available by request.

Content for Engagement

This engagement was intended to reach underserved and underrepresented populations across Oregon, so it was assumed that people would have different levels of knowledge around returning medicine in a safe and secure way. We developed questions for interviews and community conversations that fell into these general themes:

- People's awareness of safe medicine return and MED-Project's services in Oregon
- People's experiences with mailback services and mail-order prescriptions
- Ideas about possible solutions and improvements to the safe medicine return program

In conversations and interviews, we asked people about their professional roles but did not ask for other personal information, although in some cases people volunteered information about their identities. The online survey included optional demographic questions about preferred language, racial, ethnic or Tribal identification, and zip code.

Outreach

OKT, MED-Project and partners conducted outreach through a variety of channels to invite people to participate. These included:

- OKT's email list, which reaches over 16,000 people
- Individuals reaching out to their communities and professional networks, including email and social media outreach to statewide networks of suicide prevention staff, rural healthcare providers, and hospice staff
- Partnering with community organizers to host conversations and connect with community members 1-on-1
- Presentations and/or brief discussions during standing meetings of statewide hospice providers, an in-person event with immigrant and refugee communities in the Metro area, and tabling at a community wellness event in North Portland.

PARTICIPATION

Approximately 290 people participated across the different forms of engagement. Approximately 126 people participated in a community conversation or connected with us at a community event. In addition, 139 people submitted input via an online survey and 25 people participated in an individual or small group interview.

The people we talked with have a wide range of experience and expertise in various medical and healthcare sectors. Participants also noted that they hold multiple roles at the same time, such as a public health administrator and caregiver for an elderly parent. People we talked with included people who work in these sectors and/or hold these roles:

- Rural healthcare providers, including Primary Care Providers,
- Hospice and palliative care
- Home health care
- Rural Health District and rural health service workers
- Pharmacy staff, including a pharmacist on a Tribal reservation
- School Based Health Centers
- Public Health Administrators
- Suicide prevention
- Watershed council and water resource management
- Social services, including veteran services, behavioral health workers, and Older Adult Specialists
- Resident leader for housing complex

- Fertility clinic care coordinator
- Philanthropy
- People who work with immigrant and refugee communities
- People living in senior centers/assisted living facilities
- Youth program coordinator

Among people who responded to the survey, 24% of respondents said they work in healthcare, 24% said they work in social services, and 9% said they provide care for elderly people as part of their work.

While we asked people about their roles, we did not ask participants in conversations or interviews other personal information, but people nonetheless volunteered information about their families, racial and/or ethnic identities, and other aspects of their identity. Some people self-identified in these ways:

- Parents
- Caregivers to elderly people
- Ashkenzi Jewish, Georgian, Hispanic, Honduran, Chuukese, Ukrainian, Latino/a, Mestiza, Mexican, Mexican-American, Micronesian, Pacific Islander, of Western European descent, Native American, Russian, Slavic, Multiracial, Somali
- Enrolled Tribal member
- Speakers of Ukrainian, Spanish, Russian, Georgian, Somali, Chuukese, Vietnamese, Rohingya, Nepali, Afghani, Iraqi, Tongan, and English.

People who participated also identified themselves as living in or serving people in 28 of Oregon's 36 counties, including Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Deschutes, Douglas, Gilliam, Grant, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Tillamook, Umatilla, Wallowa, Wasco, Washington, Wheeler, and Yamhill counties. In addition, we heard from people who live and/or work in Vancouver, Washington, who connect with Oregon communities in a variety of different ways (work, play, pray, shop, etc.) due to its location on the Washington/Oregon border. Several people who participated work with communities across the state or work for statewide organizations.

Appendix B. Annotated Survey Results

Annotated Survey: Safe Medicine Return in Oregon

INTRODUCTION

Since 2021, the state of Oregon has had **a program** to make sure people have ways to safely dispose of the medicines that are expired or their families no longer need.

There are many ways people can safely return their medicines for them to be disposed of. They include:

- At a local drop box, like at a pharmacy or police station.
- Pick up a mail-back package at certain places that has the address and postage on it.
- Request a mail-back package **online** or through a multilingual call center.

When this program started, we at Oregon's Kitchen Table worked with MED-Project to hear from people in Oregon. We asked what the easiest way would be for you to turn in medicines that you no longer need in a safe and secure way. MED-Project used your input to set up the program so it would work for communities across Oregon.

Many things have changed since 2021. Also, some pharmacies have closed. So, now we are reaching out to hear from you again about how the program is working for you. We also invite you to share how MED-Project can continue to provide ways for people to turn in medicines they no longer need safely.

For more information, visit **https://med-project.org/**.

SURVEY QUESTIONS

1. How much do you know about Oregon's program to make sure people have ways to safely dispose of medicines they no longer need?

RESPONSE CATEGORY	Respondents to this question = 125
A lot	7.2%
Some	34.4%
A little	27.2%
None	27.2%
I'm not sure / don't know	4%

2. Have you used the program?

RESPONSE CATEGORY	Respondents to this question = 125
Yes	32%
No	59.2%
I'm not sure / don't know	8.8%

3. If you have used it, how did you use it? Select all that apply.

RESPONSE CATEGORY	Respondents to this question = 61
I have dropped off my medications at a local drop box	36.1%
I have dropped off my medications at a drop box at a pharmacy	44.3%
I have picked up a prepaid mail-back package/envelope at a medical office, public institution, or community event	9.8%
I have requested a prepaid mail-back package/envelope online or through a multilingual call center	8.2%
Other	1.6%

4. What might make it hard for you or people you know in your community to take part in this program?

   Responses provided to MED-Project USA.

5. What might make it easier or more convenient for you or people you know in your community to take part in this program?

   Responses provided to MED-Project USA.

6. Do you have any other ideas about what might help people in your community know about or use this program?

   Responses provided to MED-Project USA.

DEMOGRAPHIC INFORMATION

7. What is your zip code?

   Responses provided to MED-Project USA.

8. What language do you prefer to get information in?

RESPONSE CATEGORY	Respondents to this question = 129
English	69.8%
Spanish	15.5%
Arabic	0%
Chuukese	15.5%
Mandarin	0%
Russian	11.6%
Somali	0%
Ukrainian	5.4%
Vietnamese	0%
Other language not listed here (please write the language)	1.55%

9. Which of these describes your racial or ethnic identity? Please select all that apply.

RESPONSE CATEGORY	Respondents to this question = 121
American Indian, Alaska Native, Indigenous Mexican, Central American, or South American	<1%
Asian	<1%
Black, African American	<1%
Hispanic, Latino, Latina, Latinx, Latiné	24.8%
Middle Eastern or North African	<1%
Native Hawaiian, Pacific Islander	18.2%
White	55.4%

If you would like to share in your own words how you describe your race, origin, ethnicity, ancestry or Tribal affiliations, please use this space: [write in]

Responses provided to MED-Project USA.

10. Do you work in any of these sectors? Select all that apply.

RESPONSE CATEGORY	Respondents to this question = 60
Healthcare	53.3%
Hospice	10%
Suicide prevention	6.7%
Elder caregiving	20%
Social services	53.3%

If you would like to share in your own words how you describe your race, origin, ethnicity, ancestry or Tribal affiliations, please use this space:

Responses provided to DEQ.

Thank you for sharing your ideas with us! Your input will help MED-Project plan for services to make sure people can safely return unwanted or expired medicines for disposal.

Appendix C. Community Connector Interview Protocol

Community Connector Interview Protocol

Safe Medicine Return Community Engagement

About the project

Since 2021, the state of Oregon has had a program to make sure people have ways to safely dispose of the medicines that are expired or their families no longer need.

There are many ways people can safely return their medicines for them to be disposed of. They include:

- At a local drop box, like at a pharmacy or police station.
- Pick up a mail-back package at certain places that has the address and postage on it.
- Request a mail-back package online or through a multilingual call center.

When this program started, we at Oregon's Kitchen Table worked with MED-Project to hear from people in Oregon. We asked what the easiest way would be for you to turn in medicines that you no longer need in a safe and secure way. MED-Project used your input to set up the program so it would work for communities across Oregon.

Many things have changed since 2021. Also, some pharmacies have closed. So, now we are reaching out to hear from you again about how the program is working for you. We also invite you to share how MED-Project can continue to provide ways for people to turn in medicines they no longer need safely.

Questions

- What comes to mind when you hear this phrase?
  "Medicine that has not been used, is not wanted or has expired."

- Do you know about Oregon's program to make sure people have ways to safely dispose of medicines they no longer need?

- Have you used the program? If so, how did you use it?

Private and Confidential as allowed under the Oregon Public Records Law (ORS 192)

- What might make it hard for you or people you know in your community to take part in this program?

- What might make it easier or more convenient for you or people you know in your community to take part in this program?

- These next few questions are about sending in medicines you no longer need using a free mail-back package that has the return address and postage on it.
    - Where would you go in your community to pick up something like a mail back package?
    - How comfortable are you or people in your community with going online to request a free package be sent to you by mail?
    - What do you think might make it hard or easy for people to use a mail back package to get rid of their medicines?

- Do you have any ideas about what might help people in your community know about or use this program?
    - How do people in your community get information?
    - Is there a language barrier?
    - There is now a website with a map and an online form for mail-back requests. Is there other technology like QR codes that might help people use the program?
        - What challenges do people in your community have as to technology?
    - What do you think would help people better know about or use the program?

- What do you most want MED-Project to think about as they plan for services to make sure people can safely return unwanted or expired medicines for disposal?

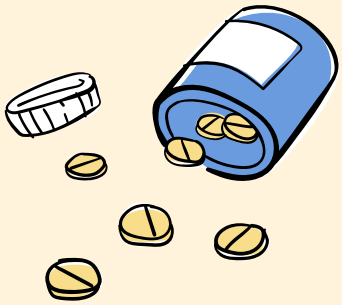
- Is there anyone else you suggest we connect with who might want to share their thoughts about this topic?

Appendix D. Community Conversation Materials

WE WANT TO HEAR FROM YOU!

JOIN OREGON'S KITCHEN TABLE FOR A CONVERSATION ON SAFE MEDICINE RETURN

IN PARTNERSHIP WITH OREGON HOSPICE ASSOCIATION



SINCE 2021, OREGON HAS HAD A PROGRAM TO MAKE SURE PEOPLE HAVE WAYS TO SAFELY DISPOSE OF MEDICINES THAT THEY NO LONGER NEED. NOW, OREGON'S KITCHEN TABLE IS HOSTING A CONVERSATION TO HEAR FROM YOU ABOUT HOW THIS PROGRAM IS WORKING AND WHAT WOULD MAKE IT EASIER TO USE. YOUR INPUT WILL HELP MED-PROJECT IMPROVE THE PROGRAM!

ALL QUALIFYING PARTICIPANTS WILL RECEIVE A $25 GIFT CARD.

TUESDAY, NOV 4
3:00-3:45 PM PST



REGISTER HERE:
TINYURL.COM/SAFEMEDNOV4

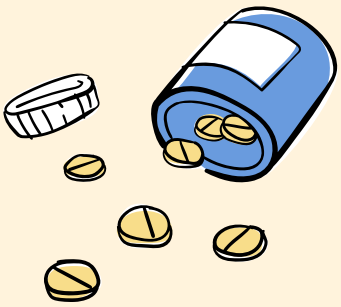
OREGON'S KITCHEN TABLE IS A STATEWIDE PROGRAM THAT CREATES WAYS FOR COMMUNITY MEMBERS TO INFLUENCE THE DECISIONS THAT AFFECT THEIR LIVES.

INFO@OREGONSKITCHENTABLE.ORG 503-725-5248 WWW.OREGONSKITCHENTABLE.ORG

WE WANT TO HEAR FROM YOU!

JOIN OREGON'S KITCHEN TABLE FOR A CONVERSATION ON SAFE MEDICINE RETURN

IN PARTNERSHIP WITH JOURNEY HOME



SINCE 2021, OREGON HAS HAD A PROGRAM TO MAKE SURE PEOPLE HAVE WAYS TO SAFELY DISPOSE OF MEDICINES THAT THEY NO LONGER NEED. NOW, OREGON'S KITCHEN TABLE IS HOSTING A CONVERSATION TO HEAR FROM YOU ABOUT HOW THIS PROGRAM IS WORKING AND WHAT WOULD MAKE IT EASIER TO USE. YOUR INPUT WILL HELP MED-PROJECT IMPROVE THE PROGRAM!

ALL QUALIFYING PARTICIPANTS WILL RECEIVE A $25 GIFT CARD.

MONDAY, NOV 10
10:00 AM PST



REGISTER HERE:
TINYURL.COM/SAFEMEDNOV10

OREGON'S KITCHEN TABLE IS A STATEWIDE PROGRAM THAT CREATES WAYS FOR COMMUNITY MEMBERS TO INFLUENCE THE DECISIONS THAT AFFECT THEIR LIVES.

INFO@OREGONSKITCHENTABLE.ORG 503-725-5248 WWW.OREGONSKITCHENTABLE.ORG

Safe Medicine Return

What could help you and people in your community to turn in unwanted medicine safely?

Since 2021, Oregon has had a program that gives people ways to turn in unwanted medicines rather than throw them away or flush them. MED-Project is one of the groups that helps people dispose of their medications. Now we want to hear from you! Your input will help MED-Project to assist more people in turning in unwanted medicine safely.



Share what you think today!

Contact Sarah with OKT for a Conversation:
Text / call 503-725-5248
email: sagiles@pdx.edu

Short Online Survey: tinyurl.com/okt-safe-med

Scan Here →

Oregon's Kitchen table is a program that creates ways for people to influence the decisions that impact them.

Safe Medicine Return

Since 2021, the state of Oregon has had a program to make sure people have ways to safely dispose of the medicines that are expired or their families no longer need.

There are many ways people can safely return their medicines. They include:

- At a local drop box, like at a pharmacy or police station.
- Pick up a mail-back package at certain places that has the address and postage on it.
- Request a mail-back package online at medtakebackoregon.org or through a multilingual call center.

Before today, how much do you know about the ways we have in Oregon for people to safely dispose of medicines they no longer need?

If you have used the program, how have you used it?

What might make it hard for you or people in your community to return medications they don't need anymore?

Safe Medicine Return

What might make it easier or more convenient for you or people in your community to return medications they don't need anymore?

What might help people in your community know about or better understand Oregon's program to return medications?

COMMUNITY ENGAGEMENT ON SAFE MEDICINE RETURN TIMELINE

MED-Project is working with Oregon's Kitchen Table to hear from Oregonians about how the Safe Medicine Return program is working for them and how MED-Project might assist more Oregonians in disposing of unwanted medicines.

1. PLANNING & PROCESS DESIGN

Identify key outcomes and project milestones, develop engagement plan and content for engagement

July - September 3, 2025

2. PREPARE FOR ENGAGEMENT

Create content for engagement (background, questions) including plain language review and translation into up to 4 languages

by September 12, 2025

3. ENGAGEMENT ACTIVITIES

OKT conducts interviews and community conversations

September - November 15, 2025

4. FINAL REPORT

OKT prepares final report and summaries in English and up to 4 languages

Draft report by January 9, 2026

Final report by February 15, 2026

Updated 11/5/2025

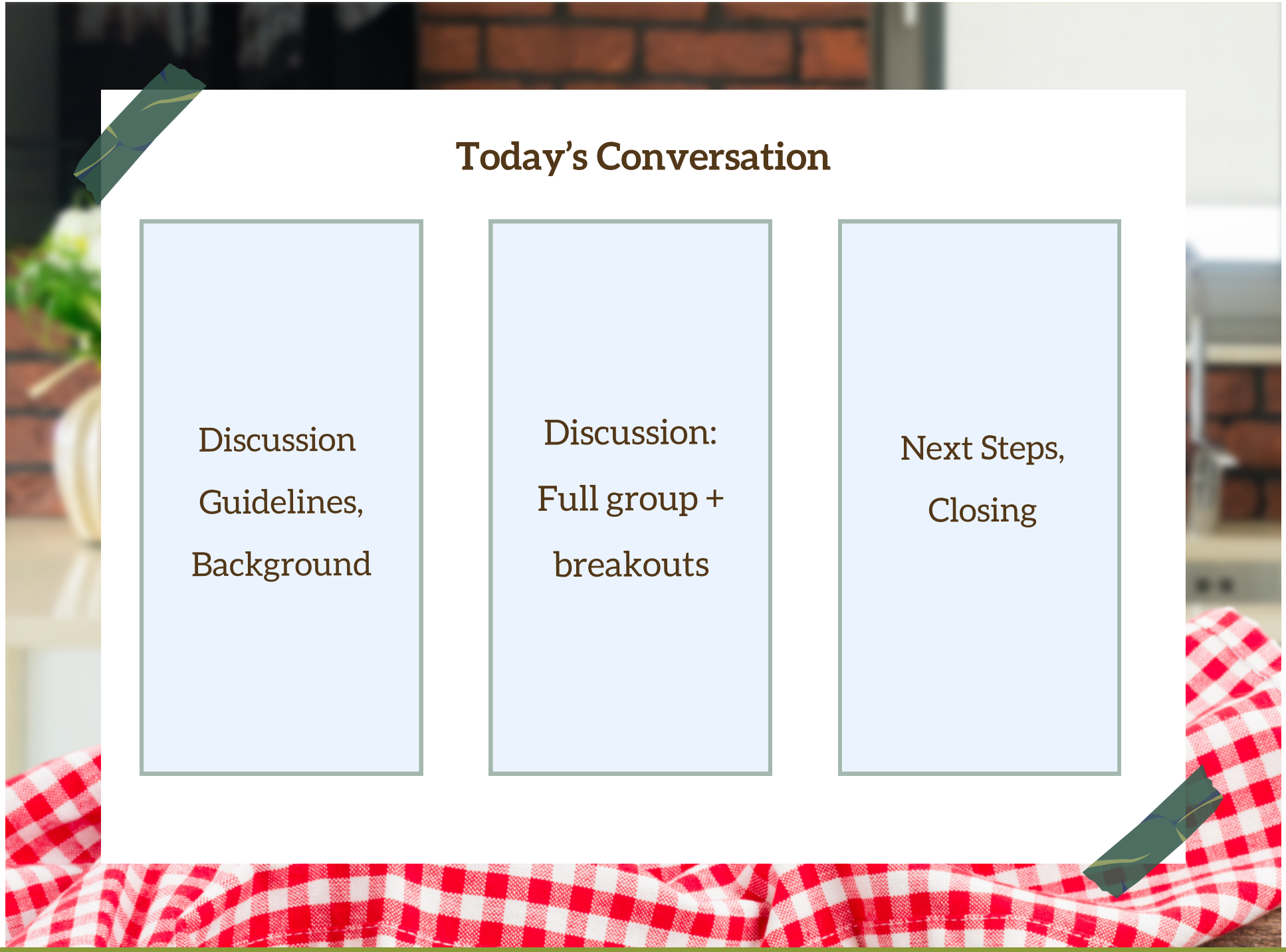
Welcome!

Community conversation about safe medicine return
Oregon's Kitchen Table
November 15, 2025


Oregon's
KITCHEN
TABLE
Eliot + Nina
MED-Project™
Medication Education & Disposal

Oregon's KITCHEN TABLE

Oregon's Kitchen Table is a statewide community engagement program that invites all Oregonians to participate in the decisions that affect their lives. We particularly focus on reaching, engaging, and hearing from Oregonians that have been left out of traditional engagement processes.


Today's Conversation
Discussion Guidelines, Background
Discussion: Full group + breakouts
Next Steps, Closing

Discussion Guidelines

Give time and space for each other

Speak from your own experiences and observations. Don't rely on generalizations.

Be respectful of your neighbors

Listen with curiosity

Make room for different ideas and experiences

INTRODUCTIONS: YOUR TURN!

Name

How long you have lived here

One word or phrase that comes to mind when you hear the phrase “unwanted medication”

Background

Since 2021, the state of Oregon has had a program to make sure people have ways to safely dispose of the medicines that are expired or their families no longer need. MED-Project is one of the groups that leads a free, statewide medicine return program.

Through this program, there are many ways people can safely return their medicines, including:

- At a local drop box, like at a pharmacy or police station.
- Pick up a mail-back package at certain places that has the address and postage on it.
- Request a mail-back package online or through a multilingual call center.

MED-Project is partnering with Oregon's Kitchen Table to hear from people across Oregon about how the program is working and what would make it easier for people to turn in medicines that they no longer need. MED-Project particularly wants to hear from people who work in hospices and in rural areas. Your input will help MED-Project to improve their program so that more people can safely return medication they no longer need.





LET'S DISCUSS!

Before today, how much did you know about the ways we have in Oregon for people to safely dispose of medicine they no longer need?

If you have used a program, how did you use it?

LET'S DISCUSS!

What might make it **hard** for you or people you know in your community to take part in this program?

What would make it **easier or more convenient** for you or people you know to take part in this program?

Take a few minutes to discuss in small groups and then come back and share as a group!

LET'S DISCUSS!

What do you think would help people in your community better know about or use the program?

Drop into the chat or share out loud!

Next Steps



We are hosting conversations and talking with people across Oregon between now and November 15

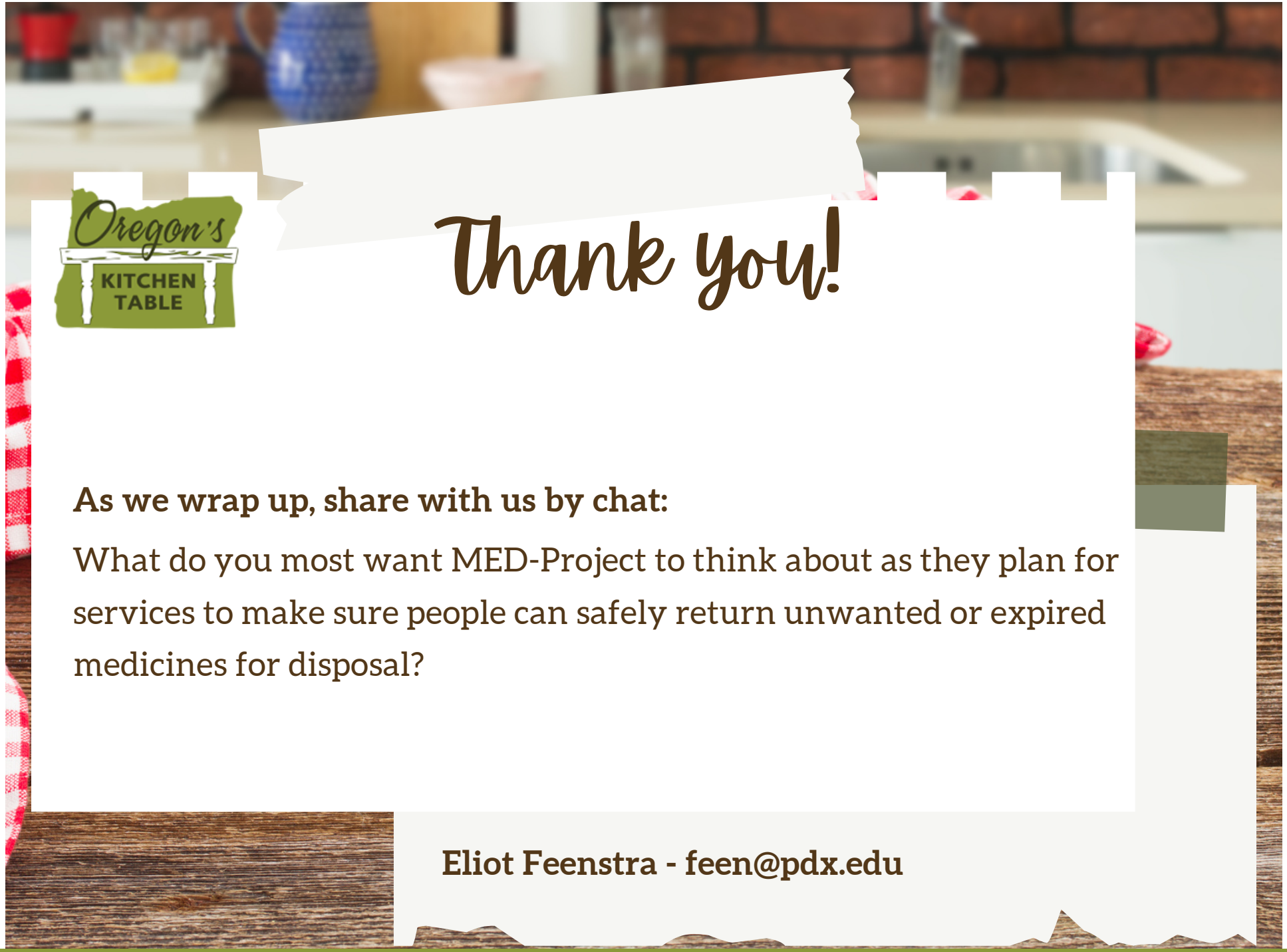
We also have an online survey at: tinyurl.com/okt-safe-med



OKT will write a report of what we heard. OKT's report and summary in multiple languages will be shared with MED-Project and participants in February 2026



The input will be used to improve MED-Project's safe medicine return program



Thank you!

As we wrap up, share with us by chat:

What do you most want MED-Project to think about as they plan for services to make sure people can safely return unwanted or expired medicines for disposal?

Eliot Feenstra - feen@pdx.edu