



# DRUG TAKE-BACK PROGRAM

CHAPTER 69.48 RCW

Although the Legislature's focus in passing the drug take-back law during the 2018 session was on drug abuse, fatal overdoses, and poisonings, lawmakers also cited improper medicine disposal as a cause of water pollution.

This law is an example of a product stewardship policy—laws designed to shift the responsibility of end-of-life management of products from governments to the producers of the products.

This is legalese for the consumer who buys over-the-counter or prescription medicine. The program is designed to benefit them.

### Findings. RCW 69.48.010

(3) A safe system for the collection and disposal of unused, unwanted, and expired medicines is a key element of a comprehensive strategy to prevent prescription drug abuse, but disposing of medicines by flushing them down the toilet or placing them in the garbage can contaminate groundwater and other bodies of water, contributing to long-term harm to the environment and animal life.

(4) The legislature therefore finds that it is in the interest of public health to establish a single, uniform, statewide system of regulation for safe and secure collection and disposal of medicines through a uniform drug "take-back" program operated and funded by drug manufacturers.

This is the third product stewardship law in Washington; we also have programs for electronics and mercury-containing lights. British Columbia has 17 programs, on everything from paint to packaging!

### Definitions. RCW 69.48.020

(5) "Covered entity" means a state resident or other nonbusiness entity ...

(6) "Covered manufacturer" means a person, corporation, or other entity engaged in the manufacture of covered drugs sold in or into Washington state. ...

This simply means the drug manufacturer who is selling products into the state. They will create and fund the take-back program.

### Collection system. RCW 69.48.060

(1)(a) At least one hundred twenty days prior to submitting a proposal under RCW 69.48.050, a program operator must notify potential authorized collectors of the opportunity to serve as an authorized collector for the proposed drug take-back program. A program operator must commence good faith negotiations with a potential authorized collector no later than thirty days after the potential authorized collector expresses interest in participating in a proposed program.

(b) A person or entity may serve as an authorized collector for a drug take-back program voluntarily or in exchange for compensation, but nothing in this chapter requires a person or entity to serve as an authorized collector.

It's up to the product manufacturers to set up a statewide, convenient collection system for unwanted medications.

Collection sites such as hospitals and pharmacies can choose to participate, but ultimately the responsibility is on the manufacturers to ensure there are sufficient collection locations.

(3)(a) A drug take-back program's collection system must be safe, secure, and convenient on an ongoing, year-round basis and must provide equitable and reasonably convenient access for residents across the state.

(d) A program operator must establish mail-back distribution locations or hold periodic collection events to supplement service to any area of the state that is underserved by collection sites, as determined by the department, in consultation with the local health jurisdiction. The program operator, in consultation with the department, local law enforcement, the local health jurisdiction, and the local community, must determine the number and locations of mail-back distribution locations or the frequency and location of these collections events, to be held at least twice a year, unless otherwise determined through consultation with the local community. ...

A key piece of product stewardship laws is that they must provide convenient collection to everyone in the state—an important component for our rural cities who would otherwise not get service due to transportation costs.

