



# Oregon Drug Take-Back Program: Recommended format for a variance request from required drop-off sites, per ORS 459A.218(3)

## Purpose

A drug take-back program operator that is unable to establish and maintain a sufficient number of drop-off sites to meet the requirements of its program plan may obtain DEQ approval to provide other take-back services and hold events in underserved communities, pursuant to Oregon Revised Statute 459A.218(3). This document outlines a recommended format for such a variance request.

## Background

The Drug Take-Back Law, ORS 459A.200 to 459A.266, sets forth requirements for the operation of a statewide drug take-back program to collect and destroy unwanted household medicines from Oregon residents and other covered entities. Drug manufacturers subject to the Law must participate in and designate a 501(c)(3) program operator to operate such a program on the manufacturers' behalf, pursuant to a plan approved by DEQ. ORS 459A.209(2)(i) requires an approved plan to describe:

How the drug take-back program will provide convenient service in every county in this state, including how under the drug take-back program the program operator will establish at least one drop-off site:

(A) In each county in this state; and

(B) Per population center, plus an additional drop-off site for every 50,000 residents of the city or town located within a population center;

Per ORS 459A.218(3), a drug take-back program that is unable to establish and maintain a sufficient number of drop-off sites to meet the requirements of its plan shall provide alternate services, such as mail-back services, and hold collection events to ensure the convenient service described in the plan, subject to approval by DEQ. Oregon Administrative Rule 340-098-0350 sets forth factors that DEQ will consider in reviewing requests to provide services and hold collection events per ORS 459A.218(3).

A program operator should consult ORS 459A.200 to 459A.266 and related rules in Oregon Administrative Rules, Chapter 340, Division 98 to understand the legal obligations and requirements for the Drug Take-Back Program.

## Recommended Format for Request

### Section 1. Request Overview

Please provide an overview of the requested alternative services and events that includes:

- Name of program operator
- Name and contact information of the program operator's authorized representative
- Program year of request, e.g., July 1, 2023 – June 30, 2024
- Total number of population centers for which additional services and events are proposed
- Total number of drop-off sites that the program operator is unable to establish or maintain
- Description addressing the factors set forth in OAR 340-098-0350, including:

#### Translation or other formats

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- Good faith efforts to solicit and enter into agreements with potential authorized collectors in the population center, such as a general description of efforts to identify, contact and engage with potential authorized collectors
- Where potential authorized collectors have been identified, an explanation of conditions for participation on which the program operator or any potential authorized collector could not agree. Conditions could be listed and summarized—for instance, “space constraints” or “lack of staff.”
- How the proposed services and collection events will provide reasonably convenient and equitable access to all residents in the affected county or population center, and engagement with minority, lower-income, rural and other historically underserved communities. For example:
  - Describe how the proposed services or collection events, based on the program operator’s experience in Oregon, will annually collect an amount of covered drugs comparable to the number of drop-off sites for which the proposed services or collection events are intended to supplement.
  - Describe how the proposed services or collection events, coupled with the program operator’s existing network of collection sites in the population center, is sufficient to ensure the program operator will achieve its collection goals, as supported by data on the program operator’s current progress towards its collection goals.
  - Describe how the program operator will measure reasonably convenient and equitable access, such as by:
    - Including driving distance for residents in the population center to a proposed mail-back distribution location or site;
    - Committing to reporting on the usage rates of alternative services and events (for instance, the weight of drugs collected or number of envelopes mailed back through mail-back distribution locations or sites, and the number of participants in a collection event and weight of drugs collected) prior to submitting a request for additional services and events in a subsequent program year; and
    - Describing engagement with or committing to engagement with minority, lower-income, rural and other historically underserved communities in the affected population centers, such as outreach to local community-based organizations or advertisements in local newspapers.
- Efforts to obtain concurrence from the appropriate local governments in the affected population center with the proposed services and collection events
- A commitment to solicit potential authorized collectors for the affected population centers on at least an annual basis and a description of methods of solicitation
- Statement that the alternative services, events, and other activities proposed in the request will be implemented and conducted in accordance with all applicable law and the program operator’s approved drug take-back program plan
- The following certifying statement, signed by the program operator’s authorized representative: *I, [name of authorized representative], hereby declare under penalty of false swearing (Oregon Revised Statute 162.075 and ORS 162.085) that the above information and all of the statements, documents and attachments submitted with this request are true and correct to the best of my knowledge based on reasonable inquiry.*

## Section 2. Attachments

Please attach the following to the request.

- A. Summary Table of Requests. For each population center, list:
  - County
  - Number of drop-off sites short of requirement in ORS 459A.209(2)(i)
  - Number of potential authorized collectors identified
  - Proposed additional services or event (for instance, number of mail-back distribution locations or sites proposed or number of events proposed)

- B. List of potential authorized collectors by population center and county, with the name of the potential authorized collector and conditions for participation on which the program operator or any potential authorized collector could not agree. Conditions could be listed and summarized—for instance, “space constraints” or “lack of staff.”
- C. List of services proposed by population center and county, with a timeline for when such services can be established or deployed (e.g., within X days of DEQ’s approval). If proposing mail-back distribution locations or sites, please include the location name and address of each location or site.
- D. List of proposed events by population center and county, with number of events to be held in the program year. Please also include the following information or a commitment to provide DEQ the following information at least 60 days prior to the proposed date for a scheduled event:
  - Date of scheduled event
  - Contact information of local solid waste management officials with which program operator will coordinate event
  - Contact information of local law enforcement that will oversee the event
  - Vendor to be used at the event.
- E. List of local government contacts from which concurrence was sought, with notes on whether concurrence was obtained or why concurrence could not be obtained.

## How to Submit

Submit electronic file to Michael Lee, Product Stewardship Specialist, at [michael.lee@deq.oregon.gov](mailto:michael.lee@deq.oregon.gov) with a carbon copy to [drugtakeback@deq.oregon.gov](mailto:drugtakeback@deq.oregon.gov) and a subject line beginning, “Request for Variance.” A program operator should submit the request as a searchable electronic file. A program operator should additionally submit recommended attachments as separate spreadsheet files.

A program operator may be required to submit paper copies at DEQ’s request. For guidance on submitting information you consider confidential, please consult Section 9 of the [Guide for Oregon Drug Take-Back Programs](#).

## Contact

Materials Management, 700 NE Multnomah St., Suite 600, Portland, OR 97232

[Michael Lee](#)

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