January 26, 2012

Subject: Kansas Medication Disposal Program Policy

1. **PURPOSE.** This policy provides guidance and approval for certain facilities to serve as collection centers for “uncontrolled medications” generated by households, long-term care facilities, and hospice care facilities. This policy does not authorize the collection of controlled substances, which is regulated at the federal level. Citizens should be discouraged from bringing controlled medications to Medication Disposal Program participating pharmacies, and if they present any controlled medications they should be directed to take them to local Law Enforcement or return them to their homes, keep them in a secure and proper location and remember to take them to any regularly scheduled controlled medication collection activity that is usually available once a year.

2. **DISCUSSION.**

   a. In recent years, it has become increasingly apparent that the storage of expired, unwanted, or unused medications in the home presents serious public health risks. These medications can and have fallen into the hands of small children causing accidental poisoning or even death. Older children and teens may be tempted to experiment with medications causing injury to themselves and friends. In some cases, crimes may be committed to steal medications for personal use or sale. Public health risks can be reduced by minimizing the storage of medications in homes and their proper disposal.

   b. Medications fall into two categories: (1) controlled substances (defined by the Drug Enforcement Administration as “having the potential for abuse”) and (2) uncontrolled medications. The *Secure and Responsible Drug Disposal Act of 2010* directed the Attorney General to develop regulations to facilitate the recovery of controlled substances. Until those management options are formalized, controlled substances may only be collected under the oversight of law enforcement officials. However, the collection and disposal of uncontrolled medications is regulated by state solid and hazardous waste regulations which fall under the regulatory authority granted to the secretary of KDHE.

   c. While the primary risks associated with the misuse of stored medications is in homes, the proper disposal of these items is also a challenge for the owners and operators of long-term care facilities and hospice care facilities. Like homes, these facilities may store and generate significant amounts of both controlled and uncontrolled substances.

   d. **Environmental Implications of Household and Long-term Care Facility Disposal of Medications.** Over the past decade there have been increased concerns associated with the disposal of medications by flushing them into the sanitary sewer system. Trace levels have been found in
surface water with known or suspect impacts on wildlife and persons who consume those water 
supplies. While the main source of medications in sewage and ultimately in surface water is 
drug residues that naturally pass through the people taking the drugs, people throwing 
medications away by flushing them down a toilet is another way drug residues can enter our 
water systems. The amount of these substances in the environment can be minimized by better 
management and disposal practices for unused medications. Because of uncertainties regarding 
environmental risks, disposal of medications should never be through flushing unless such 
directions are provided on the package or in literature provided by the pharmaceutical company 
or pharmacy. Preferred disposal is either through a take-back collection program or properly 
containerized/bagged waste mixed with other municipal solid waste to be sent to a permitted 
landfill.

3. PROCEDURES.
   a. Regulatory Authority
      i. Expired, unwanted, or unused “uncontrolled” medications generated by households, long-
term care facilities, or hospice care facilities are classified as one of the following: non-
hazardous solid waste, household hazardous waste (HHW), or conditionally exempt small 
quantity generator waste (CESQG). HHW and CESQG waste may be disposed of in 
normal municipal solid waste (MSW), taken to a permitted HHW facility, or shipped to a 
permitted hazardous waste treatment, storage or disposal facility. Most uncontrolled 
medications are classified as “non-hazardous” solid waste and suitable for disposal in any 
permitted MSW landfill.

      ii. HHW facilities are statutorily defined as being “established for the purpose of collecting, 
accumulating, and managing” HHW waste or CESQG waste. HHW facilities may also 
accept certain non-hazardous waste. Thus, permitted HHW facilities may receive 
uncontrolled medications. (Please refer to the KDHE Bureau of Waste Management 
Policy 2011-P7 for further details)

      iii. No specific statutory or regulatory authority exists for other facilities (including 
pharmacies or other medical centers) to serve as drop-off sites for uncontrolled 
medications. However, K.S.A. 65-3406(a) (8) authorizes and directs the secretary of 
KDHE to “establish policies for effective solid waste management systems.” To 
facilitate the efficient and practical collection of uncontrolled medications, this authority 
can be used to authorize the establishment of interim drop-off sites for uncontrolled 
substances prior to final disposal at in-state or out-of-state permitted facilities. This 
regulatory discretion is necessary to overcome the existing challenges in providing many 
conveniently located drop-off sites for unwanted medications, as good public 
participation requires convenience and a permit requirement program for all drop-off 
facilities would reduce program success.

   b. Approved Collection Facilities for Uncontrolled Medications. Uncontrolled medications may be 
collected for disposal at the following types of facilities:
      i. Permanent household hazardous waste facilities that have received a solid waste 
processing facility permit issued by KDHE
ii. Pharmacies employing one or more pharmacists licensed by the Kansas Board of Pharmacy

c. Approved and Unapproved Medications and Materials for Collection Facilities.  
i. The following list of items may be received at an uncontrolled medication disposal collection facility:  
   1. Prescription medications (except for narcotics and controlled substances)  
   2. Over-the-counter medications  
   3. Medication samples  
   4. Pet medications  
   5. Vitamins  
   6. Liquid medications in glass or leak-proof containers  
   7. Medicated ointments and lotions  
   8. Inhalers

ii. The following items may not be accepted at an uncontrolled medication collection facility:  
   1. Narcotics and other controlled substances  
   2. Bloody and infectious waste  
   3. Personal care products  
   4. Hydrogen peroxide  
   5. Aerosol cans  
   6. Thermometers  
   7. IV bags  
   8. Needles or other sharps  
   9. Empty medication containers  
   10. Bandages

d. Best Management Practices at Collection Facilities. Each uncontrolled medication collection center must/should follow the minimum recommended practices below:  
i. Enroll in the Voluntary Medication Disposal Program through either the Kansas Board of Pharmacy or the KDHE Bureau of Waste Management website. Not only does this assist in tracking participating entities, it will also serve as a reference to citizens who are interested in finding a participating entity in their community.  
ii. Drop-off is only allowed when a licensed pharmacist is on duty. There shall be no unattended drop-off boxes for public independent use.  
iii. Each collection center shall post a sign that informs the public regarding acceptable and unauthorized wastes.  
iv. Accepted medications must be immediately placed in a secure and labeled container that is in a secured area of the pharmacy and the container can be locked or made inaccessible when the pharmacist is not present or at the end of a normal workday.  
v. Any spillage must be cleaned up as soon as possible using appropriate methods and safety precautions based upon the nature and type of spilled material including, but not limited to, absorption on spill pads or towels, surface cleaning with water and/or detergent or hypochlorite, proper and safe handling of broken glass, and either the re-containerization of pills or bagging of other contaminated items. Spill kits containing appropriate supplies are recommended in close proximity to medications storage units. Spill cleanup debris should be disposed with collected medications.
vi. Pharmacy Collection centers should have information available on alternative disposal options for persons who have brought medications or other waste that has not been accepted.

e. Final Disposal Requirements. The Pharmacy collection center must dispose of all accepted medications in one of the following ways:

i. Send medications to a permitted medical waste disposal company (incinerator, autoclave, etc.)

ii. Send the medications to a permitted MSW landfill that has a special waste authorization issued by KDHE with approval from the local MSW landfill

f. Records should be maintained for a minimum of five years documenting disposal practices. Records should include policies and procedures related to this program, contracts or agreements entered into related to this program, and dates/location or invoices when returned medications were shipped.

4. ACTION. This policy is in effect until further modification or revocation.

[Signature]
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[Signature]
Date 1/26/12