

Kansas Department of Health and Environment  
**Bureau of Waste Management Policy 2011-P7**

related to

**Regulatory Status of Pharmaceuticals  
Collected by Take-Back Programs**  
effective December 16, 2011

**Purpose**

This policy clarifies that unwanted or expired pharmaceuticals from households and long-term residential care facilities are not considered hazardous waste when they are collected as part of a pharmaceutical take-back program.

**Background**

The management and disposal of dispensed but unused prescription and over-the-counter medications (pharmaceuticals) has become a concern for several reasons. Unused pharmaceuticals in the home pose a safety hazard for children and may be intentionally misused by teenagers. Antibiotics, steroids, and other compounds have been found in surface waters, groundwater, and even treated drinking water, due in part to disposal of pharmaceuticals in sewer systems. To address these issues, some household hazardous waste facilities or pharmacies may set up take-back programs that households and long-term residential care facilities could use to drop off unused pharmaceuticals.

Some pharmaceuticals meet the definition of hazardous waste found in 40 CFR 261, unless they fall into the category of “household hazardous waste.” If they are considered hazardous waste, the regulatory burden on hosts of pharmaceutical take-back programs could increase significantly. Clarification of the regulatory status of these pharmaceuticals will facilitate the use of take-back programs, helping to protect and improve the health and environment of all Kansans.

**Action**

The federal hazardous waste regulations state that household waste is not a hazardous waste. 40 CFR 261.4(b)(1) gives the following examples of the types of sites that are considered households with regard to waste generation: “single and multiple residences, hotels and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds and day-use recreation areas.” In keeping with these examples, the Kansas Department of Health and Environment (KDHE) considers long-term residential care facilities as “households” with regard to generation of waste pharmaceuticals. For the purposes of this policy, the term “long-term residential care facilities” includes nursing homes, retirement communities, assisted living communities, hospice and other similar care facilities; it does not include hospitals, medical clinics, or other types of short-term (non-residential) treatment facilities.

**Waste pharmaceuticals from households and long-term residential care facilities are not considered to be hazardous waste when they are collected as part of a pharmaceutical take-back program.**

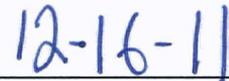
A pharmacy that hosts a take-back program may also routinely generate expired, damaged, used, or unused waste pharmaceuticals as a normal part of its business, or the pharmacy may be part of a larger retail establishment that generates other types of waste. If the pharmaceutical waste or any other business waste meets the definition of hazardous waste, the pharmacy/retail establishment is a hazardous waste generator. The regulatory requirements for hazardous waste generators are determined by the amount of hazardous waste generated each month. As long as the pharmacy stores and tracks the household-generated pharmaceuticals collected through the take-back program separately from the pharmaceutical waste normally generated by the facility, the amount of take-back pharmaceuticals will not count toward the amount of hazardous waste generated.

This policy does not apply to pharmaceuticals that are regulated under the Controlled Substances Act or pharmaceuticals that are collected for reverse distribution.

This policy shall remain in effect until it is revoked or is rendered obsolete by amendments to the solid or hazardous waste laws or regulations.



William L. Bider  
Director, Bureau of Waste Management



Date