

# Coalition for Safe Community Needle Disposal

## Removing Home Generated Sharps from Household Waste May 2008



# Purpose of Presentation

- ❖ Understand the current and future sharps disposal problem in the U.S.
- ❖ Recognize that the med-waste industry can and should be involved in removing sharps from the solid waste stream.
- ❖ Introduce you to existing programs and solutions for safe needle disposal
- ❖ Help you identify what would be the most effective approach for your community

# Sharps Outside of Medical Facilities

- 9 million Americans self inject prescription drugs.
- 1 in 12 homes in the U.S. houses a self-injector.
- 3 billion needle injections occur yearly outside of medical facilities.
- 2 billion from patients treating their own diseases the other 1 billion injections are illicit drugs users
- 93% of responding self-injectors dispose of their used syringes in the trash
- 4% placed syringes in puncture-resistant containers
- 3% flushed syringes down the toilet

Most sharps end up in the municipal waste stream!



# Improper Disposal: Many Forms/Locations



# Why Billions of Needles?

- ❖ Older population.
- ❖ Increase in incidence of chronic illnesses.
- ❖ Patient care pushed out of medical facilities.
- ❖ Pharmaceutical industry pipeline of injectable drugs developed and marketed to treat chronic illnesses.
- ❖ 21 million Americans have diabetes and incidence will increase 165% over 50 years.

# Who's Impacted?

- ❖ Household residents
  - (family members, guests, pets)
- ❖ General population in public venues
  - (airports, casinos, hotels, parks, restaurants, stadiums, stores)
- ❖ Workers in various service industries
  - **Environmental Services** (janitorial, recycling, waste disposal, water treatment)
  - **Hospitality** (hotels, theme parks, stadiums, casinos, airports)
  - **Retail** (stores, restaurants)

# Reaction to Needles in Public Waste

- ❖ Needles in public waste are of unknown origin
- ❖ Needles of unknown origin must be considered as potentially dangerous infectious material
- ❖ Needles in public waste create exposure to accidental needle-stick injuries
- ❖ Needles discarded by self-injectors have historically been non-regulated by state and federal legislation generators
- ❖ Due to increasing visibility of public health safety issue, state and federal legislation is emerging

# **“Cost” Impact of Accidental Needle Sticks**

- ❖ Physical/emotional trauma to individual
- ❖ Loss of work productivity and income
- ❖ Cost of diagnostic testing and treatment
- ❖ Transmission of pathogenic diseases
- ❖ Life altering illnesses (HIV, HEP B & C)
- ❖ Life-long consumption of medical care
- ❖ Lawsuits, litigation and settlements

# Manufacturers of Home Care Injectibles

- ❖ **Arthritis:** Humira and Enbrel (Abbott, Amgen)
- ❖ **Diabetes:** Insulin, Byetta, Symlin and Diagnostic (Eli Lilly, Sanofi-Aventis, Novo Nordisk, Lifescan, Roche Diagnostics, Abbott, Bayer)
- ❖ **Hepatitis C & B:** Interferon (Roche, Schering-Plough)
- ❖ **HIV:** Retrovir (Roche)
- ❖ **Infertility:** FSH, HCG, and HMG (Serono, Organon, Ferring)
- ❖ **Migraine:** Imitrex (GlaxoSmithKline)
- ❖ **Multiple Sclerosis:** Interferon (Serono, Teva, Biogen, Berlex-Schering AG)
- ❖ **Osteoporosis:** Teriparatide (Eli Lilly)
- ❖ **Psoriasis:** Amevive (Biogen)
- ❖ **Others Include:** Vitamin B12, Allergies, Blood Thinning, Growth Hormones, Veterinary Care
- ❖ **In Development:** Hundreds of “designer” drugs in the pipeline

# Solving the Problem

- ❖ Gaining attention of industry, public and Federal agencies.
- ❖ Development of grass-roots community disposal programs.
- ❖ Evolving State and Federal legislation.
- ❖ Initiating help from Product Stewardship Institute to develop safe disposal solution from industry stakeholders.

# Coalition Agenda

- ❖ Advocate to all 50 States to create legislation re-writing non-regulated medical waste regulations
- ❖ Advocate development of reimbursement strategies
- ❖ Advocate to industry stakeholders to develop needle disposal solutions for all self-injecting drugs
- ❖ With the help of PSI (Product Stewardship Institute) determine nationwide disposal solution including cost responsibility.

# Reimbursement Strategies

## Medicare Reimbursement Bill

Senator Johnny Isakson (R-GA) and Representative Mike Ferguson (R-NJ) introduced companion bills (S. 1909 and HB 3251) in August that will provide coverage for home needle destruction devices or the disposal of sharps through a mail back under Part D of the Medicare Program

# State Needle Disposal Progress

**Current State Legislation** (Ultimately removing needles from the household garbage)

**Passed:** California, Massachusetts, New Jersey, Louisiana, Wisconsin, Oregon

**Pending:** Pennsylvania, New Hampshire, Florida, New York, Mississippi

**Considering Legislation:** Texas, Rhode Island, Minnesota, Tennessee

# Immediate Opportunities

**California:** Must have needle disposal options in place by Sept. 2008. AB 501 just passed in House and is now in Senate that says "Pharmaceutical manufacturers that dispense a pre-filled syringe must provide a safe needle disposal at patients request either with a sharps by mail program or a sharps container with information with the closest disposal site in their community.

**Massachusetts:** Must have needle disposal options in place by August 2008. Currently work with Product Stewardship Institute to identify pay structure using pharmacies and product manufacturers.

**Louisiana:** Must have needle disposal options in place by January 2009.

# Types of Needle Disposal Programs

## Community-Centric Needle Disposal Programs

- Drop Box Collection Sites
- Residential Special Waste Pick-Up
- Household Hazardous Waste Programs
- Syringe Exchange Programs

## Patient-Centric Needle Disposal Programs

- Disposal by Mail Programs
- In-Home Individual Disposal Products  
(needle destruction devices)

# Sharps By Mail Programs



## The Sharps Disposal by Mail System®:

- ❖ Containers available to residents at local pharmacies
- ❖ Resident fills container with used sharps
- ❖ Convenient (local pharmacy distribution)
- ❖ Transportation via the US Postal Service

# Community-Based Programs

## Kiosk Programs



# Rhode Island Community-based Program

## Program Specifics

- ❖ 5.3 Years
- ❖ 5,009,106 pounds of needles collected
- ❖ 58% collected at CVS Locations

## Site Locations

- ❖ Pharmacies
- ❖ Fire and Police Stations
- ❖ Healthcare Agencies (hospitals, clinics, nursing homes, doctor offices, etc.)
- ❖ Government Buildings
- ❖ Transfer Stations

# Options for Site Funding

- ❖ Pharmaceutical Company re-imburement
- ❖ Town funding (i.e.-San Francisco is increasing residential disposal fees by .5% to cover sharps disposal.)
- ❖ Charge a collection fee at point of purchase (\$5.00 co-pay)
- ❖ Sponsorship on Kiosk
- ❖ Local Hospital Funding

# Additional Legislation

## California – AB 501

Legislation was passed in January 2007 that made it unlawful to throw needles in the household garbage and gave communities until Sept. 2008 to implement safer disposal programs.

AB 501 just passed in the House and is now in Senate that says “Pharmaceutical manufacturers that dispense a pre-filled syringe must provide a safe needle disposal at patients request either with a sharps by mail program or a sharps container with information with the closest disposal site in their community.

# State Legislation

## Wisconsin and Oregon

Medical waste is medical waste – it does not matter where it is generated. It must be treated the same in a hospital or at home.

Wisconsin: Most counties provide patients with a disposal solution using local hospitals, pharmacies, clinics, etc. as drop-off sites for sharps containers. Most programs accept the needles in any puncture resistant container. “The cost to the county to provide this service to patients is so much cheaper that the cost of treating one needle stick injury to my employee,” says the Waste Manager for Madison, Wisconsin.

# Smaller/Rural Community

## Boone County, Indiana

- ❖ County Waste Department provides containers to all Boone County Residents **FREE OF CHARGE.**
- ❖ Residents can obtain the containers at the County Health Department.
- ❖ When the container is full, return it to the Health Department where appropriate disposal will be accomplished at no charge and residents can obtain another free container.
- ❖ Annual cost for distribution and disposal is \$604 (2002).

# Household Hazardous Waste Option

## Pulaski County, Arkansas (Little Rock)

- ❖ Pulaski County Residents can obtain a free container from a participating pharmacy (provided by the county Waste Department)
- ❖ When the container is full, residents return it to one of five public works facilities (household hazardous waste facilities) in the county at no cost.
- ❖ Annual cost for disposal is virtually nothing because the needles are disposed of as hazardous waste not medical waste.

# Hospital Disposal Program

## Riverview Hospital – Wisconsin Rapids, WI

- ❖ *Sharps Smart* was implemented to help sharps users follow the state law.
- ❖ Self-injectors bring their filled sharps or household container to the hospital lobby where it is disposed in a large kiosk open 24/7.
- ❖ Maintaining the program costs about \$2500 per year and is paid for by the Hospital Foundation.

# Pharmacy Approach

- ❖ Business Opportunity
- ❖ Provide Valuable Service for Patients
- ❖ Convenient and Easily Accessible to Patients
- ❖ Drive Store Traffic
- ❖ Gain Diabetes Patient Business

# Diabetes Prescription Costs

- ❖ 64% of the 3.2mm Medicare eligible patients with DM had drug expenditures exceed \$2,250<sup>1</sup> in 2001\* (\*cost adjusted to 2006 adj.dollars)
- ❖ A typical person with Type II DM used 4.1 medications with annual cost of \$2,700 in 2001<sup>2 3</sup>

Source:

1. Tjia.J. Will the Medicare Prescription Drug Benefit Eliminate Cost Barriers for Older Adults with Diabetes Mellitus. JAmGeriatr Soc. 2006;54(4):606-612
2. Grant Rw et al. Polypharmacy and Medication Adherence in patients with Type 2 diabetes. Diabetes Care 2003;26:1408-1412
3. Nau,DP et.al. The Intensification of drug therapy for diabetes and its complivcations:Evidence from 2 HMOs. Am J Mang Care 2004;10:118-123

# Diabetes Related Health Care Costs

- ❖ A person with diabetes averaged \$13,243 in 2002 health care costs, compared with \$2,560 for a non-diabetic person, according to the American Diabetes Association.<sup>4</sup>
- ❖ It is estimated that people with diabetes have spent over \$122 billion on prescriptions, over the counter medications and sundries in 1998<sup>5</sup>

Source:

4. Prescriptions Solutions-June 2003, Drug Management Report

5. Martin, et.al Trends in state health care expenditures and funding:1980-1999.Health Care Financ Rev 22:111-140,2001

# Coalition National Efforts

- ❖ Meeting with chain pharmacies as well as regional grocery chains with active pharmacies.
- ❖ Working with states to help identify and develop programs specific to local residents.
- ❖ Working with Product Stewardship Institute a national non-profit that takes a product stewardship, shared responsibility approach that involves those responsible for the manufacture, distribution, use, and end-of-life management of medical sharps. The primary goal is to maximize the safe collection and disposal of waste sharps by developing a nationally coordinated system that is **financially sustainable**.

# How the Coalition Can Help You

- ❖ Introduce the community to existing programs and solutions
- ❖ Introduce you to businesses that offer safe disposal solutions
- ❖ Help educate the public and develop educational/informational materials
- ❖ Encourage reimbursement at Federal Level

# Coalition for Safe Community Needle Disposal

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