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Commentary for Patients' Knowledge of and Practices Relating to the Disposal of Used Insulin Needles

Michelle Johnson, Pharm.D.

The concept of product stewardship might not seem like a typical pharmacist duty, but we may be at a turning point that we can help influence. Over the years other industries, such as electronics and fluorescent light manufacturers have been faced with regulation dictating disposal. As product stewardship spreads to our area of expertise, we have the opportunity to act as a resource for patients and lead change instead of reacting to laws and new regulations.

As pharmacists we dispense medications and syringes daily. We hope patients consume medications as directed, and make good choices about disposal. As medication take back events have shown, reality means that a patient may have bottles of unused medication stored for years if they didn't decide to flush them down the drain. Syringes present another problem, since proper use generates a biological hazard. We may provide sharps containers and assume patients know what to do, but from the results of this recent study, it may be time for all of us to reconsider what we assume, and how we counsel.

Further questions must be asked, such as do most pharmacists know the disposal laws for their states? What do local garbage haulers require for disposal of syringes? Is it reasonable to assume a patient on a fixed income will be willing to pay the cost of good stewardship by using a mail back program? What happens if lawmakers decide to legislate mandatory disposal options that are unrealistic for our patients, and add to the cost of their treatment? The most important question should be what can you do to educate yourself and attempt to persuade your patients to change potentially harmful practices.

Finding correct information about proper disposal of sharps presents a challenge, since it varies among states. A patient faced with disposal issues may know more than the pharmacist about how sharps are handled in that municipality by local garbage haulers. State environmental agencies are a good start for finding out state law, and may have useful fact sheets that can be given out to all patients

receiving needles. Although mail back programs sound good, the cost could limit the number of patients willing to participate. The resourceful pharmacist may need to search the web for information and make a few calls to educate themselves about options before they can properly educate their patients on feasible disposal options.

The study by Musselman, et al.¹ is small, with noted limitations, but it prods us to think about the reality of a patient faced with a chronic disease, and the headache of disposing the waste generated by their treatment. The study poses bigger questions about why patients choose to throw sharps away in the garbage, and begs us to take a minute and ask if we could be doing more to help our patients understand the risks of improper needle disposal. Improving knowledge about disposal will help us improve patient care and education, and may help us direct policy in a positive direction if faced with further regulation.

Reference

1. Musselman, Kerri T., Sicat, Brigitte L., Thomas, Michelle Herbert, Harpe, Spencer E. Patients' Knowledge of and Practices Relating to the Disposal of Used Insulin Needles. *INNOVATIONS in pharmacy*, 2010, Vol. 1, No. 2, Article 21.

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