

Taking a Pointed Risk

Safer Home Needle Disposal Sought

By Suz Redfearn

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When diabetics and other home needle users need to dispose of their needles, the Environmental Protection Agency (EPA) advises them to simply slip the sharp refuse into a container like a Clorox bottle or a coffee can, tape it shut, write "needles" on it and throw it out with the rest of the trash.

Other than that, there are no federal guidelines for the approximately 2 billion legal injections administered each year outside health care settings in the United States, and few options for safe disposal. But a nonprofit coalition backed by such medical establishment mainstays as the American Medical Association (AMA), the American Diabetes Association (ADA) and the American Pharmaceutical Association (APA) aims to change that.

A campaign launched today by the Houston-based Coalition for Safe Community Needle Disposal will urge communities nationwide to establish collection and disposal programs to reduce the risk of injury and infectious disease to people who come in contact with discarded needles.

Unlike hospitals and medical sites, which must collect and dispose of their hazardous waste separately, usually through incineration, the nation's estimated 8 million home needle users are on their own.

At present, most used home needles and lancets – or sharps, as they are called – enter the waste system just as a banana peel would, being thrown into a garbage truck and crushed. Clorox bottles and other makeshift containers used for discarded sharps do not stand up to such compression, and needles quickly become exposed, says Patricia L. Turner, a member of the American Medical Association's (AMA) Council on Scientific Affairs and a surgery chief resident at Howard University Hospital.

This places waste management workers, some of whom pick through

trash for recyclables, at particular risk for puncture wounds and blood-borne pathogens like HIV and hepatitis B and C, said Turner. Others at risk from discarded needles, she said, include children and hotel house-keeping staff, as well as pets that might rummage through trash.

Each accidental needle stick costs about \$3,000 for testing and care, even if no infection or disease has been spread, she said. Such care might include a series of tests for HIV, hepatitis B and C, counseling, follow-up office visits and antiretroviral therapy, medication that has the potential to decrease the likelihood of contracting HIV after exposure. While no verifiable figures exist on the number of accidental needle-stick injuries – federal and state laws do not require those accidentally punctured to report the event – the coalition estimates that there are 600,000 to 800,000 each year, including those to health care workers.

Ben Hoffman's 13-year-old son was among that number last year. Hoffman, chief medical officer for Houston-based waste disposal giant Waste Management, had been considering how to improve needle safety when his son, at school for basketball practice, sat on a used needle near the benches and was punctured. Hoffman said the incident provoked intense fear in the family, even though the needle was a small one, more typical of a diabetic than an illicit drug user. Medical tests came back negative, and the family was relieved. But Hoffman was determined to reduce such incidents. Waste Management agreed to supply the then-nascent coalition with

\$250,000 in seed money. Syringe maker Becton, Dickinson also provided capital.

A New Habit

According to the coalition, about 3 percent of the American population self-injects, including diabetics, cancer patients, people administering infertility drugs and allergy medications and injections to children and the frail elderly, and illicit drug users.



Sharps containers: Biohazard boxes used in mail-back programs hold needles for incineration.

In addition, people who inject their pets with medication also have needles to discard. Besides the 2 billion legal injections administered in the United States each year, there are an additional 1 billion illegal injections administered by illicit drug users. The coalition estimates that 93 percent of all at-home needle users throw their sharps in the trash.

Paul Tippetts, a lobbyist for the ADA and a diabetic for the last 22 years, follows the EPA's guidelines in throwing out his used needles. He puts them in a two-liter soda bottle, and when it's full, he simply drops it in the trash. But Tippetts, a Rockville resident, said he would rather walk into a pharmacy, hand over a full sharps box to be sent off for incinera-

tion and receive an empty box in return. Tippetts said he was able to do this in San Francisco and Boston when he lived in those cities. He has found no such programs here.

The coalition plans to change that.

"Our goal is to create a separate stream for used sharps," said Anne Burns, director of practice development and research for the APA and spokeswoman for the coalition. Just as drivers have learned to take used motor oil to a designated disposal facility, she says, people can adjust to a new needle disposal habit.

Burns says the coalition is still in the "exploratory phase," learning what state and local regulations exist around the country and helping communities seek better options.

Some such options:

- Needle disposal through firehouses and pharmacy kiosks, in place in a few communities, with limited hours.
- Syringe mail-back programs; home users fill a red biohazard box with needles and send it to a waste company for incineration.
- New products that allow needle users to burn the tip of the syringe, turning the needle into a harmless metal pellet. [See "Blunting the Risk," at right.]

Baltimore's Example

For a model program, the coalition points to Baltimore's Operation Red Box. In 1996, the city's health department designated four mailboxes as needle drop boxes and painted them red. All needles collected from the boxes are incinerated. The boxes, says Peter Beilenson, Baltimore City's commissioner of health, are mainly for illicit drug users. Initial testing of the needles collected from the red boxes showed 11 percent to contain HIV-positive blood, he said. Communities that have the mailboxes are pleased, he said, because there are fewer contaminated needles on the ground, and police encounter fewer needles when patting people down.

Operation Red Box is an adjunct to Baltimore's eight-year-old syringe exchange program, which is the largest city-run program of its kind, said Beilenson.

Money is an issue for communities interested in setting up a needle

drop-off program, says Turner, especially if state or local government funds are not available. But she said the coalition would help locate funding through other sources like grants, foundations and charities.

Suz Redfearn is a regular contributor to the Health section.

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Disintegrator: Above left, a needle melted by the Disintegrator, at right.

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For self-injectors who want to go beyond what the Environmental Protection Agency suggests for needle disposal, there are a few options on the market, some of them new.

■ The Disintegrator allows home injectors to place their needles into a battery-operated device that melts the needle and the end of the syringe into a small BB-sized ball. The ball can safely be discarded with household trash, as can the remaining section of the syringe, which the device welds shut. The Disintegrator, made by Safeguard Medical Devices Inc., won approval from the Food and Drug Administration in April and retails for about \$100. For more information, call 877-797-4277, or visit the Web site www.safeguard-md.com.

■ The Voyager severs the syringe body and captures the needle and the tip of the syringe. On the market since 2000, the product holds about 100 needles. A diabetic would need

four to six of these units per year, at \$6 per unit, says Rip Thead, vice president of sales and marketing for its manufacturer, Safe Medical Systems. The Voyager's size (5 inches by 2 3/4 inches) and weight (three ounces) permit people to use it discreetly at work, said Thead. For an extra \$4 per unit, Safe Medical Systems also offers a send-back program with the Voyager. To learn more, call 877-SAFEMED or go to the Web site www.safemedical.com.

■ Several types of needles are designed to avoid needle-stick injury. According to Ron Stoker, executive director of the International Sharps Injury Prevention Society, some needles retract into the syringe after use, while others go blunt. However, their higher cost — about 50 cents each, compared with about 20 cents for standard syringes — has made them unattractive to most home injectors, he says. To contact the society, call 801-280-8797 or visit the Web site www.isips.org.

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