

BRIEFS

WMI and Sharps Create Safe Syringe Disposal Pilot

To encourage safe disposal of the more than 1 billion used syringes, needles and lancets expected to enter the municipal solid waste stream this year, Houston-based Waste Management Inc. and Sharps Compliance Corp. have

and send prepaid postage containers (which comply with U.S. Postal Service needle packaging requirements) to the customer's home regularly.

After the customer fills a container, he or she mails the container to Sharps' resource recovery facility in Carthage, Texas. There, the container and its contents are incinerated at temperatures close to 2,000 degrees Fahrenheit. Following incineration, Sharps sends the customer a certificate of safe syringe disposal.

Today, approximately 3 percent of Americans use syringes at home regularly, according to Waste Management's medical director Ben Hoffman. And, as the number of diabetes cases continues to rise and hospitals encourage home-based medical treatments, needle use is increasing rapidly.

The federal government carefully regulates commercially generated medical wastes, but few disposal guidelines exist for individual needle users.

"By and large, people are allowed to throw their needles into the [municipal solid waste] stream," says Tom Tucker, vice president of sales and marketing for Sharps.

Currently, the U.S. Environmental Protection Agency (EPA), Washington, D.C., recommends placing used needles in sealed, puncture-resistant containers such as bleach bottles, before disposing of the needles. But Hoffman notes that such household containers often break during garbage compaction, releasing dangerous needles into the waste stream. A 1990 survey of diabetics at a Veterans Administration hospital in Atlanta found

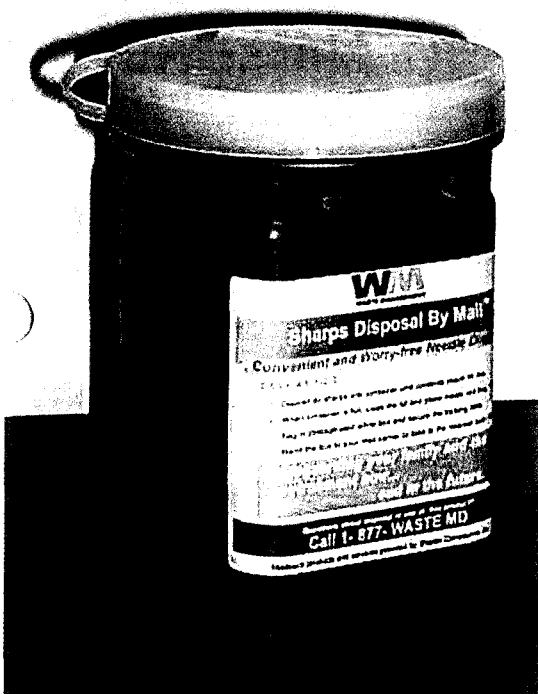
that 93 percent of insulin injectors throw used syringes directly into the trash.

Improper needle disposal can cause psychological distress, injury and infection, says Stephen Jones, a medical epidemiologist at the Atlanta-based Center for Disease Control and Prevention (CDC). "The first problem is the disgust that people feel when they find needles in the trash," he says. "Workers are upset even if nothing happens to them."

The second problem is injury, which can cause the victim severe psychological anguish, and the third is infection. Although the "sero conversion" rate — or the rate at which non-infected people stuck with infected needles can become infected — is low for Human Immunodeficiency Virus (HIV), Jones says that the rates of sero conversion to Hepatitis C and Hepatitis B are higher. Additionally, a 1990 study of non-hospital refuse workers found that as many as 15 workers per year are infected with Hepatitis B from needlestick injuries.

That number likely has increased in light of recent trends in the solid waste industry, Jones says. "When you get up to the kind of [landfill] diversion rates we're seeing today, the stuff that is easy to remove from the waste stream already has been removed," he explains. "Then to meet diversion requirements, the solid waste companies have to create pick lines," wherein workers sift through the waste and pick out items to be recycled. These jobs are becoming more common, he adds, and that raises the risk of needle sticks.

For Waste Management, worker safety is a primary concern, Hoffman says. "We have people [work-



Soon, Waste Management Inc. customers nationwide will have access to a new service that aims at ensuring the safe disposal of syringes.

implemented a pilot program for individuals who inject at home.

Through mailings and advertisements in local newspapers, WMI has notified its customers in Orange County, Calif., Orlando, Fla., and Denver that a new mail-back service for safe syringe disposal now exists. Interested customers are encouraged to call a toll-free number to order the service. Representatives from Sharps then recommend the appropriate container size for the customer

ing] in recovery facilities, and there's always a risk," he admits. "Although we are very diligent about safety training and providing workers with protective equipment to reduce the risk of adverse exposure, it would be a lot better to prevent the issue from happening at all."

This is where the Sharps pilot program steps in, Hoffman says. "It is the simplest, least expensive option with the most confidentiality."

And, the program does not protect only refuse workers, Sharps' Tucker insists. "From the time that someone picks up a trash bag and empties it into a central disposal location, he or she is at risk," he says.

But used needles can turn up anywhere, Hoffman notes. "My son was stuck by a needle in a high school gym not too long ago," he remembers. "You don't know what's on that needle. If you're a father thinking about your son who's stuck with a needle while sitting on a bench, that creates a substantial amount of anxiety."

This anxiety comes on top of medical testing costs, according to a 1998 report on syringe disposal programs, published in the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*.

"Although the risk of becoming infected with blood-borne pathogens such as HIV is quite low ... the emotional stress and the financial costs of medical care can be substantial," the report says.

If the mail-back disposal pilot is as successful as Waste Management and Sharps hope, the program will continue to expand to meet these concerns, says Sharps CEO Burt Kunik.

"So much is driven by the news media, however," he says, noting that the company has hired a public relations firm to promote the pilot. Additionally, "we already have received

great help from diabetes educators, hospitals and others in the healthcare community."

The program's ultimate goals are lofty, Waste Management's Hoffman says. "We're gonna do everything we can to divert 100 percent of needles from the waste stream."

— Brook Raflo
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