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Pharmaceutical waste stream measurements as an avenue to sustainable pharmacy

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Sustainable pharmacy

Rational drug use grade $\approx \frac{\text{Healthcare footprint}}{\text{Ecological footprint}}$

Rational drug use grade $\approx \frac{1}{\text{Waste level}}$

References

Castensson S, Ekedahl A. Pharmaceutical Waste: The Patient Role. In: Kümmerer K, Hempel M, eds. Green and Sustainable Pharmacy. Berlin, Heidelberg, New York: Springer (forthcoming)

Fant H, Bennet R, Ekedahl A, Castensson S. Antibiotic waste levels at an infectious disease ward for children. Poster at the CleanMed Europe Congress; 2006 May 29-31, Stockholm, Sweden

Pharmaceutical Waste: The Patient Role

Studies are summarized in seven tables in the following order

- ▶ Amounts returned to pharmacies
- ▶ Packages returned to pharmacies past their expiry date
- ▶ Storage time of drugs before bringing back to the pharmacy
- ▶ Distribution of drugs returned to pharmacies
- ▶ Proportion of retired patients and proportion of packages returned by these patients
- ▶ Reasons
 - Primary factors related to the pharmacotherapy
 - Secondary factors related to the pharmacotherapy and unrelated

Country	Sample size, pharmacies	Sample size, packages	Proportion of drugs sold [%]
Germany			
Zimmer et al. (1999)	15	4351	~5
Heeke and Günther (1993)	195	6897	5.3
Zimmer et al. (1992)	20	5760	~5
France			
Marchiset-Ferlay et al. (2001)		10254	3.6 (value)
UK			
Linton (2003)	18	1819 ^a	0.65 (value)
Cromarty (1998)	60	2042	0.7 (value)
Sweden			
Ekedahl et al. (2003)	100	20171	3.8 ^b (<i>DDD</i>)
			2.2 (value)
Agness (2002)	40		5 (value)
Jonsson (2000)	31	1554	2.4 (value)
Isacson and Olofsson (1999)	65	8014	2.4 (<i>DDD</i>)
Switzerland			
Gehler et al. (1998)	66	10011	5.5 (packages)
Denmark			
Lægemiddelstyrelsen (2003)	28	9077	1.45 (value)
Norway			
ECON (2002)	25	2687	~2

DDD = Defined Daily Doses. ^aDrugs instead of packages. ^bIncludes drugs without package.

Packages returned to pharmacies

Sweden 10 years ago

- ▶ 65 % with > 2/3 of the content left
- ▶ 38 % were intact
- ▶ 51 % were expired



Country	Sample size, packages	Returned past expiry date [%]
Germany		
Zimmer et al. (1999)	4351	71
UK		
Linton (2003)	1819 ^a	8
Collins (2001)	309	17
Braybrook et al. (1999)	1428	3
Cromarty (1998)	2005	3
Haworth et al. (1996)	1091	5
Canada		
Carter and Coppens (1996)	2348	25
Sweden		
Ekedahl (2006)	9077	61
Ekedahl et al. (2003)	11093	51
Jonsson (2000)	1554	45
Isacson and Olofsson (1999)	7783	48
Bäckström and Olme(1997)	1159 ^a	38
Switzerland		
Gehler et al. (1998)	~4700 ^b	50
Gehler et al. (1998)	~4200 ^c	71
Norway		
Thormodsen et al. (1997b)	3493	14

^aDrugs instead of packages. ^bCalculated R_x sample. ^cCalculated OTC sample

Country	Sample size, packages	<1 month [%]	<½ year [%]	<1 year [%]	<2 years [%]	<3 years [%]	<4 years [%]	<5 years [%]	<10 years [%]	>5 or >7 years [%]
Reference										
USA										
Garey (2004)	1315					63			94	6 (>7)
UK										
Mackridge and Marriott (2007)	3765			71						
Linton (2003)	1819 ^a	57	69	78				85		2 (>5)
Grant (2001)	3099	47	63							
Braybrook et al. (1999)	1428		80	89	93	95				
Cromarty (1998)	2005	25	74	94						
Hepburn et al. (1997)	1705	30								
Cook H (1996)	631	63 ^b	77							
Canada										
Grainger-Rousseau et al. (1999)	1966							87		
Carter and Coppens (1996)	2348		53					91		9 (>5)
Australia										
Longmore et al. (1995)	6556	23	38	56	71	80	86			14 (>5)
Sweden										
Ekedahl (2006)	9077	16	27	43			74			26 (>5) 8 (>7)
Ekedahl et al. (2003)	11093	22	35	51	64		80			
Jonsson (2000)	1554		33	45	54	64	70			
Isacson and Olofsson (1999)	5973	8 ^c	38 ^c	55 ^c	67 ^c		84 ^c	98 ^c		14 (>5)
Denmark										
Lægemiddelstyrelsen/Danmarks Apotekerforening (2001)			37 ^d		64 ^e					

^a Drugs instead of packages. ^b49% < 3 months. ^cPlus 2 months. ^d < 4 months. ^e < 16 months.

Basic reasons for accumulation and disposal

- ▶ Diagnosis and prescription may fail or is not adequate
- ▶ Excess/double prescribing
- ▶ Greater purchase than need
- ▶ Hoarding
- ▶ Design of drug benefit schemes
- ▶ Deceased patient
- ▶ Polypharmacy

Country Reference	Sample size, patients	Sample size, packages	Range	Median	Mean ^a
UK					
Linton (2003)	897	1819 ^a	1-34	1	2
McGovern et al. (2002)	100	256	1-17	2	3
Braybrook et al. (1999)	529	1428	1-31		3
Cook H (1996)	133	631	1-72	3	5
Hawsworth et al. (1996)	366	1091	1-27		3
Spain					
Coma et al. (2008)	227	1176	1-121		5
Canada					
Carter and Coppens (1996)	731	2348			3
Sweden					
Ekedahl (2006)	1577	8795	1-140	3	6
Ekedahl (2003)	191	1077	1-101	3	6
Bäckström and Olme (1997)	196	1159 ^a	3 ^b -30		6
Norway					
Thormodsen et al. (1997a)	641	4860	1-70		8
Wold and Hunskår (1992)	247	2750	1-44		11

^aDrugs instead of packages. ^bOnly drug returns ≥ 3 were included

Country Reference	Sample size, patients	Sample size, packages	Patients [%]	Packages [%]
UK				
Langley et al. (2005)	114	340		61 ⁶⁰⁺
Linton (2003)	897	1819 ^a	65 ⁶⁰⁺	
Braybrook et al. (1999)	529	1428		67 ⁶⁰⁺
Hawksworth et al. (1996)	360		61 ⁶⁰⁺	68 ⁶⁰⁺
		1091		
Canada				
Grainger-Rousseau et al. (1999)	581	1966		63 ⁶⁵⁺
Carter and Coppens (1996)	731	2348	42/44 ⁶⁵⁺	
Sweden				
Ekedahl (2006)	1577	9077		66 ⁶⁵⁺
Ekedahl (2003)	191		49 ⁶⁵⁺	
		1077		64 ⁶⁵⁺
Ekedahl et al. (2003)		20171		66 ⁶⁵⁺
Jonsson (2000)	299	1554		59 ⁶⁰⁺
Isacson and Olofsson (1999)		8014		63 ⁶⁵⁺
Bäckström and Olme (1997)	196		49 ⁶⁵⁺	
		1159 ^a		47 ⁶⁵⁺

^aDrugs instead of packages

Understanding why leftover drugs accumulate



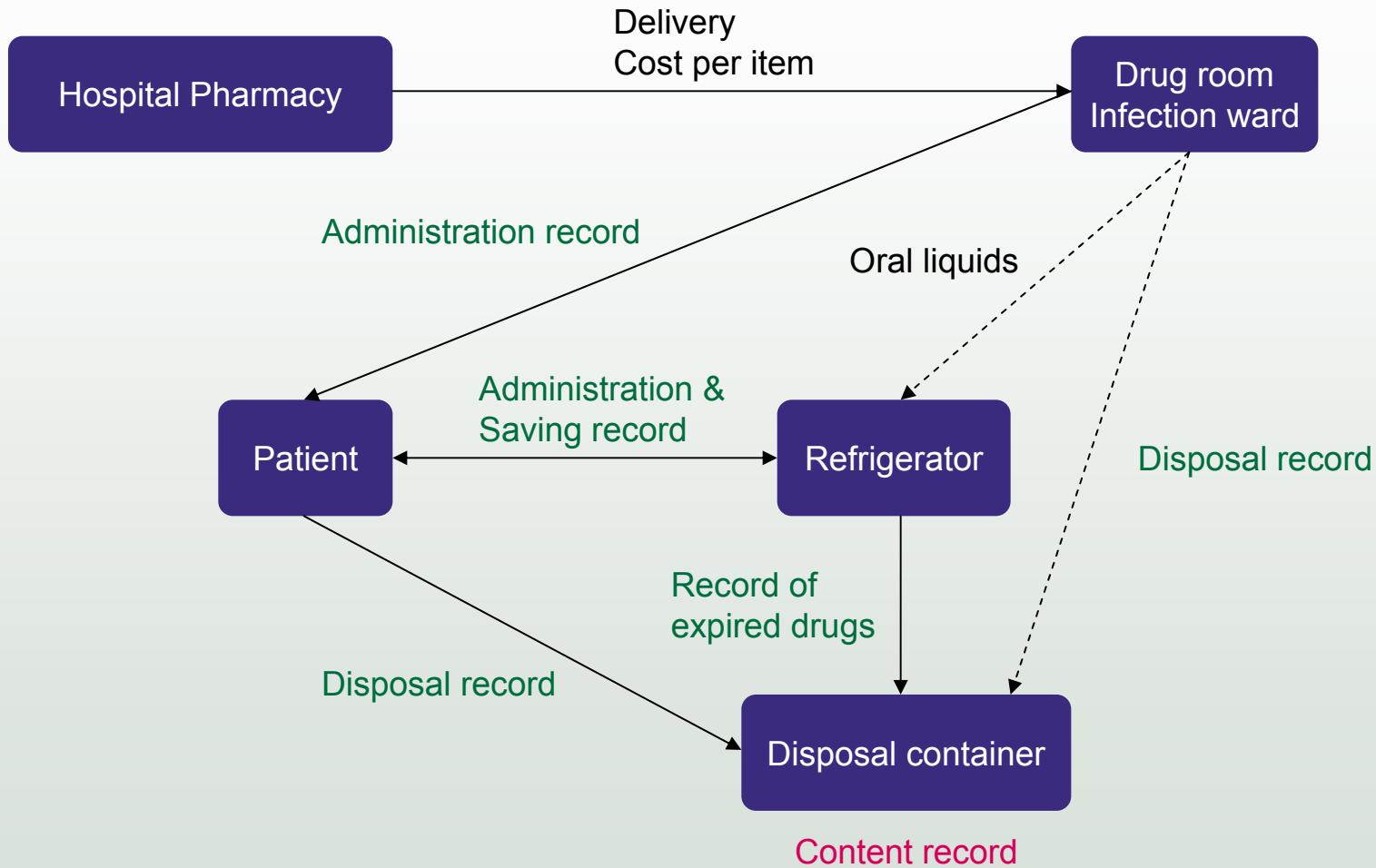
Country	Sample size, patients/packages	Therapy change	Adverse reactions	No effect	Non- adherence	Recovery
UK						
Mackridge and Marriott (2007)	910/4934	17			7	
Mackridge and Marriott (2006)	162/	60	21			54
Langley et al. (2005)	114/340	55				
Linton (2003)	897/1819 ^a	33	4	3	5	2
McGovern et al. (2002)	100/256	48	5		7	
Collins (2001)	102/309	33		7	13	6
Braybrook et al. (1999)	529/1428	44	7		12	
Cromarty (1998)	/2005	20	4			10
Hepburn et al. (1997)	/1705					30
Cook H (1996)	123/631	24			1	
Hawkesworth et al. (1996)	360/1091	25				
Credé B (1995)	/1825	30	10			
Spain						
Coma et al. (2008)	227/1176	18	3	3	1	25
Canada						
Carter and Coppens (1996)	731/2348	20	8		7	11
Holland						
Blom et al. (1996)	477/	25	7	5		
Sweden						
Ekedahl (2006)	1022/9077	20	9	6	2	18
Jonsson (2000)	299/1554	33	11			
Bäckström and Olme (1997)	135/1159	38	13	7	5	18
Kuwait						
Abahussain et al. (2006)	264/	49			26	
Norway						
Thormodsen et al. (1997b)	353/3493	23		4		4
New Zealand						
Braund et al. (2008)	126/	37	14	12		

^aDrugs instead of packages

Country	Sample size, patients/packages	Expired	Stock- piling	Prescri- bing error	Deceased	Other factors
UK						
Mackridge and Marriott (2007)	910/4934	28	1		34	
Linton (2003)	897/1819 ^a	8	1		30	
McGovern et al. (2002)	100/256	1		2	34	
Collins (2001)	102/309	17	8	2	40	9
Braybrook et al. (1999)	529/1428	3	30 ^b	4	14	
			18 ^c			
Cromarty (1998)	/2005	3		1	33	
Hepburn et al. (1997)	/1705				26	
Cook H (1996)	123/631	20	2		53	
Hawkesworth et al. (1996)	360/1091	5	23		42	5
Credé B (1995)	/1825		10		57	
Spain						
Coma et al. (2008)	227/1176	28			21	3
Canada						
Carter and Coppens (1996)	731/2348	25			27	
Sweden						
Ekedahl (2006)	1022/9077	22	1		30	
Jonsson (2000)	299/1554	33	5		14	13
Bäckström and Olme (1997)	135/1159	19			48	
Kuwait						
Abahussain et al. (2006)	264/	11	10 ^b			
			30 ^c			
Norway						
Thormodsen et al. (1997b) ^d	353/3493	14			50	6
New Zealand						
Braund et al. (2008)	126/	28				

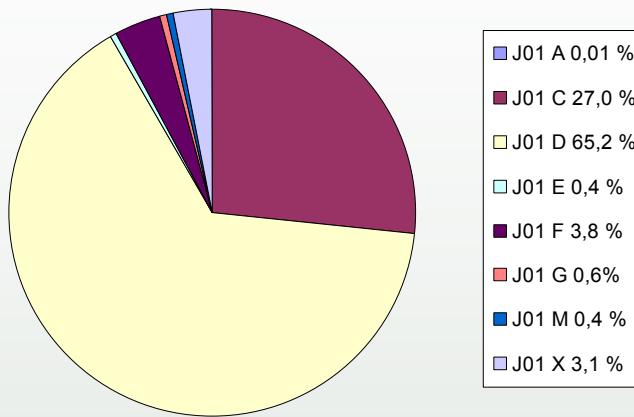
^aDrugs instead of packages. ^bExcess/double prescribing. ^cGreater purchase than need. ^dHospitalization 4%.

Flow of antibiotics and data recording

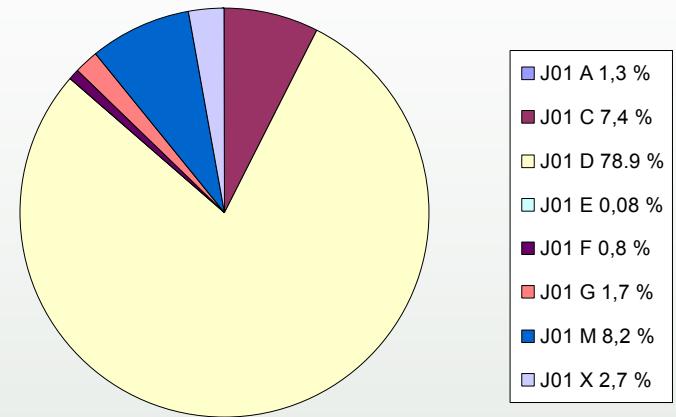


Total usage and waste of antibiotics

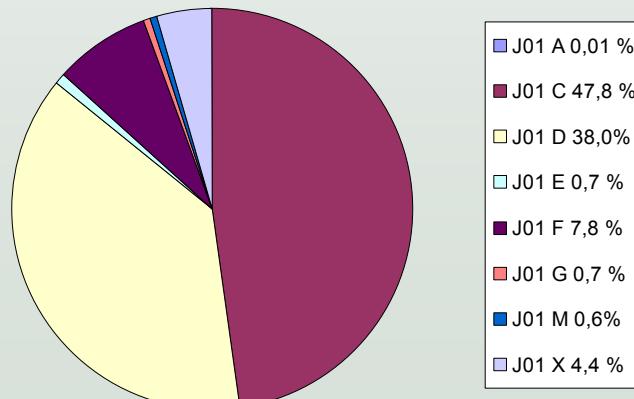
Used amounts according to the ATC-system



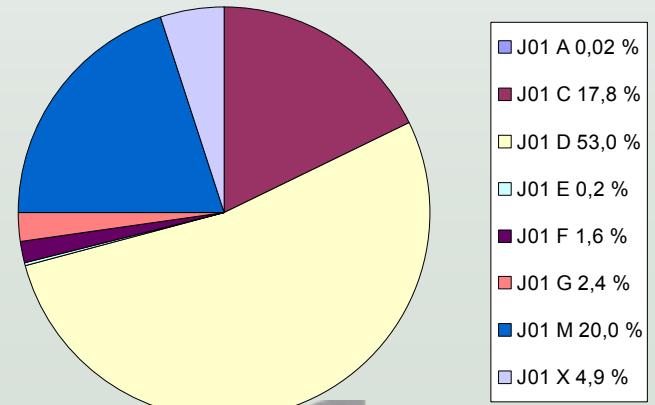
Costs of used amounts according to the ATC-system



Relative amounts of waste according to the ATC-system



Relative cost of waste according to the ATC-system



Conclusion

Accumulation and disposal of drugs represent

- ▶ A large, diverse array of data that can be mined to design measures to reduce drug wastage
- ▶ A potential to reduce drug consumption by those for whom the medication was never intended (reduced accidental poisoning and improper or abusive usage)
- ▶ An indicator of potential chemical stressors in the environment when not disposed of in a proper way
- ▶ Wasted healthcare resources and lost opportunities for medical treatment



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Thank you for your time and attention. I
welcome your questions and comments.

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