



**Medical Sharps Product Stewardship Dialogue  
Stakeholder Meeting #1  
Meeting Summary  
Boston, MA  
May 21-22, 2008**

**ATTENDEES**

The meeting was attended by 39 participants, with another 6 participating via conference call over the course of the two-day meeting. The final participant list is on the PSI website at [www.productstewardship.us/MedicalSharpsMeetingBostonMA](http://www.productstewardship.us/MedicalSharpsMeetingBostonMA).

**MEETING MATERIALS**

This meeting summary, final agenda, PowerPoint presentations, and other materials are posted on the PSI website at: [www.productstewardship.us/MedicalSharpsMeetingBostonMA](http://www.productstewardship.us/MedicalSharpsMeetingBostonMA). The PowerPoint presentations should be consulted for details when reviewing this summary, as most of the information in the PowerPoint presentations is not repeated here. This summary is intended to serve as a means of highlighting key points raised/discussed at the meeting. It is not intended to communicate the full scope of the discussion.

**WELCOME AND INTRODUCTIONS**

Scott Cassel (PSI) opened the meeting by welcoming the group and thanking the Massachusetts Department of Public Health (DPH) for funding the meeting. Suzanne Condon, Assistant Administrator from MA DPH, welcomed the group and described the current status of regulations on the safe disposal of medical sharps in Massachusetts and some of the associated challenges. The DPH estimates that 1.7 million needles are disposed of each week in Massachusetts from adults with diabetes alone, and 60,000 needles/week are used on pets.

In addition, Scott recognized the meeting sponsors: Waste Management, which provided meals and refreshments for the two-day meeting, and UltiMed, which provided an evening reception between the meeting days.

Participants (in the room and on the phone) introduced themselves by giving their name, affiliation, and primary interest in the issue. The latter included interest in expanding opportunities for safe sharps disposal, preventing disease transmission from used sharps, improving public information on the issue, examining environmental concerns of medical waste disposal, and, generally, learning from the group of experts convened here.

## **OVERVIEW OF PSI DIALOGUE PROCESS, GOALS, AND MEETING OBJECTIVES**

Scott Cassel (PSI) presented general information about PSI, but focused mainly on the proposed issue statement and goals in the *Medical Sharps Product Stewardship Action Plan*. He also outlined the anticipated “road map” of four national dialogue meetings. Each meeting to build on the previous one so that the four meetings would be part of a single process resulting in joint agreements developed collaboratively by all participants. Scott presented a definition of “consensus” and spoke about the importance of each stakeholder participating in good faith. He proposed that those participating in the national dialogue not be precluded from working on legislative initiatives. However, the key will be for dialogue participants to develop a solution that satisfies the interests of all stakeholders so that no one feels the need to introduce more aggressive measures unilaterally.

The group agreed that medical sharps used on pets, livestock, and other animals (including in laboratories) should be added to the scope of the project and the draft *Action Plan*.

## **PRESENTATIONS**

### **“Overview of the Issue,” Ben Hoffman, Waste Management (WM)**

Ben presented an overview of the issue of the safe disposal of medical sharps generated in the community, including the founding and work of the Coalition for Safe Community Needle Disposal (Coalition). Waste Management (WM) is concerned with the issue because of worker safety and the cost of compliance with OSHA requirements through vaccinations. WM is developing personal protective equipment (PPE), which has brought down the number of needle-sticks though not prevented them completely. There was some discussion on whether any data on needle-sticks of waste workers and others are available and could be shared. There was a general understanding that needle-stick incidents are likely to be under-reported.

### **“Sharps Manufacturing,” Bob Singley, Becton Dickinson & Co. (BD)**

Bob Singley presented an overview of the types of medical sharps and who makes and sells them, including an overview of the distribution chain by which sharps reach the consumer from the manufacturer. He noted that it can be difficult to identify the manufacturer of a specific product because retailers and pharmaceutical companies may have their own brand names. Most needles/syringes used by consumers do not have safety features. According to data from a random digit dial survey, 43% of sharps users dispose of them in the trash without a container, and 20% use a sharps/biohazard container.

### **“Self-injected Pharmaceuticals,” Julia Zheng-Micler, NovoNordisk**

Julia presented an overview of the types of medications that are self-injected and showed different products used for injection, including the NovoFine autocover device. Julia estimated 8 billion sharps are improperly disposed of each year, about half of which are used by people with diabetes. The use of “biologic” drugs is growing quickly, as is the number of people with diabetes. Pen needles are increasingly being used instead of syringes.

### **“Removing Home Generated Sharps from Household Waste (an Update on State Legislation),” Jenny Schumann, Coalition for Safe Community Needle Disposal**

Jenny provided an overview of the state legislative activity to regulate the disposal of medical

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sharps used in the community. Laws have passed in Massachusetts, New Jersey, Louisiana, and Wisconsin, and California and Oregon have changed their medical waste laws to regulate sharps generated in the home the same as those used in healthcare facilities. Legislation is pending in Mississippi, New Hampshire, and Pennsylvania. According to Jenny, Mississippi has the “model” legislation, though they do not charge any specific group with the responsibility of providing accessible safe disposal options. Jenny also described the Medicare Reimbursement Bill (S 1909 and H 3251) introduced in August 2007, which is currently awaiting an assessment of its associated costs.

## **UPDATES ON STATE INITIATIVES**

### **Massachusetts: Roy Petre, MA DPH**

Chapter 172 of the Acts of 2006 was intended to reduce the transmission of HIV/AIDS and hepatitis by eliminating the sharing of needles. In doing so, this Act placed the burden of developing a safe needle collection and disposal program on the DPH and Department of Environmental Protection (DEP) along with a disposal ban on any medical sharps used in the community to go into effect July 1, 2008 (though regulations have not yet been promulgated to this effect). The DPH has been working with local departments of public health to install sharps collection kiosks at pharmacies and public facilities in cities and towns around the state. The DPH developed a GIS overlay with proxy data for estimated sharps users and existing and planned collection sites. The State’s goal is to have at least one disposal option in every city/town, promote access to mail-back disposal for those who are housebound, and to encourage shared responsibility in the spirit of stewardship.

### **New York: Wesley Badillo, NY DPH**

New York does not ban the disposal of community-generated medical sharps in the trash, but has provided options for safe disposal since syringe exchange programs were started in 1992 and hospitals and clinics were required to collect syringes from the community starting in 1993. Community-wide coalitions were created in 2001 as part of the implementation of an Expanded Syringe Access Demonstration Project, and the state’s Safe Sharps Collection Program started that same year. Wesley shared examples of the public outreach campaign under development to promote various collection points including pharmacies, public facilities, and other locations. Stericycle is providing collection and treatment.

### **California: Jim Cropper, CA Integrated Waste Management Board (IWMB)**

Jim discussed the limited disposal options for medical sharps in California and the Integrated Waste Management Board’s (IWMB) efforts to keep used sharps from being discarded with solid waste and recyclables. Legislation has been proposed (SB 1305) that would ban disposal, require the use of sharps containers, and create other management and disposal requirements. Current disposal options include household hazardous waste (HHW) facilities, sharps collection/consolidation points, medical waste haulers, and mail-back to an approved facility. The State is working on public outreach, involving local governments to provide safe disposal options, working with diabetes educators, and actively recruiting pharmacies to participate as collection points. San Luis Obispo County has an ordinance requiring those who sell sharps within the county to provide a collection point.

## **DISCUSSION OF ISSUES**

The five key issues identified in the *Action Plan* were discussed at the meeting. The key points summarized here have been put under the most relevant section.

### **Issue #1: Source control**

Sierra Fletcher (PSI) presented a brief overview of the issue, which is included in the PSI presentation on the meeting website (see above). The group discussed two different facets of what could be considered “source control” on this issue: the use of safety-engineered devices, which would reduce the chance of needle-sticks at least up until the point of compaction, and the number of sharps needed for treatment. The discussion of this issue included the following comments from participants:

- While there may be some novel technological developments over the coming decade, needles will remain prominent. Safety devices provide added protection (for homecare workers, cleaning/custodial workers, other residents in a home where needles are used, etc.) from needle-sticks at least up until, and perhaps beyond, compaction, but their added cost might likely limit their widespread use. Additionally, questions remain about whether the use of safety needles would adequately protect waste haulers and handlers if these sharps were disposed in municipal solid waste (MSW). The cost of such devices being used to replace the basic needle/syringe would likely be far greater than the cost of a national collection program. (General discussion of this issue by Ben Hoffman, WM; Angela Laramie, MA DPH; Jenny Schumann, Coalition; Adrian Gilmore, Terumo Medical Corporation)
- The cost per drug delivered is a critical factor and plays a major role in this issue overall. It is important to consider the fact that many users of medical sharps are elderly and unable to pay more than they already do. (Sandy Tocman, MA DPH)
- The fact that people re-using needles so much (as described in the presentation by Julia Zheng-Miceler) is likely driven by cost and underscores the important impact cost can have on patients. (Burt Kunik, Sharps Compliance, Inc.)
- More data is needed on the number of sharps being used and the number, location, and cause of needle-sticks that occur in order to determine the best way to address the problem. For example, is the greatest impact being felt by waste management workers? Custodial staff? Knowing the sheer number of sharps that may be entering the waste stream is not enough. (David Trindell, Roche)
- It is important to consider the ecological impacts of any solution that is developed. Even if sharps are removed from the waste stream, thus reducing the chance of needle-sticks and potential for disease transmission, this is still a significant amount of waste material, including plastic. (Adrian Gilmore, Terumo and Suzanne Condon, MA DPH)
- The goal of the producer responsibility movement is to tie in the design of the product with the end-of-life management of the product. “Extended producer responsibility” (EPR) ties the responsibility for that end-of-life management to the manufacturer. This is a strong and growing movement in the U.S. that is building off such programs in Canada and Europe. (Scott Cassel, PSI)
- Needles do not belong in the waste stream: hospitals are not allowed to dispose of them in this way, and consumers should not be allowed to either. Sharps are one of many different kinds of products that do not belong in MSW. (Jenny Schumann, Coalition)
- If we agree that needles should not be in MSW, where *should* they go? This group should identify the best possible option for disposal and then figure out how, and how much, of

this can be financed. (Michael Mongillo, Pathacura)

- Sharps are handled in different ways depending on the applicable regulations and the treatment facilities available. This can mean there are variations around the country. The group expressed interest in having a “Waste Management 101” for medical sharps at the next dialogue meeting. The disposal options are very important to the manufacturers.
- It would be good to get data from companies on the needle-stick injuries that occur. (Angela Laramie, MA DPH). Waste Management will have to consider and discuss with counsel, which controls the data. (Ben Hoffman, WM)
- The Medical Waste Institute may have some information that is of interest to this group. They are part of the Coalition and have some data which could be obtained from Alice Jacobsen. (Burt Kunik, Sharps Compliance, Inc.)
- Data of some kind is important to use for measuring the success of any efforts to reduce the presence of sharps in the waste stream. (Angela Laramie, MA DPH)
- Medical waste companies also have needle-stick injuries. (Burt Kunik, Sharps Compliance, Inc.)
- It would be helpful to know the amount of pressure that is applied in various compaction devices and whether or not the safety-engineered devices that involve a sheath or covering could withstand these pressures. This would inform any push for a design solution. (Roy Petre, MA DPH)
- Can the materials being used for transporting the sharps be recycled, or made from recycled materials?
- The Coalition has been trying to get reliable data on the incidence of needle-sticks since its inception, and it has been very difficult. Finally, there is a University of Texas group that is going to implement a study and has funding in place. Perhaps there could be a report on this research at the next meeting. (Jenny Schumann, Coalition)
- Some amount of needle-stick data is necessary to weigh the costs and benefits of a solution, and to gain the buy-in from those who would be asked to finance and/or manage such an effort.
- In the past 10 years on Cape Cod, there have been 10-12 sticks of municipal waste workers that have required extensive therapy. A 2-3 gallon container-full of sharps are collected every week from parking lots, restrooms, and other public areas at the Cape Cod Mall. (Marilyn Lopes, Cape Cod Extension)

The group identified the following strategy to pursue between the first and second meetings:

- 1) Conduct research to better define extent and nature of the problem, including:
  - a. Where needle-sticks occur (outside healthcare setting), #/rate of needle-sticks, type of device involved (if known)
  - b. Baseline data on types and usage of sharps (who is using sharps, how many, and for what specific drugs)

The group decided to combine this with the lifecycle assessment (see Issue #2, below) into a “Data Workgroup.” Those who volunteered to participate in this work group are listed below.

### **Issue #2: Collection, consolidation, and transportation infrastructure**

Sierra Fletcher (PSI) presented a brief overview of the issue, which is included in the PSI presentation on the meeting website (see above). Two presenters shared models of existing collection programs: Tom Erickson of UltiMed presented the Lewis Drug collection of sharps in Sioux Falls, South Dakota and Marilyn Lopes of the Cape Cod Extension described the collection in Barnstable County (on Cape Cod) that has been underway since 2000. The Sioux

Falls program operates from a pharmacy, while the Barnstable County program has relied on fire stations and other public facilities thus far. Tom also shared information about the legislation being developed by a group in Minnesota that is built off the Sioux Falls model.

The discussion of this issue included the following comments from participants:

- Different concerns related to safety, insurance, and convenience have been raised by existing or potential collection sites. In Barnstable County, the sharps are collected in a lined cardboard container and the towns' insurance covers any potential incidents related to the collection. In Sioux Falls, filled sharps containers are deposited in a plastic bag by the consumer, then placed in a plastic-lined garbage pail kept behind the counter. In Rhode Island, there were lots of concerns about safe storage which led to the development of Chrysalis' kiosk option, which is also being used now in Massachusetts. (Marilyn Lopes, Cape Cod Extension; Tom Erickson, UltiMed; Cherie Fisher, Chrysalis)
- This group may need more information on the types of self-injected drugs and who is making and using them before identifying the best option for collection locations which should be based on where people are getting their supplies. It would help to know more accurate information on the numbers of the different sharps consumer groups. (Jenny Schumann, Coalition)
- Data is important to identify the scope of the issue, costs, and stakeholders who should be involved in this dialogue process.
- It is important that the collection infrastructure be designed so people are not taking extra trips to dispose of their sharps properly, for both behavior change and ecological reasons.
- It is also important to consider the sharps used by farms and researchers that are not subject to regulation, yet produce large numbers of used sharps. These include Monsanto and Dupont. (Sue Johnson, IA DNR)
- The North American Needle Exchange Program has data on IDUs. (Karl Schumann, BD)
- Disposal options need to be available to everyone. (Burt Kunik, Sharps Compliance, Inc.)
- There was some discussion of sharps containers, though no clear consensus on whether they should be mandatory. Currently, many biologic drugs are distributed with a sharps container, but they may not have or know about an accessible disposal option for that container. It may also be important to have standard-sized sharps containers if you have a kiosk drop-off that can only accommodate certain sizes or shapes; however, it may also take time for the use of these containers to reach everyone who needs one. Some would rather not produce additional containers if a leftover detergent bottle or some such can be used. Different collection models handle the container issue differently: in some cases a standard sharps container is required, while in other cases, alternative containers--or even no containers--may be used. (Jenny Schumann, Coalition; Tom Erickson, UltiMed; Heidi Vert, Shasta County; Marilyn Lopes, Cape Cod Extension)
- The FDA developed requirements for sharps transport containers for good reason, and they should be used as the best option. (Burt Kunik, Sharps Compliance, Inc.)
- While some rigid containers can be closed securely they may not be able to be autoclaved or sterilized so the waste is not really treated. (Bill Turpin, WM)
- FDA approves sharps containers, not OSHA. (Angela Laramie, MA DPH)

The group identified a lifecycle assessment of sharps as the single strategy under this issue at this stage. This was combined with the strategy proposed under Issue #1 Source control, and has been identified as a priority for workgroup attention in preparation for the second meeting.

### **Issue #3: Regulations and Enforcement**

Sierra Fletcher (PSI) presented a brief overview of the issue, which is included in the PSI presentation on the meeting website (see above). The discussion of this issue included the following comments from participants:

- State legislators are generally very receptive to the issue intuitively and conceptually, but concerns about cost and financing slow the process. (Ben Hoffman, WM)
- The infrastructure, logistics, and financing probably should be addressed prior to legislating disposal bans. It is very hard for states to proceed, as in Massachusetts, prior to resolving these issues. (Suzanne Condon, MA DPH and Michael Mongillo, Pathacura)
- The Coalition has been working extensively with the states, and the “menu of options” from which to pick and choose has been well received as it saves each state from having to reinvent the wheel. It is also easier for the states if other states and stakeholders are on board. (Jenny Schumann, Coalition)
- The main items that need to be legislated were suggested as follows:
  - Containment (including whether standardized sharps containers are required)
  - Collection methods and locations
  - Transportation from collection point to treatment of waste
  - Treatment
  - Disposal (Bill Turpin, WM)
- Are states more interested in performance-based or prescriptive solutions? (Angela Laramie, MA DPH)
- In Minnesota, the legislation proposed would provide for an estimated 45,000 containers/month and \$1.00/container fee for disposal. The big question remains who will pay this estimated \$540,000/year cost. One step in the right direction would be for syringe manufacturers to provide disposal containers. (Tom Erickson, UltiMed)
- The discussion turned largely towards cost issues, including debate about who might ultimately pay for a collection program. These comments have been incorporated, if not redundant, into Issue #4 Sustainable Financing.
- The FDA could standardize disposal language, incorporating something more specific or forceful than “Please dispose of properly.” (Julia Zheng-Miceler, NovoNordisk)
- The group also considered whether the medical sharps issue should be merged with the growing attention given to pharmaceuticals disposal.
- Retailers and others will be looking for their return on investment (ROI) of contributing to or participating in a collection effort.
- It could be useful for this group to move ahead on a pilot project to gather more information.
- Needle-stick data can be abused. It does not necessarily reflect the chances of disease transmission, and it may impact the perception of liability and associated costs.
- The State of California will be issuing a grant for county-level pilot initiatives to test sharps collection options which could be a useful “laboratory” for the dialogue group’s interests and data collection concerns. These will be done in the context of California’s EPR framework, as government financing of projects is not sustainable. The CA Product Stewardship Council is working with some of these counties and could advise them on the types of ideas and information that the national dialogue group develops. Evaluation measures will be key to pilot efforts. Information that is gathered could be used to inform the development of model legislation. Producers should be involved in designing the

program because they have the big picture perspective on the product; local governments need this kind of support. (Heidi Sanborn, CA PSC)

- One of the CA pilot projects could be modeled after Sioux Falls, SD's program at Lewis Drug. (Tom Erickson, UltiMed)
- In New York, it took 10 years to get the law creating the Syringe Access Demonstration Project changed. The State provided \$250,000 for this, but it is diffused within the DPH budget. This program is undergoing a 2-year evaluation which will advise the legislature and others as to its effectiveness. We would like to see a model of how pharmaceutical companies could provide sharps and sharps collection for community-based organizations. (Wesley Badillo, NY DPH)
- A regional solution would meet the needs of different consumer groups and geographical areas with one central location.
- Implementing programs in each city or county is a significant burden on the state, as is overseeing multiple products with multiple fees or claims. (Jim Cropper, CA IWMB)
- One option is not to declare sharps as medical waste until they are consolidated, which would alleviate regulatory burdens on their transport and handling and may facilitate collection efforts.

The group identified three strategies for this issue:

- 1) Research existing collection programs to document range of costs associated with various options and geographic areas
- 2) Pilot project to identify costs associated with various collection options
  - ID target populations (including people with diabetes, IDUs)
  - Conduct focus groups to ID needs
  - Ensure replicability
  - Evaluate use of kiosks and promotion of services
- 3) Develop model state legislation with a package of components

The first two strategies were combined into one and designated as a priority for the "Pilot Projects Workgroup" to work on between meetings #1 and #2. Jenny Schumann, Tom Erickson, and Cherie Fisher volunteered to assist in providing consultation to pilot projects in California.

#### **Issue #4: Sustainable Financing**

Scott Cassel (PSI) presented slides and facilitated a discussion on the types of costs associated with sharps collection and disposal programs, the way these costs are covered now (in most current examples of disposal programs the costs are borne by the state or local government), and some models for extended producer responsibility and product stewardship financing on other types of products. Each participant was asked to give a brief explanation of their interests in the issue of financing and identify any additional information they need before moving forward to develop a sustainable financing mechanism for this product. The group identified the following categories of costs associated with collection programs:

- a) Container
- b) Collection
- c) Transport
- d) Treatment
- e) Disposal
- f) Communication
- g) Oversight/Management
- h) Maintenance
- i) Enforcement

Participants' comments included the following:

- It is important to establish performance goals and metrics when considering funding. (Burt Kunik, Sharps Compliance, Inc.)
- Having a sharps container is critical, and UltiMed would like a commitment from other sharps manufacturers to discuss the possibility of providing a container with each box of sharps (it will be considered). (Tom Erickson, UltiMed)
- Potential funders of a solution need to understand what that solution is and what the costs are before making such a decision. If manufacturers finance in full or in part, the cost will ultimately be passed on in syringe sales. (Adrian Gilmore, Terumo)
- Mail-backs are paid for by both consumers and government (a correction to Powerpoint slide). (Burt Kunik, Sharps Compliance, Inc.)
- Ecological impacts drive cost reduction.
- One approach could be to develop a pilot project to test the "menu of options" that is needed for different consumer groups and to assess costs and how these costs can be reduced. (Roy Petre, MA DPH and others)
- Education to the community is very important. (Wesley Badillo, NY DPH)
- Retailers should be considered a potential focal point, as they may get a return on investment for participating. (Karl Schumann, BD)
- NovoNordisk supports continuing education for pharmacists and other professionals, as well as trying to inform their own employees of the issue. (Julia Zheng-Miceler, NovoNordisk)
- The Diabetes Foundation conducted focus groups in Rhode Island and identified pharmacies as a key area for education, with fire chiefs also having a positive impact. (Cherie Fisher, Chrysalis)
- UltiMed is willing to provide sharps containers, but not more. (Tom Erickson, UltiMed)
- There must be a legislative element to create an even playing field. Ideally, costs will be kept off taxpayers and government; if industry shares the burden it is a minor cost. A different strategy may be needed to bring retailers to the table. Healthplans could require pharmacies to have a network reimbursement contract for the benefit of their members. (Adrian Gilmore, Terumo)
- State and local governments administer most of the programs and do not have the time to oversee and implement the kind of program that is needed. (Sue Johnson, IA DNR)
- It is important to have all key stakeholders get involved. The medical waste industry can contribute by keeping costs down: in California, Long's Drug's program went out of business because of high costs. It would be great if the FDA would require a disposal option with the prescription, self-injected drugs. (Jenny Schumann, Coalition)
- It is important not to forget source reduction, such as the examples in the pharmaceuticals industry of trying to re-engineer products to have less potential environmental impact. (Denise Breitneicher, MWRA)
- There is a cost-benefit to getting this product out of the waste stream for different parties, including the waste management industry, so it is important to look at who is benefiting. (Christine Scullion, BD)
- Shasta County has implemented a program, but needs funding for the \$7,500/year hauler fee and sharps containers. (Heidi Vert, Shasta County)

The primary strategy identified by the group at this stage is to conduct one or more pilot projects and to gather information from existing programs to understand the costs better. These align with the strategies discussed in Issue #3 and were combined into one "Pilot Projects Workgroup."

## **Issue #5: Education and Outreach**

Sierra Fletcher (PSI) presented a brief overview of the issue, which is included in the PSI presentation on the meeting website (see above). The discussion of this issue included the following comments from participants:

- The Diabetes Association is involved with the Coalition and could be a vehicle for engaging stakeholders. (Jenny Schumann, Coalition)
- Roche provides safe needles with self-injected medications and sharps containers when a patient starts their regimen. Recently, through contact with the Coalition, Roche has started including a sticker on the container with a website address where the patient can find disposal options in their area. A Roche phone number is also provided for those without web access. The main resource for identifying disposal locations is the database provided by the Coalition. (David Trindell, Roche)
- Pharmacy Benefit Managers (PBM) distribute many pharmaceuticals and can provide information. Some provide information encouraging people to call the Coalition, but there are inadequate collection options available. (Jenny Schumann, Coalition)
- Many patients receive their medications and supplies by mail order. (Marilyn Lopes, Cape Cod Extension)
- There are several databases of disposal locations, including in California and Michigan, as well as the Coalition's list. These could be combined. (Jenny Schumann, Coalition)
- Education efforts need to consider the target audience, including rural areas (since residents may not see signs in stores, for example). (Sue Johnson, IA DNR)
- It is important to have a consistent message about what should be done.
- The Coalition is considering developing a packaged public awareness campaign that communities could modify as needed. (Jenny Schumann, Coalition)
- New York has "Freddy the Frog," a PSA that will be launched this year. (This is available on the meeting website.) Information had previously been shared primarily through pharmacies and hospitals, with a few billboards. (Wesley Badillo, NY DPH)
- Advertising on containers or kiosks could be a source of revenue. This is being done in Rhode Island. (Mike Mongillo, Pathacura; Cherie Fisher, Chrysalis)

The group agreed that public education/awareness campaigns are very important. Such a campaign could be created and packaged for modification based on target audience. The Coalition or some other focal point could provide a website and call-in number (as the Coalition currently does) as a key component of this campaign. However, while this is a likely future strategy, all agreed that the system needs to be in place first.

## **MISSING STAKEHOLDERS**

The group identified the following stakeholders who they felt should attend the second meeting. PSI contacted many of these groups prior to the first meeting, but will make a concerted effort to reach them again. Some participants will assist PSI in contacting these groups, as noted.

- Retailers (Ben Hoffman and Jenny Schumann)
- Health plans (Ben Hoffman)
- Pharmaceutical companies; PhRMA (David Trindell)
- American Diabetes Association (Christine Scullion)
- AIDS community stakeholder in California (Andy Epstein)
- Home health care providers (Jenny Schumann, Angela Laramie)
- Waste management companies

## **POTENTIAL AGENDA ITEMS FOR MEETING #2**

PSI will identify a location and venue for the second meeting. The group recommended California, Washington, DC, or returning to Massachusetts.

The group identified the following potential topics/presentations (in addition to reports back from the workgroups).

- Presentation of research (or research plan) to be conducted by the University of Texas on the incidence of needle-sticks.
- Presentation on the different ways medical sharps are treated and ultimately disposed (Waste Management has volunteered to present).
- Develop a “problem tree” with all the issues and all the potential contributions of different stakeholders (Julia Zheng-Miceler’s suggestion)

Cherie Fisher will work with PSI to try to raise travel funds for state/local governments.

## **WORK GROUPS**

As described under the relevant key issues above, two work groups were established to conduct additional research and other efforts between the first and second meetings. The following individuals volunteered at the meeting, as listed below. Additional participants have signed up for the work groups since the meeting.

### 1) Data Workgroup

- a. Angela Laramie, MA DPH
- b. David Trindell, Roche
- c. Marianne O’Brien, Covidien
- d. Jenny Schumann, Coalition
- e. Ben Hoffman, WM
- f. Michael Mongillo, Pathacura
- g. Bob Singley, BD
- h. Dave Knox, NH House of Representatives

### 2) Pilot Projects

- a. Jenny Schumann, Coalition
- b. Andy Epstein, MA DPH
- c. Roy Petre, MA DPH
- d. Cherie Fisher, Chrysalis
- e. Thera Meehan, MA DPH
- f. Susan Johnson, IA DNR
- g. Marilyn Lopes, Cape Cod Extension
- h. Bill Turpin, WM
- i. Karen LeBoeuf, Chrysalis
- j. Wesley Badillo, NY DPH
- k. Karl Schumann, BD
- l. Claire Sullivan, South Shore Recycling Cooperative
- m. Heidi Sanborn, California Product Stewardship Council