May 14, 2012

Dear Board of Health:

The historic Pharmacy Access Law, which made over-the-counter sale of syringes legal in Massachusetts, was signed into law in 2006. Since that time the Massachusetts Department of Public Health (MDPH) Bureaus of Environmental Health (BEH) and Infectious Disease (BID) have been working with BID providers, local Boards of Health and municipalities across the Commonwealth to “ensure the safe, secure and accessible collection and disposal of hypodermic needles and lancets” consistent with the requirements of MGL c.94C, s27A. **On July 1 of this year, a significant milestone will occur.** On this date, a statewide ban on the disposal of needles, syringes and lancets (referred to collectively as “sharps”) in household trash will take effect. MDPH took this important environmental health initiative through amendments to its medical waste regulations [105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code Chapter VIII)*] promulgated in 2007 and revised in 2010. **The regulatory revision in 2010 extended the implementation deadline** to provide municipalities with additional time to prepare sharps disposal plans. The purpose of this letter is to report on the status of activities in support of the upcoming ban and to offer practical suggestions to assist those communities that do not already have a plan in place to comply with the ban.

The large majority of Massachusetts cities and towns have already developed plans/capacity to address these new requirements. A total of 224 Massachusetts communities either have an established disposal site option or accept sharps at household hazardous waste day events. There are, however, 127 municipalities that have not yet established an approved collection site. Options to meet regulatory requirements include but are not limited to (1) promoting sharps collection as part of a Household Hazardous Waste Day or (2) using a multi-town or regional approach. The medical waste regulations permit the regional aggregation of sharps to promote economies of scale, a fundamental principle of maximizing cost-effective medical waste disposal. See the attached map to view communities in your area to identify potential partnerships.

The law designates convenient potential sites for the safe disposal of sharps, including, but not limited to, pharmacies, medical offices, boards of health (BOH), and fire stations, but is
not prescriptive in this regard. In fact, household hazardous waste days, which are not cited in the law as a prospective disposal option, are the most common sharps collection sites.

The law was designed principally to reduce the incidence of HIV/AIDS, a preventable and treatable disease, in the Commonwealth. In addition to legalizing the over-the-counter sale of syringes, the law also mandated the establishment of a statewide system for the safe collection and disposal of sharps.

From 2007 – 2009 the proportion of new HIV infection diagnoses attributed to intravenous drug use decreased from 13% to 6%. To facilitate the proper disposal of syringes in the HIV/AIDS health care environment, the MDPH BID Office of HIV/AIDS placed 40 sharps disposal kiosks across the state in 2007. From December 2007 - December 2010 these sites collected over 1.2 million used sharps. The kiosks are located at HIV prevention programs, drop-in centers, community health centers, hospitals, and substance abuse programs. With financial assistance from the BID, the MDPH/BEH was able to place 23 kiosks at BOHs in 2008-09 based upon requests received and resources available at that time.

The department has recently received a limited supply of personal sharps disposal containers that can be used to store sharps waste for residents. These containers meet the requirements of 105 CMR 480.000 for sharps containers; however, other containers may also meet these requirements. Once filled, these containers can be brought to an approved sharps collection site. If you are interested in obtaining some of these containers for your community please contact Jana Ferguson, the BEH Chief of Regional Operations at SharpsContainers@massmail.state.ma.us. Municipalities should request these personal sharps disposal containers prior to June 11, 2012; pick-ups and distribution will begin after that date to assist communities in meeting the needs of their residents.

The MDPH/BEH has led a multi-faceted information and education campaign directed toward the public, the health care industry, pharmacies, BOHs, and other municipal agencies. As mandated by the statute, comprehensive educational materials were designed and distributed to every pharmacy statewide less than two months after the law passed in 2007. A comprehensive website that lists available disposal options statewide was established and a wide variety of questions have been answered. We are very pleased with the response of cities and towns statewide to address this ever growing need for safe needle disposal. These requirements, first announced in 2007, have been annually reviewed at the BEH/CSP regional spring training for local health officials across the state. We commend those that have already established collection sites on behalf of residents who must self-inject as an essential part of their health regimen. Through your efforts, the Commonwealth has safely disposed of over 12 tons of sharps from October 2008 through December, 2011.

The solid waste industry, which picks up, sorts and transports household trash, has made it clear that occupational injuries to their workers from sharps disposal in household trash remain a significant concern. Communities that do not offer safe, legal alternatives to household trash disposal for sharps after July 1 may find waste haulers refusing to pick up suspected sharps containers or haulers refusing to sign contracts in communities where curb-side sharps disposal continues after the ban takes effect.
We are proud of the progress we have made in partnership with cities and towns on this important initiative. We are hopeful that those cities and towns that have not yet developed an approved disposal option will make it a municipal priority for immediate action.

Sincerely,

Suzanne K. Condon, Associate Commissioner
Director, Bureau of Environmental Health