



February 21st, 2020
Irish Doctors for the Environment

FAO: Department of Communications, Climate Action and Environment

Re: Public Consultation on a Waste Action Plan for a Circular Economy

Irish Doctors for the Environment (IDE) welcome the opportunity to submit comments to the Public Consultation on the Waste Action Plan for a Circular Economy. While this is a wide-reaching topic with many important sectors to consider, the focus of our submission will be on waste in the healthcare sector. IDE would also welcome the opportunity to sit on any working groups established to formulate the new plan.

This submission represents the view of Irish Doctors for the Environment, with support from our affiliated partner Health Care Without Harm.

The primary point for the submission is:

Dr. Sadhbh Lee, Policy Officer for IDE

Email: irishdocsenv@gmail.com

Mobile: 0874109281

Yours sincerely,

Dr. Sadhbh Lee
Irish Doctors for the Environment

and members of the working group on Healthcare Waste.



The healthcare sector is responsible for 4.4% of global net emissions and, if it were a country, would be the fifth largest emitter on the planet (Health Care's Climate Footprint, Health Care Without Harm, 2019) (1). The healthcare sector within the European Union is one of the largest emitters after the US and China. The sector is also responsible for significant amounts of waste. In Ireland, the EPA's Green Healthcare Programme estimates that 17,000 tonnes of non-hazardous residual waste is generated by hospitals in Ireland each year, along with healthcare risk waste. On average in acute facilities, 32% of the general landfill waste bags was found to be recyclable material (2). The Green Healthcare Programme also found that savings of between €380,000 and €550,000 per annum could be made in acute hospitals by ensuring that recyclables are kept segregated from general landfill waste (2).

In terms of emissions, evidence shows that 71% of emissions within EU healthcare derive from the supply chain (HCWH, 2019) - making it likely that the majority of these emissions come from production, packaging, transport and disposal of goods.

Data relating to healthcare waste and emissions in Ireland is lacking. The NHS in England has demonstrated significant reduction in this area, reducing carbon emissions by 18.5% from 2007 to 2017 and ensuring 85% of NHS provider waste avoids going directly to landfill (3). IDE strongly feels that the health sector in Ireland can and must make progress in this area as a matter of urgency.

IDE Recommendations:

- Specify that **waste created from healthcare facilities be considered in its own right**, i.e. not classified as other "domestic waste".
- Ensure **access to appropriate recycling bins** in all healthcare facilities in Ireland
- Promote **staff education** and engagement in waste management, sustainability and recycling in order to reduce waste, increase recycling rates and minimise contamination of recycling bins. Consider working with the Department of Health to develop staff training tools, for example online programmes on HSE Land.
- We call on the government to **reinstate the Green Healthcare programme** to monitor and audit waste strategies in the healthcare sector in Ireland. Failing this, the government must develop strategies and systems to improve waste segregation, destruction and disposal practices and commit to monitoring waste and emissions generated by Irish healthcare facilities.
- Strengthen the capacity for sustainable procurement by **increasing knowledge and awareness amongst procurement professionals**. Government spending on health was in the region of 15.4 billion eu in 2017 (Central Statistics Office) (4). Therefore, the sector has significant power to influence market supply and demand for safer, more sustainable and circular products.

- At the procurement level, work with companies supplying the health sector to develop and encourage **take-back facilities**, particularly those supplying large electrical equipment, large quantities of packaging, sector-specific materials that end up in general waste but could be re-used by the companies.
- To increase recycling rates and the availability of secondary raw materials, consider regulatory measures to **phase out hazardous substances at the product design** phase and ensure compliance. Harmful chemicals can be found in a wide range of products used in healthcare settings – disinfectants, medical devices, furniture, electronic equipment, solvents, and pharmaceuticals – all of which can pollute the environment and negatively affect human health (5).
- A coherent approach to the **production and use of chemicals** in the healthcare sector must be considered. Withdrawing or minimising exemptions for substances of very high concern in medical products will ensure higher safety, circularity, and sustainability of those products and promote the use of non-toxic reusable and recyclable materials.
- Expand the availability of **life-cycle impact assessments and procurement criteria** of health products, as well as increase transparency and access to products' value chain information - this would support the incorporation of social, environmental, and health considerations into procurement and overcome challenges in identifying and comparing low-carbon, sustainable products.
- Increase funding for and availability of fast **sterilisation and decontamination facilities** so that more reusable healthcare items can be used, instead of single-use plastic items that need to be disposed of after use. For example, reusable metal speculums vs single-use plastic ones, metal laryngoscopes vs plastic ones, metal surgical equipment for minor/day-case procedures vs disposable plastic equipment.
- Reconsider the use of **pre-made packs** for healthcare procedures, which often contain unnecessary single-use plastics.
- Remove the option of **single-use surgical drapes** and scrub gowns and instead ensure all facilities use reusable surgical materials.
- Enforce the directive from the Department of Communications, Climate Action and Environment in 2019 which stated that HSE managers should **no longer purchase single-use plastic** cups, cutlery or straws in HSE facilities, except for when there is a public health, hygiene or safety requirement (6).
- Consider implementation of **medicine waste recycling schemes**. A significant proportion of prescribed medicines go unused with resulting costs to health systems (7). A report by the York Health Economics Consortium estimated that unused prescriptions cost the NHS approximately 300 million per year, with half of this avoidable. As well as financial costs, many of these medications are disposed of inappropriately - flushed down drains or toilets or disposed of with normal household waste, leading to adverse effects on wildlife and ecosystems. Current estimates suggest that between $\frac{1}{5}$ and $\frac{1}{4}$ of medications currently returned to pharmacies for disposal would meet the criteria for reuse (8). While more appropriate prescribing practices can lessen this waste, they cannot eliminate it entirely and so strategies to eliminate medicine waste must be multifaceted and include medicine waste recycling schemes. These schemes, which collect and re-dispense unused medicines in a safe and appropriate manner, have been in place in developing countries for many years

and have more recently been introduced in developed countries such as Canada and the US (9,10).

- Develop estimates of **food waste** in healthcare facilities. Using UK data as a proxy, food waste is thought to cost the NHS over £200 million per annum, and up to 30% of food in EU hospitals is wasted (11). The Green Healthcare programme estimates that between 37% and 49% of food provided to patients in Irish hospitals is not eaten, with an estimated cost of 7.2 million euro per annum (2). It is imperative that the HSE develop a sustainable food system through methods such as collaborating with local producers, sourcing local, seasonal and organic produce where available, establishing a simplified food procurement supply chain, allowing patient choice in portion size and meal time, training catering staff about food waste management, auditing food waste regularly, having appropriate food waste bins and introducing more sustainable, plant-based options into menus. Estimates of emissions from food waste should be considered under the 'farm-to-fork' principle, i.e. non-edible food products are considered in the estimates.
- **Liaise with environmental groups** such as Healthcare Without Harm, *thisisrubbish* and Global Green Healthy Hospitals who have released policy papers on waste reduction targets and strategies.

While we acknowledge that many of these measures fall under the remit of the Department of Health, IDE advocates for an **inter-governmental approach** to the issue of waste. It is imperative that the Department of Communications, Climate Action and Environment develops a framework to work with the Department of Health and hold the Department accountable for its environmental impact.

IDE would also like to mention their support for the proposed **Extended Producer Responsibility scheme** that would see the costs associated with cleaning up tobacco products containing plastics (i.e. cigarette butts, cigarette packets) placed on the tobacco industry. Cigarette smoking, widely recognised as a significant health threat, has an environmental impact through cultivation, production, consumption and waste (12) - thus, IDE feels it is fitting that the industry be made take responsibility on this front.

References

1. Health Care's Climate Footprint, Healthcare Without Harm, 2019.
2. www.greenhealthcare.ie
3. Natural Resources Footprint 2018, Sustainable Development Unit, NHS.
4. System of Health Accounts 2017, Central Statistics Office.
5. [Prevention is better than cure: Non-toxic Healthcare](#) , HCWH.
6. [Guide for the removal of single use catering plastics](#), HSE, August 2019.
7. Thomas F, Organization WH. Pharmaceutical waste in the environment: a cultural perspective. Public health panorama. 2017;3(01):127-32.
8. Connelly D. Should pharmacists be allowed to reuse medicines? The Pharmaceutical Journal. 2018;301(7915).
9. Seel LV, Hultgren KE, Snyder ME. Establishing the medication safety research network of Indiana (Rx-SafeNet): perspectives of community pharmacy employees. Innovations in pharmacy. 2012;3(2).

10. Doyle S. Canada lags behind United States in drug return, reuse and recycling programs. CMAJ. 2010;182(4).
11. HCWH Europe's Position Paper on the Circular Economy Package.
12. [Tobacco and its environmental impact: an overview](#), WHO.