

Reducing medicine waste in aged care

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In response to your article on returning unwanted medicines to pharmacies,¹ there is an additional source of wasted medication in nursing homes. These facilities have contracted pharmacies that supply medicines to residents. Most of these pharmacies will not use or pack medicines that they have not dispensed (for economic and protocol reasons). Therefore, when a resident arrives from hospital (new or returning resident) or the community, the medicines they arrive with are incinerated rather than administered to them. Private hospitals in particular dispense medicines in full packs even if a patient is only admitted for one or two days.

When a patient comes from home there is the risk that their medication has been improperly stored and may not be 100% reliable. However, when they are transported via ambulance from one health facility to another I find that argument hard to swallow. The lack of dispensing fee or equivalent packing or checking fee at the pharmacy seems more to the point.

I tried to collect such medication to give to a charity (i.e. refugees without Medicare or Pharmaceutical Benefit Scheme rights) but it was declined on logistical grounds.


Is there a way to reduce waste either by redirecting the medicines or facilitating the packing and use of existing medicines? I'd love to see less waste within the medical system and the redirection of funds to where they are needed most.

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REFERENCE

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Amanda Wheeler and Fiona Kelly, two authors of the article, comment:

 We thank Leah Curtis for raising the issue of medicine waste in aged care. The reason that medicines provided at hospital discharge, or purchased by the resident before admission, are not

used is commonly a logistic issue related to the type of dose administration aids used in residential facilities. Packing medicines for these dose administration aids is typically an automated process done in a remote facility, and only certain brands of medicines are used.

Reducing the supply of unwanted medicines could be addressed at the hospital, for example by encouraging doctors, nurses and pharmacists to be mindful about medicines actually required at discharge. Rather than dispensing a full supply of (unneeded) medicines, timely discharge planning, including appropriate conversations with the residential facility, would identify what the patient needs. This may only be a prescription and discharge summary.

This approach aligns with the UK 'Only order what you need' campaign introduced specifically to reduce medicines waste,¹ and the 'Choosing Wisely Australia' initiative which highlights the use of unnecessary tests, treatments and procedures in our health system.²

Redirecting unwanted medicines to those less able to access them has been raised by the Australian public in a recent study.³ Medicine reuse schemes are well established in the US (SafeNetRx since 1997) and in Greece (GIVMED, 2016). While re-dispensing returned or donated medicines is another option to reduce medicines waste, it is challenged by logistic, quality, safety and cost-effectiveness issues. These challenges often seem insurmountable, however there are currently calls in the UK that medicines reuse should be publicly debated.⁴

In the absence of a reuse scheme in Australia, making health professionals and consumers more aware of medicines waste, particularly oversupply at the point of prescribing and dispensing, is vital. When medicines wastage does occur, the Australian Return Unwanted Medicines Project provides a safe and cost-effective method of unwanted medicines disposal.

REFERENCES

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