

6th July

Inhalers, Environment & Community Pharmacy

The growing Climate & Ecological Crisis can at times seem overwhelming. It is thus heartening that the NHS now has a Green Plan to help map out how we as organisations can help mitigate our impact. A key area that NHS Greater Manchester is working on as part of its green plan, is inhalers. Inhalers account for 3% of the NHS carbon footprint. In GM we dispense over 300,000 inhalers a month, with the staggering CO2 equivalence of 4000 metric tons – like 4000 hot air balloons over GM *each month*.

Some inhalers are better than others. It is particularly pressurised meter dose inhalers (MDI) that are the problem for the environment. This is due to the hydrofluoroalkane propellants used in them. Consider SABA inhalers:

Inhaler	kgCO2e equivalence
Ventolin evohaler	28
Salamol or Airomi	11
Any salbutamol dry powder inhaler	<1

Greater Manchester Medicines Management Group (GMMMMG) has developed some new guidelines for Asthma and COPD incorporating greener inhaler prescribing. You can find them [here](#).

Primary care networks are now incentivised to focus on 2 groups of targets. The first group of targets aims to improve asthma care through focusing on those who are poorly controlled – viz those with high SABA use, and/or low inhaled steroid use. These people are at higher risk of admission and indeed death. The second group of targets focus on inhaler choice, encouraging a move to lower carbon impact inhalers like dry powder options away from MDI inhalers, or at least moving off high impact MDI inhalers like Ventolin as above.

Community pharmacy can play a huge part in this through:

1. Explaining the environmental impact of MDI inhalers (in [one study](#) only 35% of patients and carers knew about the impact of MDI inhalers).
2. Ensuring that patients know how to use their inhalers, and pointing them where needed to inhaler technique videos like those of [Asthma UK](#)
3. Encouraging patients to ensure their inhalers are fully spent before ordering more.
4. Encouraging those with poor control and over reliance on SABA to book a review with their GP practice
5. Strongly encouraging the return of *all* used inhalers to you for disposal. It has been found that even when 'empty' 25-50% of the propellant gas in MDI inhalers can remain in the cannister. The gasses are destroyed through incineration. Some pharmacies have done displays about this in their waiting areas – you may like to consider this.
6. When generic Salbutamol is prescribed, please dispense Salamol or Airomir due to the carbon footprint of these being less than half of that of Ventolin evohaler.

7. Watch your stock levels: Some PCNs have started doing switches from Ventolin & generic Salbutamol to Salamol to meet their targets. We encourage you to keep a dialogue going with your PCN to ensure that you are aware of this, and other changes they are working on, to maintain appropriate stock levels.
8. You can of course use the New Medicines Service to support any inhaler changes that are started. In each PCN area there is a designated pharmacy with an enhanced inhaler service – you can find out more about that here:
<http://www.cpgmhealthcare.co.uk/inhaler-service-resources.html>

You can also find a recording of a recent online training on inhalers here:
<https://www.youtube.com/watch?v=74FIMQtsX0c>

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