NHS
Kent and Medway
Clinical Commissioning Group

Interim Position Statement Carbon Footprint of Inhalers

Position Statement

The NHS aims to be the worlds' first net carbon zero health service and has set two targets:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions the NHS can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Metered dose inhalers are a major contributing factor to the carbon footprint of the NHS. Inhalers are used in a variety of respiratory conditions, ranging from asthma to chronic obstructive pulmonary disease (COPD). The majority of the emissions come from the propellant in metered-dose inhalers (MDIs) used to deliver the medicine, rather than the medicine itself. **10.5 million kg CO2 per year is generated in Kent and Medway from Salbutamol inhaler prescribing alone.** Ventolin, many community pharmacies preferred brand, produces 28kg CO2 per inhaler, whereas other MDIs, such as Salamol and Airomir only produce 10 kg CO2. **Dry powder inhalers (DPI) have a much lower carbon footprint and Global Warming Potential (GWP) and Salbutamol Easyhaler only produces 0.62 kg Co2 per inhaler.**

While Kent and Medway CCG work with the wider system to develop a full sustainability plan we would like to recommend the following interim advice:

- **A blanket switch from MDI to DPI is not advisable.** Many COPD patients will not have the respiratory effort to trigger a DPI and it is imperative that any patient switched has comprehensive inhaler technique training to maintain concordance and efficacy.
- Consider a review of all patients who are **prescribed > 2 x salbutamol inhalers per year**, which can indicate poor disease control, or concordance with other preventative therapies.
- Consider **switching any Ventolin** branded salbutamol prescribing to a brand with a **lower GWP** (Salamol or Airomir) or to a Salbutamol DPI (Salbutamol Easyhaler is the most cost effective), with full patient counselling and inhaler technique assessment.
- Consider **switching any patient with COPD**, currently using multiple inhalers (LABA+LAMA+ICS) **to a triple therapy inhaler**. Preferably this should be a DPI if respiratory effort allows, with full patient counselling and inhaler technique assessment.

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