LET'S TALK SYRINGE LITTER

GLOSSARY

PWID People who inject drugs

SSP Syringe service Program

Syringe Litter Improperly discarded syringes – usually in a public setting and not in an approved container.

PWID EXPERIENCE A VARIETY OF BARRIERS TO SAFE & ACCESSIBLE SYRINGE DISPOSAL

This includes experiences of being targeted by law enforcement resulting in arrest, drug-related stigma, and practices of unexpected sweeps of encampments that result in discarded syringes. [1-6]

STRATEGIES FOR SUCCESS

EXPAND OPTIONS FOR PWID TO DISPOSE OF SYRINGES

Syringe Service Programs SSPs are the first "line of defense" against syringe litter. Studies have shown that the presence of SSPs reduces syringe litter.[7] Syringes are more likely to be properly disposed of in cities with SSPs compared to cities without SSPs; specifically comparing San Francisco (5 SSPs) to Miami (0 SSPs) and found that PWID were 34 times more likely to properly dispose of used syringes if they had access to a SSP.[8] One study found a 50% decline in syringe litter with the establishment of one SSP.[9]

Kiosks and Drop-Boxes Formal initiatives to implement syringe disposal kiosks, which are receptacles of a variety of sizes intended to safely store used syringes, are a complement to returning syringes to SSPs. From large mail-box style boxes that can contain 1,000+ syringes to smaller units found in many public bathrooms, the locations of the kiosks are determined based on proximity to where PWID are likely to dispose of syringes and/or where syringe litter is found on a consistent basis.

Pharmacy Returns Access to disposal at pharmacies is inconsistent. Pharmacies are not required to accept used syringes or dispense personal hazardous waste containers. While there are examples of partnerships that select pharmacies have developed with local SSPs and health departments to provide education and resources on syringe disposal, this is not a consistent practice and may be subject to change with ongoing staff turnover.

NEEDS-BASED DISTRIBUTION OF SYRINGES & OTHER SUPPLIES BASED ON EVIDENCE

The ideal distribution model is needs-based, which means an SSP will provide any number of syringes to a participant, regardless of whether they returned any used syringes. Some programs limit the number of syringes each participant can receive by only offering the participant the number of used syringes returned (one-for-one) or by instating maximums. Study after study has indicated that restricting the number of syringes does not reduce syringe litter.[7]

CONTINUE TO SUPPORT SYSTEMS & COMMUNICATION TO IDENTIFY, COLLECT, & REMOVE SYRINGE LITTER

Local health departments, community groups, and/or SSPs may host recurrent or event-style community cleanups to identify and remove syringe litter. One of the benefits of community clean-ups is the opportunity for groups to take collective action to address syringe litter issues and discuss broader systemic barriers to syringe disposal.

ENGAGE PWID TO PROMOTE SAFE NEEDLE DISPOSAL

SSPs provide PWID with a variety of hazardous waste bins – including small "fit-packs" that people can carry with their belongings and large multi-gallon bins to place in spaces where PWID congregate. However, we hear from PWID that there are ongoing issues related to displacement among people who are unhoused, fear of carrying used syringes due to potential arrest/harassment/stigma, and other logistical issues including knowledge of disposal sites and convenience. PWID consistently report that they

LET'S TALK SYRINGE LITTER

attempt to return syringes and run into barriers and that they often collect syringes from others who are unable to return syringes. Some examples of activities to expand and/or implement include:

- Offer unlimited access to hazardous waste containers offered for free in a variety of sizes
- Education about safe disposal techniques if syringe access is limited
- Know your rights training and resources to promote confidence in returning used syringes

WHY RESTRICTED MODELS DON'T WORK

Tracking syringes by source Several attempts to track the original source of syringes have been suggested to be introduced in local ordinances in cities with multiple SSPs. However, no studies have indicated that this is a practice that would reduce syringe litter. Further, operationalizing this type of system for the sole purpose of identifying syringe origin may be cost-prohibitive and difficult to implement.

Single-use syringes These were designed to prevent the reuse of syringes and potential bystander needlestick injury, particularly in the context of providing vaccines in areas with HIV and hepatitis C outbreaks. Single-use safety guard syringes include a plastic sheath on the end of the syringe to click onto the syringe after use, guarding the sharp bevel and preventing reuse.

Issues include:

- Single-use syringes are at least 5 times as expensive as typical insulin syringes. This increased cost means that in many places there would not be enough syringes to meet the need of all people who inject drugs.
- Single-use syringes are "difficult to reuse," not impossible to reuse. When PWID don't have adequate access to syringes, it was found that PWID would improvise and disable the retraction mechanism or use other components of non-syringes. In some cases, PWID reported that they would share a syringe before the plunger would be fully depressed – significantly increasing the likelihood of bloodborne infections by sharing injecting equipment seconds between each other.
- The greatest risk of bloodborne infections (HIV and Hepatitis C) and skin and soft tissue infections (SSTIs) is posed by sharing contaminated syringes.[10] While there is public concern related to accidental needlestick due to publicly discarded syringes, there is no documented case of transmitting HIV or Hepatitis C through a community-based needlestick injury. To protect the health of the public, access to sterile injecting equipment is essential and the most effective way to prevent a community outbreak of HIV or hepatitis C.

CITATIONS

1. L. Beletsky et al., "Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: a community-level perspective," Int. J. Drug Policy, vol. 25, no. 1, pp. 105–111, Jan. 2014.
2. L. Beletsky et al., "Police Encounters Among Needle Exchange Clients in Baltimore: Drug Law Enforcement as a Structural Determinant of Health," Am. J. Public Health, vol. 105, no. 9, pp. 1872–1879, Sep. 2015.
3. H. Cooper, L. Moore, S. Gruskin, and N. Krieger, "The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: a qualitative study," Soc. Sci. Med. 1982, vol. 61, no. 3, pp. 673–684, Aug. 2005.
4. N. Bozinoff et al., "Syringe sharing among a prospective cohort of street-involved youth: implications for needle distribution programs," AIDS Behav., vol. 21, no. 9, pp. 2717–2725, Sep. 2017.
5. L. M. Kuyper et al., "Factors associated with buying and selling syringes among injection drug users in a setting of one of North America's largest syringe exchange programs," Subst. Use Misuse, vol. 41, no. 6–7, pp. 883–899, 2006.
6. E. Wood et al., "Factors associated with persistent high-risk syringe sharing in the presence of an established needle exchange programme," AIDS Lond. Engl., vol. 16, no. 6, pp. 941–943, Apr. 2002.
7. D. I. Heller, D. Paone, A. Siegler, and A. Karpati, "The syringe gap: an assessment of sterile syringe need and acquisition among syringe exchange program participants in New York City," Harm. Reduct. J., vol. 6, p. 1, Jan. 2009.
8. H. E. Tookes et al., "A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs," Drug Alcohol Depend., vol. 123, no. 1–3, pp. 255–259, Jun. 2012.
9. M.C. Doherty et al., "The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up, " Am J Public Health. 2000;90(6):936-939, June 2000.
10. "Syringe Service Programs Overview," Centers for Disease Control.