

Scrutiny Inquiry Panel - Reducing Drug Related Litter in Southampton

Meeting 1 – Presentations

Thursday, 19th October, 2017
at 6.00 pm

Contacts

Panel Administrator
Emily Goodwin
Tel: 023 8083 2302
Email: emily.goodwin@southampton.gov.uk

MEMBERS ROOM DOCUMENTS

8 **DRUG RELATED LITTER IN SOUTHAMPTON - INTRODUCTION, CONTEXT AND BACKGROUND** (Pages 1 - 36)

Wednesday, 11 October
2017

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

Dealing with Drug Litter - A Proactive Approach

Drug Related Litter Scrutiny Enquiry



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Mitch Sanders, Service Director for Transactions & Universal Services

Recording Drug Litter & Injuries

Needle Stick Injuries recorded on the Health & Safety System:

- 2015/16 - 1
- 2017/18 - 1 to date

Community Safety have been logging drug litter finds since 2016 recorded by:

- Page 2
- Cleansing
 - Parks and Open Spaces,
 - HMO Licensing
 - Tree Team
 - Housing.

Data is shared with police, drug agencies and council departments.

Drug Litter Data in Context

- Recorded to raise awareness in the interest of staff safety;
- Staff empty bins, pick up bulk refuse, clear fly-tipping, cut down trees and remove encampments;
- Needles are found inside plastic bags, in cardboard boxes and in bedding;
- Staff report all needles they come across not just needles discarded on the street;
- Reports do not distinguish between those that are uncapped, capped or discarded in sharps boxes; Litter can be wipes, spoons, sterile water bottles and deal bags;
- **All reports are of needles discarded in public places.**

Health & Safety Safe Working Procedure – Contamination and Needlestick Incidents

Staff are trained and equipped to deal with sharps.

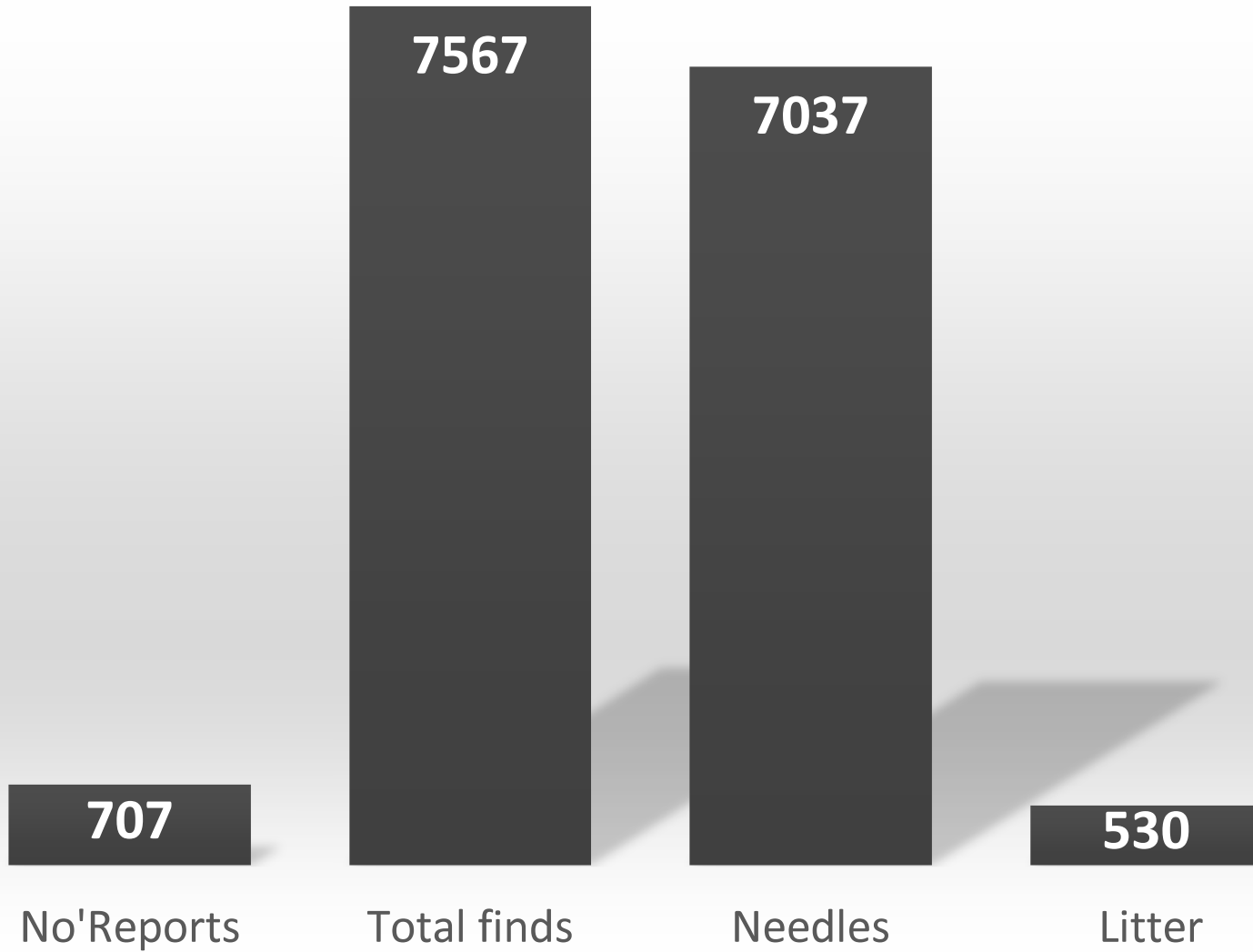
Advice to staff who sustain a needlestick injury:

- Telephone A&E to inform them that you are en-route.
- If you feel shaky, telephone for a taxi/ask a First Aider to accompany you.
- Counselling is available if required.
- A list of agencies providing further help is available.

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Data report for 2016/2017

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Highest number of finds 2016/2017

May 2016 – 900 total recorded finds

- 852 needle recoveries
- 389 picked up in and around West Park Car Park associated with 9 tents forming an encampment.

January 2017 – 1298 total recorded finds

- Included two large finds in Golden Grove (walkway toward stadium) and in and around Six Dials. 700 needles in total found in these areas.
- The above areas were cleared on mass and probably contained needles that had been there for some time.
- Bushes and undergrowth were cut back to make the area more open.

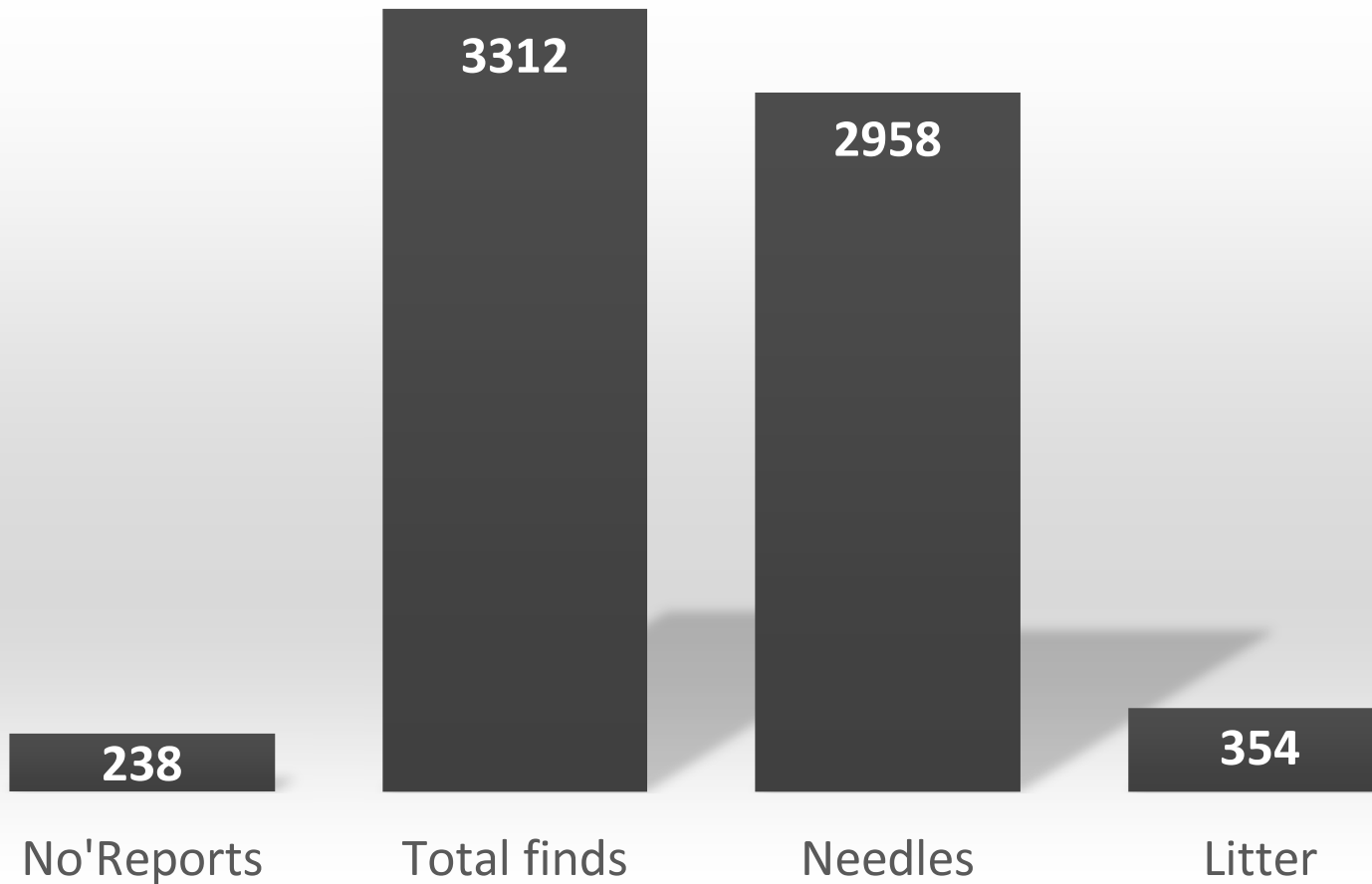


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Data Collected 2017/2018 (April to August)

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Highest number of finds 2017/2018

June 2017 – 1049 largest recorded finds

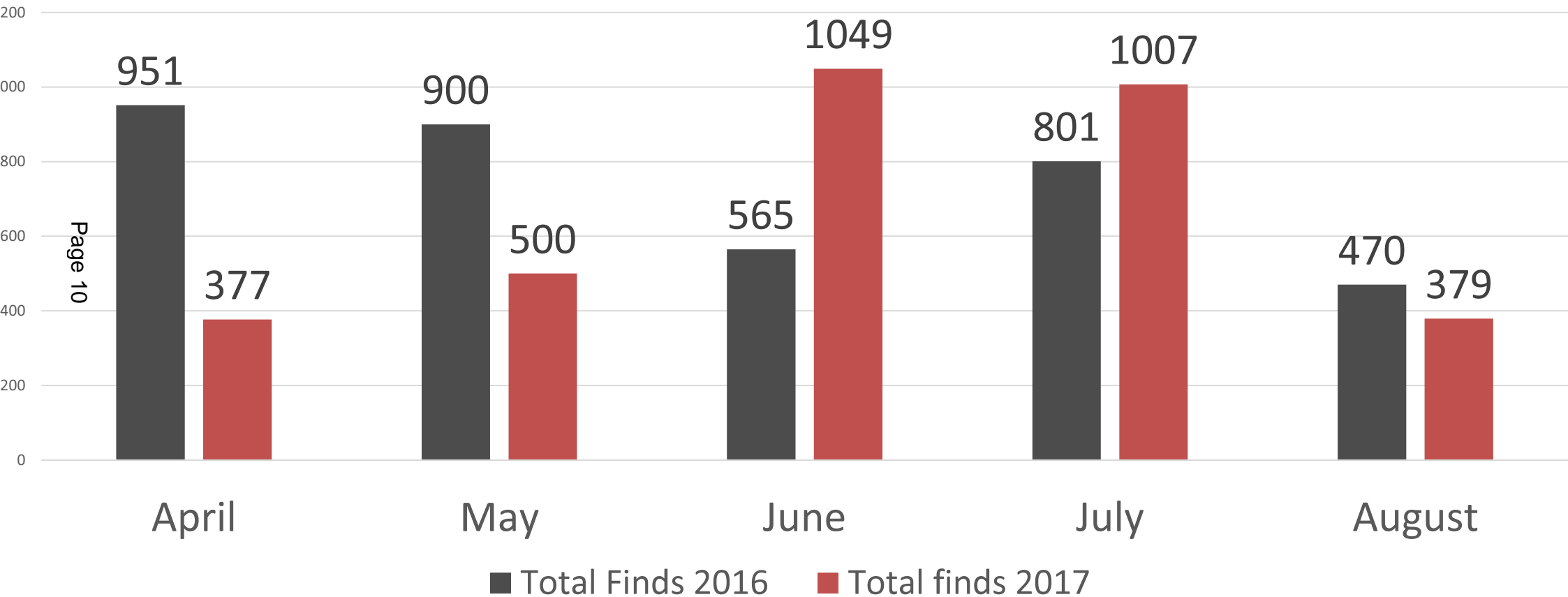
- 1008 needles recovered
- 41 pieces of litter
- 500+ needles found in West Park Car park found in boxes, bottles and carrier bags

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July 2017– 1007 total finds

- 933 needles recovered
- 74 pieces of litter
- 110 needles and spoons recovered from Mayflower Park in around 4 tents.

Data comparison April – August 2017 (needles and litter)



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What are we doing?

- Routine Cleaning and Response to reports from members of the public;
- Civil Enforcement Officers Patrol and serve notices;
- Rolling Programme - Community Safety, Police and Street Cleansing actively engage and remove rough sleepers;
- Grosvenor Square Car Park locked down from 12.00am to 5.30am every night. Further car parks closures to follow;
- Additional staff to clean our car parks;
- New team of City Welfare Wardens will be introduced soon to engage with rough sleepers, remove unattended items and remove needles and drug litter.

Sharps Reports by Public (Needles and Glass)

| 2015/16 | 2016/17 | 2017/18 to end Q2 |
|---------|---------|-------------------|
| 297 | 375 | 229 |

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In the last year to date:

229 reports of Sharps were dealt with by the Out of Hours Hygiene Service.

Encampments/Rough Sleepers

- Over the last 2 years there has been rise in the number of people sleeping rough and setting up encampments in our car parks and open spaces;
- During 2016/2017:
 - 257 notices were issued to rough sleepers/encampments in our car parks & 53 notices issued in our open spaces;
 - 32 tents were removed from the car parks and 106 rough sleepers moved on;
 - 8 tents removed from our open spaces and 5 rough sleepers moved on.
- The data above may include repeat rough sleepers.

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Where can users dispose of their needles

- Needles can be taken back to the Needle Exchange in New Road;
- 6 Pharmacies across the city will take in used needles;
- Hostels such as Patrick House and Southampton Street will take in used needles from service users;
- The VAST team (vulnerable adults support team) will collect needles from service users.

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How to Report

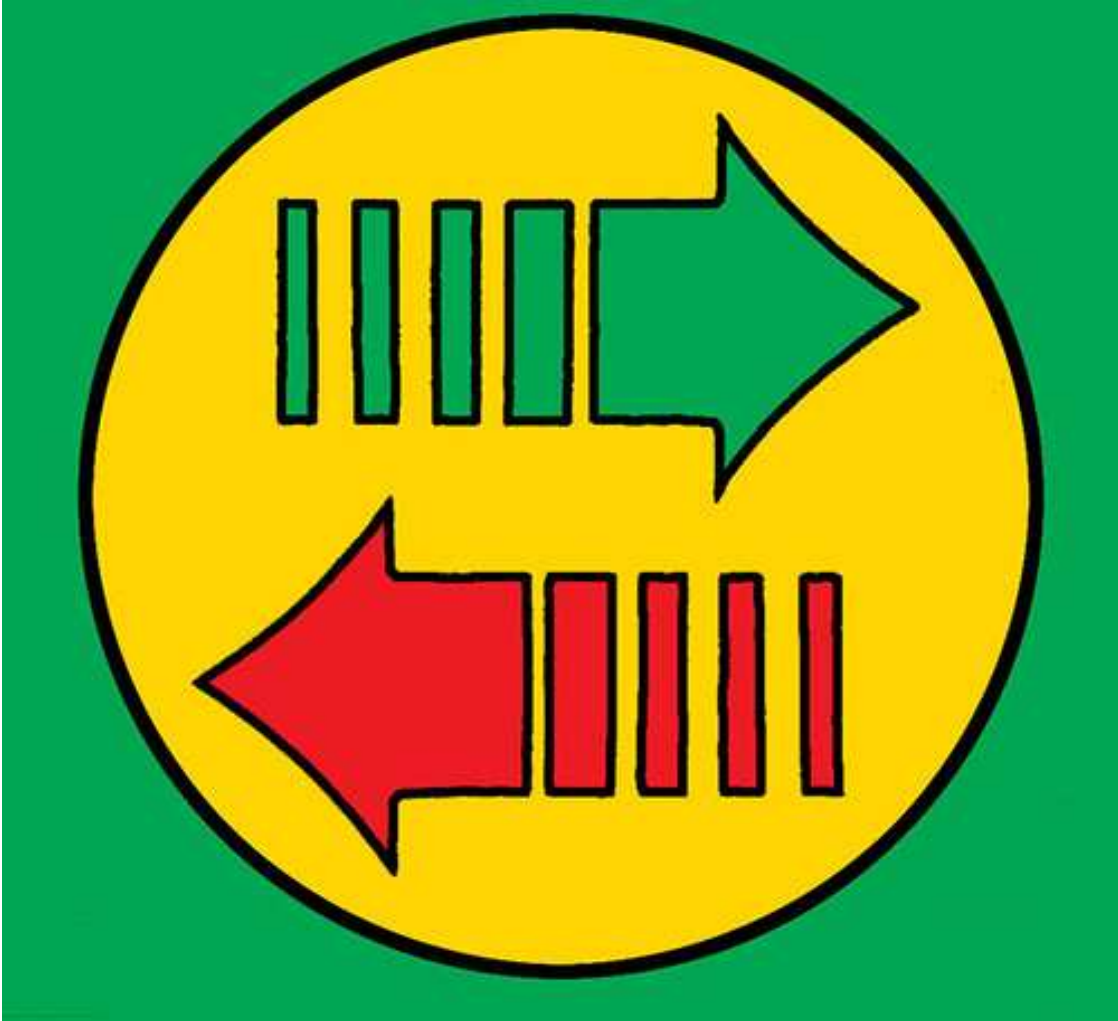
Online <https://my.southampton.gov.uk/>

Action Line Tel: **023 8083 3005**

Emergency Out of Hours Tel: **023 8023 3344**

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Drug Related Litter (DRL) Scrutiny Panel

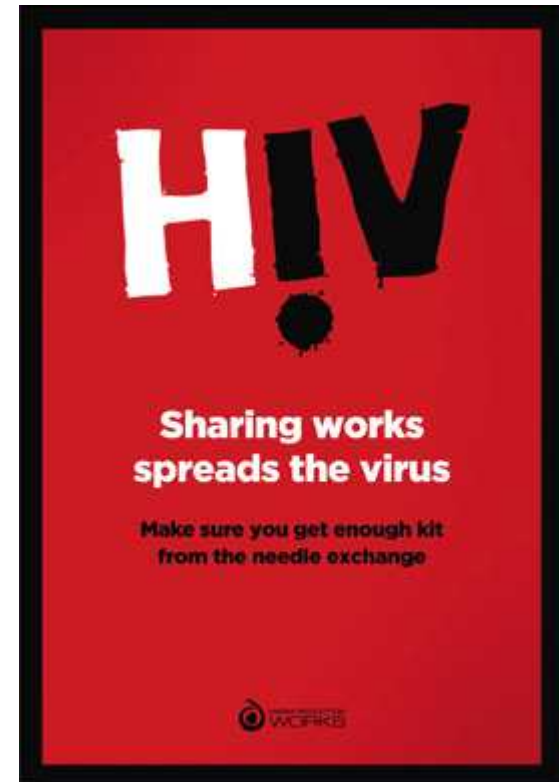
Colin McAllister: SCC – Integrated Commissioning Unit

A city of opportunity where everyone thrives



Overview

- Why provide Needle Exchange?
- How we provide needle exchange.
- prevalence of drug injecting in the city
 - trends
- Drug Related Litter
 - The size of the problem
 - What we are doing about it
 - What else can we do about it?



Why provide Needle Exchange (NEx)

What is NEX?

- **A Harm Reduction Service**
 - Providing Sterile Injecting Equipment
 - Needles, Syringes, Spoons, Swabs, Vit C, Citric Acid
 - Receiving and disposing of used equipment
 - Provide harm reducing advice and information
 - Injecting more safely, Overdose advice (and Naloxone), moving from injecting to smoking drugs (foil)
 - Other harm reduction equipment
 - Condoms
 - An entry point to treatment and support

Evidence for Needle Exchange

Lancet review 2011 (Specific focus on England)

Direct benefits

- **Reduces transmission of HIV**
- **Reduces “risky” behaviours such as needle sharing**

Indirect Benefits

- **Increases retention of injecting drug users in services**
- **Provides additional opportunity to engage users with other social services**

<http://ukpolicymatters.thelancet.com/policy-summary-needle-exchange-schemes-for-injecting-drug-users/>

Life saving and cost effective

NICE PH52 - National

- **Cost (estimate)**
 - £200 per person who injects heroin/crack cocaine per year,
 - £6 per person who injects image and performance enhancing drugs (IPED) per year)
- **Savings**
 - £22,000-£41,000 saving per annum for every prevented case of hepatitis C treatment
 - £10,000-£42,000 saving (depending on disease progression) per annum for every prevented case of HIV treatment
- **As well as**
 - Reductions in A&E attendances and associated bed days for injection site infections
 - Reductions in the need to treat blood-borne infections and viruses and any chronic conditions arising from them.

UK Drug Strategy – July 2017

.....Key to supporting improved health is action to prevent blood borne infections by vaccination (where available) and by maintaining the availability of injecting equipment through needle and syringe programmes.....



Background

How many people use drugs in Southampton?

| | Local | National |
|---------------|-----------------------------|----------|
| OCU | 1483 (LCI 1105 – UCI 1872) | 300783 |
| RATE per 1000 | 8.65 (LCI 6.45 – UCI 10.92) | 8.57 |
| Unmet need | 49% | 50% |

How many people inject drugs in Southampton?

| 2011/12 Estimate | PID | UCI | LCI |
|------------------|-----|-----|-----|
| Southampton | 636 | 491 | 778 |

NB Prevalence rates of people who inject amphetamines, New Psycho Active Substances and Performance and Image Enhancing Drugs (PIEDS) are less well researched

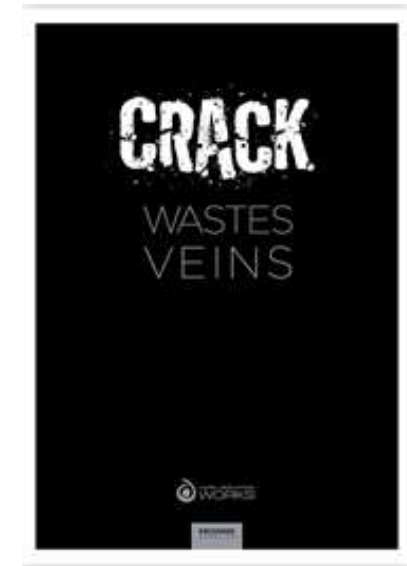
From the evidence it would appear that DRL usually relates to people who inject illicit drugs such as heroin, crack and amphetamines rather than those who inject performing and image enhancing drugs.

DRL finds in the community are often related to people with multiple vulnerabilities including those experiencing street homelessness and those inadequately accommodated and will include people travelling into Southampton, from other areas, to acquire and use drugs.

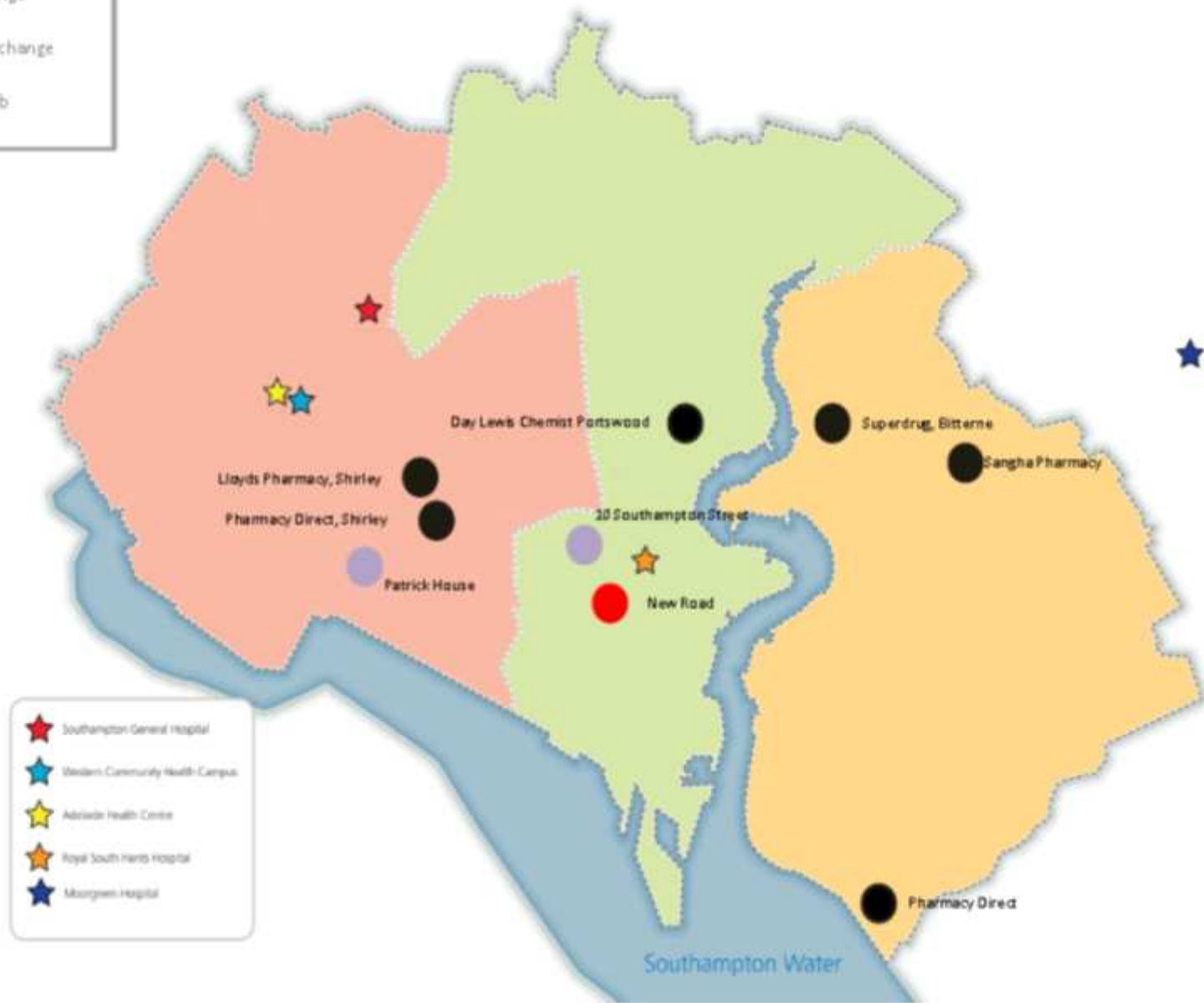
How is NEx Provided in Southampton

- **Central NEx Hub within Community Substance Misuse Services**
- **Key worker/ Care coordinator for those in treatment**
- **6 Pharmacies across the city**
- **2 Hostels for people who are experiencing homelessness**
- **Police Custody**
- **H-VAST**
- **Street Pastors (carry sharps boxes)**

- **SHPT?**
- **Day Centre?**



- Hostel Needle Exchange
- Pharmacy Needle Exchange
- Needle Exchange Hub



- Southampton General Hospital
- Western Community Health Campus
- Adelaide Health Centre
- Royal South Hants Hospital
- Margreen Hospital

How well do we do?

- **Coverage**
 - 636 estimated number of people who inject drugs
 - 775 unique NEx clients in 2016/17
 - PIED & Amphetamine/ NPS users?
 - Approximately 360 per quarter
- **Equipment**
 - Out
 - 2016/17 'Total Syringes' = **198 379**
 - Returned
 - 2016/17 (estimate) = **103 686** (52%)
 - NB this does not include Pharmacy NEx returns or hostel returns
 - DRL 'needles found'
 - From Community Safety Drug Litter Reports 2016/17=**7065** (3.6%)

What are we doing to increase returns

- **Most people who inject drugs return used equipment**
- **It is the most chaotic and vulnerable people who are using drugs and disposing equipment in the community**
- **What we do**
 - Every person accessing NEx is given a sharps box (various sizes to suit need)
 - Discuss drug litter and safe disposal with every client
 - Photos of DRL are displayed to encourage conversations
 - People who do not return equipment regularly are challenged
 - H-VAST team are now offering 'on street return opportunities
 - Discussions commenced with SHPT
 - Discussions commenced with Homeless Day Centre

Thoughts from NEx

- **“Colleagues and members of the public have commented on the difficulty to report incidence of DRL”**
- **“Most of my clients are horrified about drug litter and do return used equipment and/or dispose of it responsibly”**
- **“Reducing the provision of injecting and harm reduction equipment will not reduce the injecting that takes place but it will increase the prevalence of BBV”**

Police

- Police contact is normally via a member of the public contacting our control room
 - Control refer them on to the council contact numbers as per <https://www.askthe.police.uk/content/Q99.htm>
- If officers are approached or find the litter they refer this to the council via the control room.
 - Only limited examples of this – unable to formally report as not, currently, a reportable incident
- Police intend review this as a process with the council team.
 - Seeking a balance between our staff recovering items/ the risk this presents - waiting for council attendance / leaving items in place that may cause a risk.
 - Intend to formalise and communicate this instruction clearly for officers working in the city.

SELECT POLICE AREA

Enter your town or postcode to see information from your local force

Q99: What should I do if I find a hypodermic needle?

Contact the local authority who have the equipment required to dispose of the needles safely. If there are a large amount of needles appearing on a regular basis then after contacting the local authority, please contact the police who will pass the information onto the drugs team.

Do not pick the needle up yourself as you may injure yourself and could be in danger of being infected.

See the website in related information to find your local authority.

How useful did you find the answer?

- Not at all relevant
 Quite useful
 Useful
 Very useful
 Excellent

Current answer rating

★★★★☆ Useful

Do you still need to contact the police?

- Yes
 No

QUESTION OF THE DAY

How can I prevent my mobile phone being stolen?

NON-EMERGENCY CALLS

JUST DIAL **101**

RELATED INFORMATION

Web Sites

www.direct.gov.uk/e..

Categories

Drugs

Alcohol and drugs

Questions

I have got a drug problem, where can I get some help?

I think my friend/teenage child is taking drugs, what can I do?

I think there are drug dealers on my street what can I do about it?

A guide for your safety

Information from Southampton City Council on what to do if you find drug litter

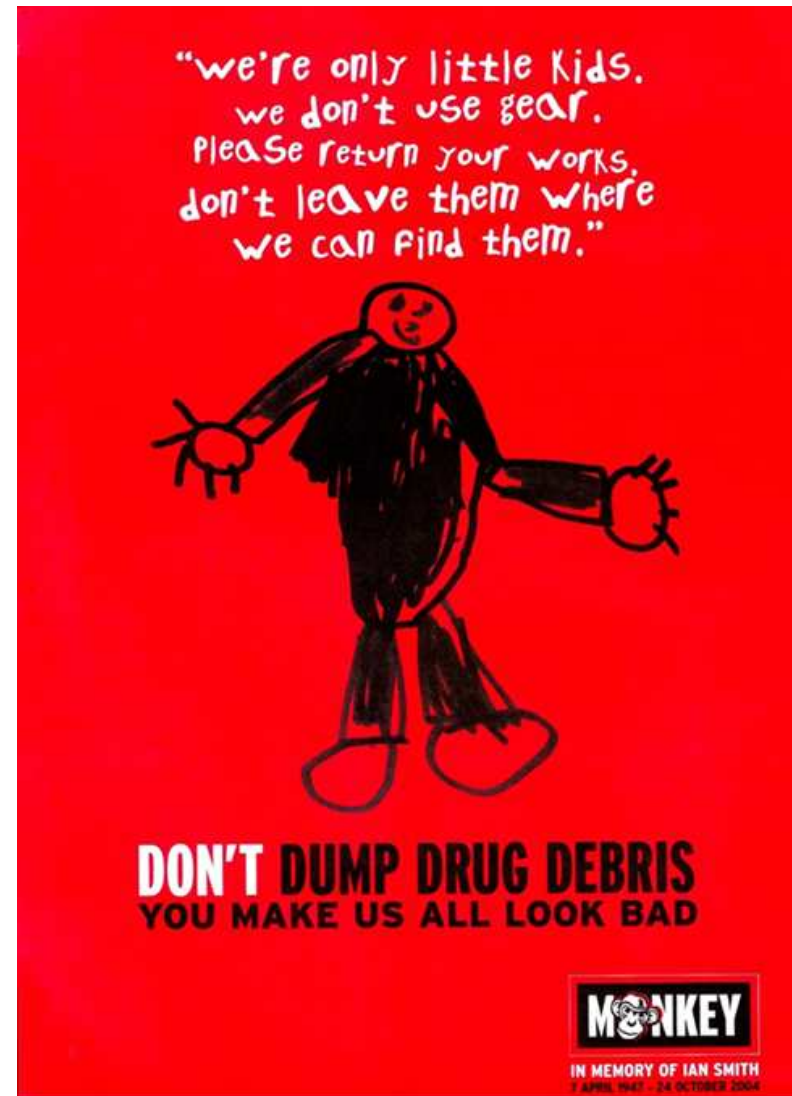
Drug litter



- Southampton's Drug Strategy
- Day Centre
- Improve information to the citizens of Southampton
- Enhance cooperative work between services for people experiencing homelessness and community substance misuse services (H-VAST)
- Scrutiny Inquiry Panel
 - A better understanding of the issues
 - Recommendations

Future

Questions?



colin.mcallister@southampton.gov.uk

Health risks from needle stick injuries

Written submission for the Inquiry into *Reducing Drug Related Litter in Southampton* on 19th October 2017.

Prepared by Dr Anand Fernandes, Consultant in Communicable disease control, South East PHE Centre – 18th October 2017

The 2005 Department for Environment, Food and Rural Affairs publication¹ '*Tackling drug related litter: Guidance and good practice*' advises that litter related to drug use can cover a range of materials – syringes, foils, swabs, spoons, plastic bottles and cans. Taking a wider view, such litter can include faeces, vomit, urine etc. that are sometimes found in areas that have been used for drug use. There are also close associations between drug and sex markets, and so sex related litter will often be encountered in the same locations as drug litter.

This submission will concern itself with the health risks associated with injuries sustained from needlesticks or 'sharps' and contact with potentially infectious body fluids. Needlestick injuries occur when a needle or other sharp instrument accidentally penetrates the skin (*percutaneous*). If the needle or sharp instrument is contaminated with blood or other body fluid, there is the potential for transmission of infection. When blood or other body fluid splashes into the eyes, nose or mouth or onto broken skin, the exposure is said to be *mucocutaneous*. The risk of transmission of infection is lower for *mucocutaneous* exposure than for percutaneous exposures but still significant and would be managed by healthcare providers in a very similar manner.

Health risks from needlestick and splash injuries include:

1. Anxiety

Significant stress and psychological trauma can result from such injuries, even where no infection is ultimately acquired, due to long periods of uncertainty regarding the outcome of the injury, as well as changes in lifestyle, working restrictions and, where indicated, extended and debilitating treatments². Individuals who sustain a significant needlestick injury will be recommended to have a three dose Hep B vaccine course over a period of two months or a single booster vaccine if previously vaccinated, a tetanus containing vaccine if required and provide a venous blood sample at the time of the injury, at six weeks and three months after the injury. They will be advised to look out for symptoms that might indicate the presence of a blood borne infection and will be advised to take safe sex precautions with their partners until their blood test results are clear. In addition, based on the nature of the injury/ time since injury they may be put on a course of antibiotics to avoid skin/soft tissue infection which will be accompanied with potential restrictions on diet/alcohol and carries with it a risk of side effects.

2. Blood borne viruses like hepatitis B, C and HIV

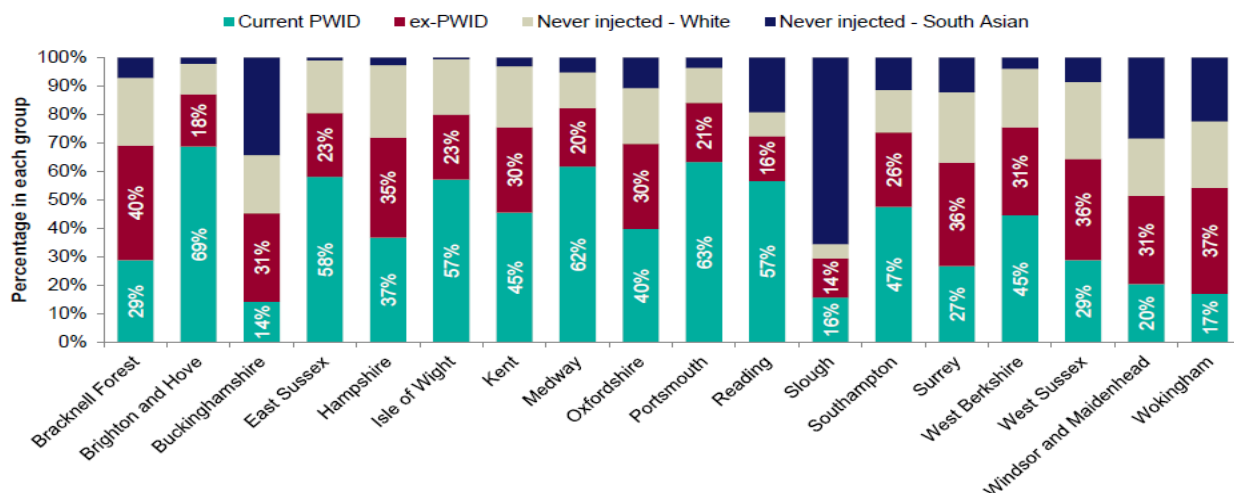
Body fluids can be a source of viral infections like hepatitis B, C and HIV. The source with the highest potential for transmission in the context of drug related litter is a contaminated hollow bore needle. A splash injury to the eye has resulted in one documented transmission of hepatitis C worldwide. The risk of contracting hepatitis B, C and HIV from a known contaminated needle is estimated to be 1 in 3, 1 in 50 and 1 in 300 respectively. Hepatitis B and HIV transmission is preventable through post exposure vaccination a short course of antiviral medication respectively. There are no preventative interventions to address the risk of acquiring hepatitis C from a needlestick/splash injury.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221089/pb10970-drugrelatedlitter.pdf

² <http://www.nhsemployers.org/~media/Employers/Documents/Retain%20and%20improve/Needlestick20injury.pdf>

It is estimated that over half of people who inject drugs (PWID) in the South East of England have hepatitis C (58%). It is estimated that nearly 47% of known hepatitis C cases in Southampton are people who inject drugs currently³. A tool to estimate the burden of hepatitis C by DAT area indicates that there were 689 individuals currently injecting drugs in Southampton⁴ although it must be emphasised that this is an estimate.

Estimates of the proportion of all people who have been infected with hepatitis C in each South East LA in each risk group¹⁴



The prevalence of hepatitis B and HIV amongst PWID in England is estimated at 0.85% and 3% respectively⁵. There is no evidence that a member of the public in Southampton has acquired hepatitis B or C or HIV following a needle stick/splash injury. The only data available nationally is that of occupational health related transmission events of hepatitis C in healthcare settings following a needlestick exposure. There is no data available locally to estimate how many such injuries have occurred in Southampton as the follow up could be via A&E, GPs or out of hours services with some not seeking medical attention at all.

Over the next 15 to 20 years, with the introduction of routine hepatitis B vaccination in childhood, the risk of acquiring hepatitis B through needle sharing and needle stick injuries will reduce even further.

Who is at risk?

1. Persons who inject drugs. The greatest risk of transmission of blood borne viruses from drug litter are people who inject drugs either through their exposure to such environments or the reuse of paraphernalia in the absence of accessible needle exchange programmes. Ensuring a high uptake of hepatitis B vaccination amongst PWID and access to harm reduction services is key to preventing transmission of hepatitis C and HIV as well as conditions like bacterial sepsis from infected wounds.
2. People involved in working with PWID and the clean-up of drug litter. These individuals should be vaccinated against hepatitis B, trained in first aid following a needlestick injury and equipped to carry out their work in a safe manner.

³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648330/hepatitis_C_in_the_south_east_2015_data.pdf

⁴ <https://www.gov.uk/government/publications/hepatitis-c-commissioning-template-for-estimating-disease-prevalence>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/633688/hpr2617_uam-pwid.pdf

3. The general public would face very low risk from drug related litter if harm reduction services are working well. However in the absence of pre-existing hepatitis B immunity, members of the public are more likely to experience anxiety and stress and need more interventions than a hepatitis B vaccinated worker involved in drug litter clear up.

In summary:

The main health risks from injury due to drug related litter is likely to be from stress and psychological trauma. Acquisition of hepatitis C is likely to be the biggest source of concern given the high prevalence amongst persons who inject drugs and the lack of any preventive interventions. Hepatitis B vaccination uptake of PWID should be maintained. There has been no evidence of a case of a blood borne virus being transmitted to a member of the public in Southampton through a needlestick/splash injury. Nationally, such transmissions occur very infrequently in an occupational health setting which means that people engaged in the clearing up of drug litter and those working with PWID should be aware of the first aid steps to take following a needlestick injury as well as adopt safe handling procedures alongside being vaccinated against hepatitis B. The avoidance of needle sharing amongst PWID and new injectors is the mainstay of controlling the transmission and future burden to the health economy of hepatitis C.

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