

Drug-related litter: literature review summary

1. This summary outlines the research evidence for what works to minimise drug-related litter. It draws on 2 sources:
 - a. Guidance from the Department for Environment, Food and Rural Affairs (DEFRA) published in 2005.
 - b. A literature review by the Public Health team of the Council of research published since 2005, to see if any different or additional learning has emerged.

DEFRA (2005) Tackling drug related litter – guidance and good practice

<https://www.gov.uk/government/publications/tackling-drug-related-litter-guidance-and-good-practice>

2. DEFRA make 14 recommendations. Many relate to effective partnership working to understand, respond to and prevent drug-related litter. The specific interventions which are recommended are:
 - Needle exchange services
 - A police protocol regarding the possession of used needles and other equipment. It includes a statement from Greater Manchester Police as an example:
“unless there are other attendant circumstances, officers will not arrest a person who is attending a needle exchange scheme, for the purpose of exchanging a needle.”
(p7)
 - Prompt cleansing service response to finds
 - Sharps bins, with the type, siting and promotion to be determined locally. This could include sharps bins and/or drug litter chutes in public toilets.
3. The guidance also makes an additional recommendation that blue lighting should not be used in public toilets to deter drug use or litter as the harms outweigh the benefits.
4. The guidance does not quantify the benefits of these interventions or cost them.

Literature review, September 2017¹

5. The review searched for scientific papers, published since 2005, which included drug litter as an outcome. The search was restricted to high income countries, so the results would be applicable to Southampton, and papers written in English.
6. The search identified 21 studies. Half of the papers focussed on Safer Injecting Facilities (SIFs) including two systematic reviews. Systematic reviews are the highest quality type of quantitative research if completed properly.

¹ The literature search took place in September. The report is being finalised.

7. The other papers looked at needle exchange, sharps bins and “safe city” enforcement programmes. Several papers noted that no single solution alone will address drug related litter and a combination of measures is advised.

What works to reduce drugs litter?

i) Safer Injection Facilities (SIFs)

8. Safer Injection Facilities are legally sanctioned facilities where people who inject drugs can do so under supervision. Facilities provide sterile injection equipment, information about reducing the harms of drugs, health care, refer people to treatment services. Some offer access to other services too. They are also referred to as supervised injection facilities, sites or rooms.
9. As of 2015 there were approximately 90 SIFs in 10 countries, including Australia, Canada, Switzerland, Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark and Greece. One subsequently opened in France in 2016. Glasgow is the first city in the UK to plan a SIF.
10. It is very clear from the international literature that SIFs reduce drugs litter, among other benefits. In Vancouver, counts of syringes in the streets fell by half after the SIF opened; residents and business operators in Sydney reporting seeing fewer dropped syringes; and drug users in Vancouver and Copenhagen say that the SIF has changed how they dispose of their needles.
11. The 2005 DEFRA guidance does not mention SIFs.

ii) Needle-Exchange (NEPs)

12. Clear evidence from the United States demonstrates the effect of a NEP on drugs litter. San Francisco has NEPs and Miami does not. Comparing similar sized areas, just 11 discarded needles were found in San Francisco compared to 371 in Miami, even though San Francisco has twice the number of injecting drug users. Closure of the NEP service in Victoria, Canada led to a marked increase in drug litter and users reporting a high increase in needle sharing.
13. Drug users describe using NEPs and/or knowing a NEP service is the safest way to dispose of used needles. People who inject drugs often report a fear of carrying needles, even in places where it is legal as it is in the UK, as it might identify them as users or cause them to be searched further by the police. This can negate the benefits of NEPs on drugs-related litter if not accompanied by outreach and education to both users and police.

iii) Public Toilet Sharps Bins

14. Whilst this was only evidenced by a single study, the option of a 24-hour disposal site that is both publicly accessible but also ‘private’ is an ideal mentioned in other papers. Toilets are often used for injecting drug use and sharps bins located in these areas may encourage users to keep these areas clean and free of litter.

What doesn't work to reduce drugs litter?

i) Increased Police Enforcement

15. Only one paper focussed directly on the effects of increased police enforcement, which showed an increase in drugs litter following a sustained police campaign. But other studies included feedback from drug users that their fear of the police caused them to drop needles unsafely. Papers noted that publicised police enforcement campaigns can also increase stigma to this already highly stigmatised group. This, in turn, can mean users are less likely to seek out current NEPs or public sharps disposals as they will be labelled addicts or 'smackheads'.

ii) 'One-for-One' Needle Exchange

16. 'One-for-One' NEPs are where users are only given the same number of needles that they return. The policy does not decrease drugs litter. Furthermore, two-for-one or three-for-one policies do not increase drugs litter and decrease the harm to injecting drugs users. The more syringes a user has, the more likely they are to dispose of them properly.

iii) Very Public or Unlabelled Public Sharps Bins

17. So far there is a paucity of formal research into public sharps bins in places other than toilets, so no firm conclusions can be made. Papers note the potential for public bins, albeit that their positioning is sensitive. Users are unlikely to use bins which are too public, for fear of exposure or police entrapment. A communication plan is needed for users to find and use unlabelled bins. Bins need to be near where individuals use drugs and peer support may be helpful for encouraging their use.

Conclusion

18. The literature review supports the earlier recommendations from DEFRA, with needle exchanges having a particularly large effect on preventing drug-related litter. More recent evidence identifies significant reductions in litter from Safer Injecting Facilities too. Both interventions also bring a wider range of benefits to users and communities. The research evidence does not yet exist to say exactly how to make public sharps bins work if they are in places other than public toilets.

19. This review did not identify studies which costed the interventions or looked at cost-effectiveness. The literature only refers to the benefits to health services and injecting drug users of SIFs, NEPs and public sharps bins.

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