

Center for Harm Reduction Services Syringe Litter and Kiosk Evaluation - Phase I

Background

Syringe Service Programs (SSPs) offer comprehensive care to participants, who can access sterile injection supplies and dispose of used injection supplies, as well as receive tailored substance use services and supports. In Baltimore City, there are currently seven SSPs. At the time of writing, in April 2022, there currently is one syringe disposal box ('kiosk') within the city where people who use drugs (PWUD) can dispose of used syringes, located at the Amazing Grace Church. Research on syringe disposal kiosks has found that they are an effective method for syringe disposal², and are favored by both members of the community who inject drugs and those who do not, as they are discrete and convenient.³

The primary goal of an SSP is to widely distribute sterile injection equipment and prevent the sharing of supplies by collecting used sharps. Baltimore City programs distributed over 4 million syringes in calendar year 2021 and have one of the lowest return rates¹ in the state. While SSPs continue to offer high-quality, comprehensive services, including guidance on safe disposal of syringes, providing sharps disposal containers to participants, and collecting used syringes on outreach or at scheduled pick-up times, syringe litter continues to be a concern for Baltimore City. Although SSP participants are protected from arrest, charge, and prosecution for possessing or distributing drug paraphernalia when that possession or distribution is related to program activities, participants report fear of negative police encounters and the stigma of possessing syringes or other safe use supplies.

This evaluation aims to assess syringe disposal options in Baltimore City to better understand community perception of syringe litter, and evaluate utilization of the first syringe kiosk installed in Baltimore City at the Amazing Grace Church. Recommendations on how to appropriately and comprehensively address syringe litter in Baltimore City and statewide were developed based on input from SSP leadership and analysis of peer-reviewed literature.

Ongoing debate over expanding current protections provided to SSP participants by Maryland Health-General Article §24–908, easing COVID restrictions, new federal support for harm reduction⁴, and community complaints of discarded syringes in Baltimore City make this evaluation timely. At this stage, this evaluation is primarily based on recommendations from leadership within SSPs; participant-facing surveys are currently being distributed through SSPs and will be included in the next step of the evaluation.

¹Return rate is the percentage of syringes collected compared against the number of syringes distributed by each Syringe Service Program.

Ultimately, this evaluation will guide recommendations to the Center for Harm Reduction Services and Baltimore City SSP's for addressing syringe litter within the community, and inform new areas to prioritize in the expansion of syringe disposal kiosks.

Methods

The Center for Harm Reduction Services hosted an intern through the Johns Hopkins University Bloomberg School of Public Health PHASE practicum from September 2021 - May 2022. The intern conducted interviews with various Syringe Service Program staff in Baltimore City and other Baltimore City stakeholders identified through SSP calls. Additionally, information was collected during a Harm Reduction Collaborative Call hosted on March 15, 2022. During this call, organizations were prompted to discuss experiences with syringe disposal kiosks in their local jurisdictions, concerns or challenges to implementing syringe disposal kiosks, and further resources or support needed.

Current Challenges Among Programs

- Insufficient communication and coordination
 - Although many individuals and agencies are working hard to address syringe disposal through syringe/needle cleanup events and sweeps or neighborhood clean ups, there is a lack of coordination across entities of areas to target and communication among multiple programs.
 - o There is a lack of clarity of which entities are ultimately responsible for cleaning up specific geographic areas.
- Ongoing criminalization of syringes
 - o SSP participants have reported they are afraid to bring their used syringes to either SSPs or the syringe kiosk for fear they will be stopped by law enforcement on their way to dispose (e.g. if they carry used syringes on their person or in their backpack).
 - o Research by Springer et al. found that drug paraphernalia laws prevent use of syringe disposal programs³
- Lack of access to sterile syringes
 - o Concerns were cited regarding not being able to access new syringes once disposing of the older ones, due to lack of access to new syringes (e.g. people are afraid to dispose of their used syringe as they are worried about having difficulty accessing more).
 - There is insufficient public awareness about the full scope of available SSP resources in Baltimore City.
- Participant confusion of syringe exchange requirements
 - o Despite all Baltimore City SSPs operating on a needs-based syringe distribution model, many SSP workers reported confusion, believing there is a 1:1 needle exchange requirement.

^{1.} CDC. (2019). Syringe Services Programs (SSPs). https://www.cdc.gov/ssp/index.html

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- Prohibitive policies across various social service systems
 - o Many people who access SSPs also experience homelessness or housing instability and have complex medical needs.
 - o Shelter and hospital policies prohibit harm reduction supplies on-site but do not offer sufficient disposal options.
 - o People discard syringes as needed in the moment to access services from these providers.
- Lack of Resources
 - o Lack of funding and staff was cited as a barrier to cleaning up more syringe litter.

Potential Solutions for Programs

- Increase syringe disposal options
 - o As one SSP employee mentioned, similar to a person holding any trash, if a trashcan is there, they will throw it out; similarly to encourage people to properly dispose of syringe litter, create more safe options for disposal
- Community education
 - o Increase advertisement of SSP locations and hours throughout Baltimore City to alleviate supply concerns.
 - o Increase information sharing of how and where to safely dispose of used syringes.
 - o When setting up a new kiosk, engage the community broadly; inform neighbors, provide education, discuss myths, and remain responsive to feedback.
 - Have spaces for people with lived and living experience to share their experiences and integrate this feedback into development of syringe disposal solutions and program development.
- Timely, routine maintenance of kiosk(s)
 - o Empty kiosks regularly to avoid overfilling.
 - o Maintain the exterior appearance of the kiosk and surrounding areas.
- Coordinated community clean-up
 - o Engage PWUD, community members and SSP employees to work together on cleaning up shared spaces.
 - Community gardens as a location for disposal kiosks offer opportunity as a point of connection with each other and with the land, and in creating ownership in a shared project.
- Incentivization

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- Create incentives for safe syringe disposal that are low-threshold and do not create more burden or risk for staff or participants (i.e. requiring SSP staff to count syringes).
- Centralized tracking and communication
 - o Centralize communication across agencies to allow for a collaborative approach to address syringe litter.
 - o Develop a shared platform to determine who is responsible for cleaning syringes in various geographic areas.
 - One organization suggested creating a google form to track issues regarding syringe litter; another organization is currently tracking community requests for syringe kiosks.
- Peer-led responses
 - Explore work reported being led by Mayor Scott's office to involve PWUD in needle sweeps.
 - o Engage with other cities that have similar programs established, such as 'Spikes on Bikes' in Vancouver and 'Bear Clan Patrol' in Winnipeg, to gather information on implementation and lessons learned.
- Expand city-wide partnerships
 - o Supporting strong SSP partnerships was a theme of the conversations with SSPs.
 - o Advocate with other health and community organizations to reduce structural barriers to safe disposal.
 - o Shared biohazard contracts among SSPs in close proximity to share cost and management burden.
- Dedicated funding for syringe disposal
 - o Continued funding for syringe disposal kiosks and other syringe litter clean up efforts.

Beyond a Disposal Kiosk: Vending Machines

SSP Leadership expressed interest in expanding options beyond disposal kiosks to best meet the needs of PWUD. Research by Springer et al. suggests that having options to meet the varied needs of PWUD is important, such as both one-way drop boxes and SSPs.³ Other options that people were interested in exploring included: vending machines and adjacent lock boxes for people to both pick up and dispose harm reduction supplies. Vending machines have been found to increase supply and disposal access to PWUD less connected to in-person services⁵ That being said, a harm reduction approach does not require participants to access any specific services but aims to meet participant needs; harm reduction emphasizes that people have the right to access what they need, not what program staff thinks they need. Islam & Conigrave's research found that benefits of the harm reduction vending machines are: increased access to harm reduction supplies

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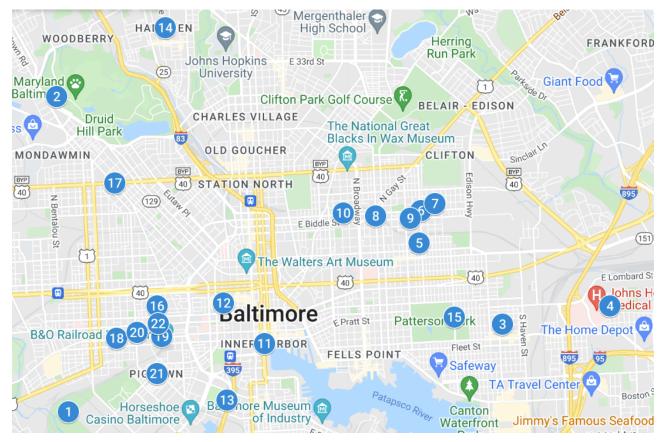
after-hours, increased geographic access, reduced stigma when accessing, confidentiality and anonymity, potential to reduce sharing, increased disposal, and cost-effectiveness.⁵

Areas for Potential New Kiosks

Several recommendations related to placement of additional kiosks were identified:

- Install kiosks directly where there is need, for example:
 - o Close to encampments
 - o Adjacent to other community services, i.e. clothing bins
 - o Close to shelters, as HR supplies are prohibited on-site
 - o Close to hospitals, as HR supplies are prohibited on-site
- Use various forms of community engagement, such as social media, to explore community interest in hosting a kiosk.

The below map shows areas of potential syringe kiosk installation. These locations were provided during interviews with SSPs and based on high areas of syringe litter, willingness of accompanied locations, or common service delivery locations.



- CDC. (2019). Syringe Services Programs (SSPs). https://www.cdc.gov/ssp/index.html
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- 3. Springer, K., Sterk, C., Jones S. & Friedman, L. (1999). Syringe Disposal Options for Injection Drug Users: A Community-Based Perspective, Substance Use & Misuse, 34:13, 1917-1934.
- 4. Whitehouse (2022). President Biden Calls for Increased Funding to Address Addiction and the Overdose Epidemic.

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Summary

In summary, expanded options for syringe disposal as well as increased coordination of clean-up efforts between SSPs and the Baltimore City Health Department is recommended to address syringe litter city-wide. Increasing the number of syringe kiosks within Baltimore City should be implemented alongside increased access to harm reduction supplies.

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