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Thank you, Heather. I'll talk to you today about the importance of developing an effective Sharps Management Strategy for local government. On one level it's our traditional core business. Cleaning all refuse from our public space is what we do and what we've always done. However, I'm going to propose to you today that it goes a little bit deeper than that. I'm going to propose that the presence of discarded sharps in our communities has a profound effect on community opinion towards illicit drug use, illicit drug users and as a consequence an effect on illicit drug policy. We must get this right.

As an example of that, I just want you to look at some of the headlines that I've taken from newspaper clippings in Brisbane over the past couple of years in relation to discarded sharps problems.

**Deadly
dumping**

**Mums needed
by play risks**

‘You think the
playground is safe but
it's potentially deadly’

Needles of death

SHOOTING to KILL

When you just look at that language, look how emotive and sensational it is. It is obvious that these headlines will have a genuine effect on the community. It generates animosity and anger towards drug users where understanding, empathy, and awareness are vital. Put bluntly, if local government does not help prevent discarded sharps, or clean them up quickly, drug policy reform will be hindered. I think that's quite clear. Remember some of these headlines later on when we talk about dispelling some of those myths around illicit drug use.

Needle and Syringe Programs (NSPs)- “A necessary evil?”

- ✦ Curtails transmission of HIV/AIDs and hepatitis
- ✦ Reduces unsafe injecting practices
- ✦ Increases safe disposal
- ✦ Provides users with access to info and primary health care
- ✦ Do not encourage or increase drug use
- ✦ Supported by WHO, Red Cross and United Nations

Some people in the community think that council's give sharps out. We don't. State governments do across Australia. I also know that some people in the community think we shouldn't distribute sharps to injecting drug users. “If diabetics have to pay for them, why

should injecting drug users get them for free?" they question. I'd just like to briefly answer that question.

Sharps distribution has many more public health benefits than it does hazards. Primarily it curtails the transmission of HIV/Aids. In China, a particularly zero tolerant country where they execute their drug dealers, up to 80% of injecting drug users have HIV Aids. In some areas of the US, up to 50% of injecting drug users have HIV. In Australia, the figure is reviewed annually and it has never gone beyond 2%.

In 1998, there were 10 million new transmissions of HIV through injecting drug use and 1 million deaths. And I think we've got to be realistic. Injecting drug users do interact with the rest of the community. We want them to interact with the rest of the community and if they've got HIV, it may spread through normal relationships with others.

Of course, NSPs reduce unsafe injecting practices. We give them clean materials; we give them information how to inject safely. This in itself will help curtail that.

It increases safe disposal. Needle and syringe programs have bins that the injecting drug users can put them back into and needle and syringe programs distribute safe disposal materials, so it does help keep sharps off the street simply by the provision of this information. It provides users with access to primary health care and treatment. They can go in and have their veins and general health checked and this can lead, and does lead, to referrals for treatment.

Crucially, there's no evidence, no research, anywhere in the world that links the presence of needle and syringe programs in our community to increases in drug use. And finally, it's supported by the World Health Organisation, The Red Cross and the United Nations and by particularly conservative politicians and states in Australia, including our Prime Minister.

The Brisbane Context

- Estimated 10 million needles distributed or sold per annum
- Estimated up to 1% unsafe disposal
- 19 Sections of BCC with an involvement in sharps issues
- Genuine fear and concern in the community
- High levels of complaint to BCC and Councillors

Every year, up to 10 million needles are distributed in Brisbane. About a quarter of them through needle and syringe programs, a quarter of them through pharmacies, a quarter of through Diabetes Australia and a quarter are given out for therapeutic community medicines.

It's estimated up to 1% of these sharps will be discarded unsafely. That's 100,000 needles in Brisbane. It's a serious problem and we've got to have an effective strategy to respond to that. Within Brisbane, and I was first employed four years ago to look at and coordinate the Sharps Management Strategy – there were nineteen different areas of Council that had some kind of association with needle and syringes. Not just our parks people who'd pick them up or our road cleaners, but our Call Centre that was taking calls and giving information on the issue, our Libraries where injecting drug use happened in toilets, and our major venues.

So at the time it was a very disorganised and inconsistent response. Of course, there is genuine fear and concern in the community. 70% of respondents in a recent Brisbane survey of 3,000 residents stated that illicit drug use in Brisbane was a problem because they saw discarded sharps. 70% also said that discarded sharps made them apprehensive and anxious about using public spaces and facilities. Of course, fear can lead to anger and engender some

negative responses to injecting drug users. As a consequence of this, I would take dozens of calls from worried community members attacking drug users, specifically through the sharps problem. So that's really the local context when I came on board.

Planning an effective Sharps Management Strategy – Internal

- Defining and identifying 'hot spots'
- Developing a broad range of responses
- Undertaking effective analysis and evaluation

What do you do to plan an effective Sharps Management Strategy in response to all that? You've got to define and identify your hot spots. What is a hot spot? What do you need to do when you've defined a hot spot? We'll look at that briefly. You've also got to develop a broad range of responses, as one isn't enough.

What influences these decisions? We'll touch on that briefly, and finally we'll look and emphasise the importance of undertaking effective analysis and evaluation. Injecting drug use patterns notoriously fluid, and if you don't track them, your Sharps Management Strategy can be redundant very quickly.

These are the internal partnerships you have to establish.

Planning an effective Sharps Management Strategy – External

- With NSP's, users groups, traders and non-government organisations (NGO's)
- With the media and the community to dispel myths and raise awareness

You also have to establish a broad range of partnerships with external stakeholders in the community. It is essential. Councils can't do it on their own. We're the level of government closest to the community; we hear it time and time again. So we've got to work with needle and syringe programs, we've got to work with user groups; we've got to work with traders, and with non-government organisations.

You can't pick and choose who to partner, it's not a smorgasbord. You've got to work with all of these groups if you want an effective response. And most importantly again, it's happened time and time again when we've had our presentations today, there are so many myths, misconceptions, and stereotypes around illicit drug use and drug users. And local government is perfectly placed to respond and dispel them.

Defining and identifying 'hot spots'

- Necessity for a coordinated and consistent response
- Define what constitutes a hot spot and formalise a response
- Identify key stakeholders to supply the relevant data - Council staff, bin contractor, NSP's, Police, business and user groups
- Develop effective reporting mechanisms

In terms of defining and identifying a hot spot, then you must have a coordinated response. The first thing that we did was pull all nineteen affected areas of Brisbane City Council together into a Steering Group. It was a little bit unwieldy and unmanageable sometimes but it's no good some areas of Council progressing forward and becoming aware while others sit back and remain ignorant. It's got to be consistent.

You've got to define what constitutes a hot spot. This will vary from region to region. The problem can be different in each local setting and the Brisbane situation may not be relevant to anyone else in this room. But the Brisbane process is this; where we find one sharp in a space over a period of a week, for at least a three-month duration, we must implement a response of some sort. Where we find one a day over a period of a month, we've got to put a sharps bin in that area. So to a degree, the process defines the hot spot.

We've got to find the key stakeholders who can let us know where these hot spots are as council staff alone can't do it. I don't know where all the sharps are in Brisbane, no one person does. So we've got to find out through our collection contractors; through the needle and syringe programs; through Police; through businesses who have discarded sharps on their premises; and most importantly, with the user groups because they know where people are injecting drugs.

These are crucial partnerships and of course, we've got to develop effective reporting mechanisms. How are they going to let you know where a hot spot is? When are they going to let you know? You've got to make decisions on this. We receive monthly reports from each of these stakeholders. They let us know every month where these trends are and we can then respond to that.

Developing a broad range of responses to discarded sharps

- Decide whether to displace or 'accept' drug use
- Displacement strategies - vegetation clearance, lighting, increased monitoring
- 'Acceptance' strategies - bin installation, regular sharps 'sweeps'

Displacing drug use can sometimes be more problematic than accepting that it's going to happen. BCC will not allow injecting drug use in a children's playground or in a family barbecue area, for example. We will displace it from that area. However, if someone's injecting drugs in a public toilet, displacing it from that area to an unknown location might make it more awkward. Different displacement strategies have been touched on in the CPTED presentation earlier.

If you decide that you're going to accept the drug use, you've got to apply strategies that will clear the sharps out as quickly as possible, or you put in receptacles for those sharps. In Brisbane we have a sharps sweep team that operates on a Monday morning at about four o'clock. It goes through Fortitude Valley and New Farm where most of the injecting drug use happens. The crew goes in while most people are sleeping and clear all those sharps away.

Undertaking effective analysis and evaluation

- Injecting drug use is extremely transitory
- Aim to follow the trends and proactively predict future hot spots
- Ensure the collection and analysis of statistics from all stakeholders
- Regularly review the effectiveness of the SMS

It is important to undertake effective analysis and evaluation, as injecting drug use is extremely transitory. It's also, obviously, an illegal activity. As such, users will inject where they feel safe. Once they believe that they've been found out, they will move on, so you've got to make sure that you're following those trends and patterns.

You've got to ensure the collection of analysis and statistics from stakeholders, the ones I identified earlier. You've got to make sure they keep reporting back to you. Where did you find sharps? How many were there? Were the needles capped? You've got to get all that

information. So you must establish regular, important reporting mechanisms and most importantly of all, regularly review the success of the Sharps Management Strategy.

Every year in Brisbane we get together with all nineteen affected stakeholders and with our external partners and we have a look to see if the program's working. It worked well in 1998 but we had to make some changes for 1999 and 2000. It's important to keep reviewing it.

Partnerships with NSPs, users, traders and NGOs

- Develop safe injecting and disposal materials with NSPs and user groups
- Conduct CPTED safety audits for businesses experiencing discarded sharps
- Free sharps bin trial or lighting for affected businesses
- Fund 'community' sharps bins in areas of high need or for NGOs

In terms of external partnerships, if you're going to develop safe injecting and safe disposal materials, local government can't do it alone. Out of a Melbourne conference earlier this year, a survey revealed that almost 80% of injecting drug users said they talked to their peers about illicit drug issues. Not their family, not their mum or dad, their brother or sister or their non-using friends. They talked to their peers. So if we want to reach that target group, we've got to make sure that any materials we give are appropriate to them. This is the only way that they will read them and act upon them. Not being an injecting drug user myself, I don't know what those materials should look like. So you've got to have these partnerships.

You've got to make sure safety audits are undertaken. I've undergone training so I'm able to go out into the community and undertake them. So if business is experiencing a problem we can go out and say, "You've got a problem because your lighting's poor", or "there's too much vegetation around here to hide behind". You've got to make sure you can do this.

What we did in Brisbane quite recently was establish a free sharps bin trial. Sometimes, businesses came to us with a problem and we undertook a safety audit. Occasionally, we discovered that there was a serious problem there. So we installed a bin for them and we serviced that bin for three months. After three months we received information from our bin contractor on how many needles were being disposed in them. If, after that time, there were enough needles in there, the business itself would take over the operation of that contract.

We gave free lighting fixtures to businesses where lighting was a key issue and they didn't necessarily have the profitability or the viability themselves to install it. They run the lighting; we put it in.

We also fund about 20 large sharps bins located in or around the premises of non-profit organisations across Brisbane, as they've got very limited funds and their money could be better used for clients elsewhere. So there are many innovative ways that we can work with non-profit organisations.

Work with the media and the community to dispel myths and raise awareness

- Not one incident of a BBV being contracted in a community setting
- Sharps bins do not attract drug use or other illegal activities
- Installation of a sharps bin does not condone drug use
- Blue lights do not deter drug use
- Develop safe 'handling' and bin location materials for the whole community: brochures, call centres, and 'online'

Think back to those headlines that we had a look at earlier with all of the death, killing, and shooting. Myths, all of them. There is not one incident of a blood-borne virus being

contracted in a non-medical setting anywhere in the world. Think about those headlines. Almost if you see a syringe then you should go and get a HIV check because they're just so dangerous, they're so lethal. But in reality there's not one case reported anywhere in the world. The media doesn't mind propagating the myth, but we've got to counter that because we've got the facts on our side.

Sharps bins do not attract growth of activity or use or illegal activities. It's called the honey pot effect. Some suggest that if you put a sharps bin in, then suddenly there'll 1,000 drug users and dealers, dealing around that little yellow unit. Simply not true, and no evidence to support it. The installation of a sharps bin does not condone drug use. Brisbane City Council does not condone drug use but as I'll show later on, we've installed 300 bins over the last three years. But having said this, we don't think that drug use is good. We'd much rather people weren't using drugs. But the public health hazard is the one that we must address.

Finally, blue lights do not deter drug use. We often see the blue light - sharps bin issue as a very micro-scale sort of example of zero tolerance versus harm minimisation. A blue light in a particular area is saying, "We know you're injecting here and we're not going to let you."

The blue light makes it more difficult to find the vein, but of course there are several ways around that. Drug users are used to injecting in dark places. They can find a vein if they want to. Alternatively, they might just get a nikko pen, mark their vein outside, go inside and hit that. A blue light might lead to a bigger public health hazard. It might lead to users constantly jabbing, blood spraying everywhere until they find a vein. So we install sharps bins because blue lights don't work.

We've got to work with the community so they know how to pick up sharps safely and know how to dispose safely. And they have to tell us in which format to do that. If anyone calls our Call Centre, they can be talked through the safe handling and disposal of a sharp. We've developed materials that are available in our libraries, and on-line. We've got to take the community with us as we address this problem.

Outcomes of BCC's SMS – INTERNAL

- Increased number of bins from 30 to 200 over an 18 month period
- Huge savings (in excess of 300%) through central coordination of SMS
- 70% reduction in calls for sharps collection from public spaces
- Greater awareness of sharps issues and 'autonomy' across council

Finally, we've got to be objective; we've got to be scientific about what we do in local government. We can't become emotional; we can't become subjective; we've got to find outcomes. There's got to be evidence-based theory behind what we're doing. So what have we done? What are the outcomes internally? Well, as I've said earlier we've got three hundred sharps bins now where three years ago we had thirty.

We've incurred huge savings in excess of 300% by bringing all of the affected stakeholders together. Previously, libraries had a different contract to parks, which was different to the one with major venues. We've pulled it under the one umbrella, and as a consequence of that we've got huge cost savings. And I would just say, additionally to that, what also have is a very cheap deal for private premises. Bin installation is undertaken at a much-reduced rate.

Most importantly of all, and this is the fact that I would draw most attention to. We have achieved a 70% reduction in calls for sharps from public spaces. Since our strategy was implemented, there are now 70% fewer calls with people saying, "Look, I found a sharp in the park or on the street; can you come and pick that up?"

Greater awareness of sharps issues and autonomy exists across Council. When we first started, we were very busy all the time holding people's hands and just taking them through the process. Now they're operating independently. We pull them together every year and update the information we give them and we listen to them and see what issues they've got. But then, when we move away, they go and look after their own area.

Outcomes of BCC's SMS – EXTERNAL

- Partnership with QH working in NSP at Inala
- Partnership with QH to manage outreach team, incorporating 'foot patrol', in FV
- Support and servicing of units at NGO agencies across Brisbane
- Stronger partnerships with local traders, especially licensed venues
- 150 bins installed in private settings across Brisbane

Externally, we've got a partnership with Queensland Health. It's been a very difficult partnership. It's taken some time to develop with the State Government, but what we did quite recently was write a funding submission for the NASP in Inala, which is probably the area in Brisbane most similar to Dandenong. A lot of the statistics that Rigoula Paras gave you would be relevant there. Lots of Vietnamese and non-English speaking background citizens and there was a huge injecting problem there.

The NASP itself was located in the middle of the community health centre, so you would have senior citizens coming in for bad back treatment, for example, while there were injecting drug users waiting right next to them for their needles. We moved that NASP to a more discreet location with the funding we got, close to half a million dollars, and brought in a community development worker from Brisbane City Council to stand with the Queensland Health nurse to ensure that both elements of support were provided.

In Fortitude Valley, we've got an Outreach Team, incorporating a foot patrol based on the Dandenong and Melbourne models, where officers go around giving out health promotion materials. At least during the early stages, until the community is aware of what they're doing and the benefits. They will then give out needles and sharps. That couldn't have happened three years ago or four years ago when I first came to Council.

As I've said, we support and service the bins in non-profit organisations across Brisbane and we've got much stronger partnerships with licensed venues. That's an important one that every local government should be working on. Most clubs and pubs and hotels say to you, "I don't have any drug problem in my premises, thank you. I don't need a sharps bin."

When we know that a fair share of the drug dealing takes place in some of these establishments. So you've got to develop a rapport, you've got to develop relationships, and dispel the myths that these business hold around sharps bins and injecting drug use.

And finally, we've put 150 bins, through the free trial, into premises across Brisbane including a very large cinema chain, and one or two very well known enterprises. We can make a difference. Local government can play an important role in reducing harms.

Thank you for your time and I would like to reinforce once again, if local government can't get sharps strategies right, we're in no position to advocate to other levels of Government for direct policy reform in other areas.

Thank you very much.