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Tackling drug related litter

Guidance and good practice

October 2005



**TACKLING
DRUGS
CHANGING
LIVES**



The Chartered Institution
of Wastes Management



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Food and Rural Affairs

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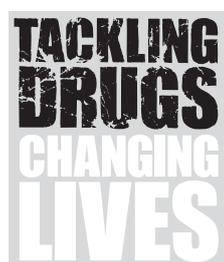
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Ministerial Foreword



Thankfully, drug related litter does not affect all of our communities. However, for those neighbourhoods that do suffer from discarded needles and syringes, the impacts are significant. Not only does drug litter create a very real fear of infection and disease, it also acts as a stark reminder of the wider harm caused by the misuse of drugs. It is important to recognise the contribution that needle exchange schemes and other drug services make to reducing that harm. However, it is also important that all local agencies recognise the need to reduce and manage drug litter, in order to serve the interests of the public.

Defra is not responsible for Government policy on drugs; instead it works closely with the Home Office and Department of Health to support their work in taking forward the National Drug Strategy. However, Defra is concerned about the impact that litter of all types has on our communities, and this is why we are issuing this guidance on reducing and managing drug related litter. In doing so, we are also responding to the very clear calls we have had from local practitioners – those who are regularly dealing with discarded needles, yet until now have done so in the absence of any clear Government guidance.

The guidance is not being issued in isolation – it forms one part of the work that Defra is doing as part of Government’s Cleaner Safer Greener Communities programme. By tackling local environmental issues, such as discarded needles, we know that people will feel safer in their community and enjoy a better quality of life. The approach is one that Government has already seen delivering great success through its Together programme to tackle anti-social behaviour and we are committed to taking this further.

As with so many local problems, the solutions lie in local organisations coming together in partnership, each contributing different elements to an overall package that will have far more impact than isolated and uncoordinated actions. Many of the examples cited in the guidance have come about through partnership working: the local cleansing manager liaising with needle exchange schemes, the drug action team providing training for local authorities and community organisations, or the police and housing association joining forces with local wardens. And the overall message is clear – where drug litter is a problem, it can only be tackled effectively by bringing local partners together.

This message is developed throughout this guidance. The advice it contains comes as a result of work across Government. Its policies are not just those of Defra, but reflect the joined-up work to which all Government Departments are committed.

I am delighted to introduce this guidance and know it will be of great value to those of you who wish to put an end to the problems of drug litter faced by our communities.

A handwritten signature in black ink, appearing to read 'Ben Bradshaw'.

Ben Bradshaw MP

Minister for Local Environment, Marine and Animal Welfare

Foreword from the Chartered Institution of Wastes Management



The Chartered Institution of Wastes Management (CIWM) has for a number of years been working with Defra and other stakeholders to ensure that drugs related litter is not forgotten, alongside all the other aspects of waste management for which local authorities and Environment Agency personnel are responsible.

CIWM has been part of the Defra working group responsible for drug related litter from its inception, and CIWM's collection, recycling and environmental cleansing special interest group has worked for a long time to get the right message across to those who have to deal with the problems including waste workers, agencies tackling drugs issues and the general public.

It is vital to implement measures that minimise the potential risk to waste workers of needlestick injuries, and that, consequently, also protect workers, their family and colleagues from the considerable worry and anxiety caused by such incidents.

The health risk to the general public of litter from drugs is actually very small, but the perceived risk is considerable, making individuals feel unsafe and negative about where they live and work – itself a major problem in terms of maintaining good community spirit.

For all these reasons, this guidance will play an extremely valuable role in providing practical, systematic guidance to those involved in tackling the problem and, very importantly, in highlighting the need to work across agencies and departments to provide the most effective response.

CIWM very much welcomes the publication of “Tackling drug related litter” and the role that it will play in ensuring that health and safety considerations are given the highest priority and that best practice is implemented in all relevant situations.

A handwritten signature in black ink that reads "Michael Philpott". The signature is written in a cursive style.

Michael Philpott
President of the Chartered Institution of Wastes Management

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Part One

1. Introduction

This guidance contains a series of recommendations for managing and reducing drug related litter (summarised at Annex A), together with examples of how its recommendations have been implemented in practice. Where local communities face drug litter problems, local agencies should respond by following this advice wherever possible.

Drug related litter is a growing problem found in a variety of locations. Where it occurs, it will often generate fear, anger, disgust and frustration. The health risks to the public from drug litter are often thought to be small – there are still no recorded incidents of a member of the public contracting a blood-borne disease from a discarded needle or syringe¹. However, it has also been found that discarded needles can be infected with active Hepatitis B or C Virus at rates of up to 10%, indicating a risk that, whilst low, is still present². The risk will be higher for those responsible for carrying out work, such as cleansing or grounds maintenance, where they may come into contact with discarded needles.

Whatever the actual health risks, it is clear that the public perceives those risks to be far higher. The presence of drug litter in an area indicates wider problems of drug use that undermine communities throughout the country. Drug problems are most serious in those communities where social exclusion is acute, and where people lack the will or the resources to control or manage drug problems. It is therefore important that local organisations come together to provide a response to this issue in order to improve and protect the communities they serve.

Litter related to drug use can cover a range of materials – syringes, foils, swabs, spoons, plastic bottles and cans. It also includes inappropriately discarded prescription and over the counter medicines. Taking the widest view, we could also include discarded clothes, mattresses and other belongings, as well as 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.

Clearly then, there is a wide range of materials that may be associated with drug use and which service providers should be prepared to encounter and deal with when addressing these issues. However, the greatest concern is with injecting equipment, which poses health risks to injecting drug users (who may reuse or share it), members of the public and those whose job it is to clean up and dispose of drug litter. Therefore, whilst this guide is concerned with all drug related litter, most attention will be paid to discarded injecting equipment – needles, syringes, cups, swabs, filters, spoons and so on (although the terms 'needle' and 'syringe' are used here as a short hand and to represent the types of drug litter of most common concern to the public).

¹ See *Needle and Syringe Programs – A Review of the Evidence*, ANCAHRD publications 2000, p. 18 (www.ancahrd.org/pubs/pdfs/needlequest.pdf). This also provides wider evidence of the public health benefits of needle exchange programmes.

² Sharps discarded in inner city parks and playgrounds – risk of bloodborne virus exposure', *Communicable Disease and Public Health* 2004, 7: 287-288. (www.hpa.org.uk/cdph/issues/CDPHVol7/no4/drug1_4_04.pdf). The survival of these viruses, and HIV, in discarded needles depends on a variety of factors and is longest for Hepatitis B Virus.

Just as the materials themselves vary, so do the locations in which they are found. Findings from the latest survey by ENCAMS show needles found in parks and playing fields, public toilets, footpaths, car parks, school grounds, churchyards and on beaches³.

Since drug litter is found in these varied locations, there will be a variety of people that come into contact with it – both among the public and among professional organisations. This is one of the reasons why it is vital to join-up as widely as possible when putting in place systems to manage and reduce the problem.

What the guidance covers

The guidance is set out in two parts. The first puts the issue in its wider context and provides guidance on current legislation, research and advice that are of relevance. Part two focuses on steps that can be taken to reduce and manage the problem. **It highlights the need to work across agencies and departments in order to provide the most effective response.**

Who the guidance is for

The guidance is intended for all those who deal with drug related litter as part of their work or who can contribute to its reduction. Many of these will be working for, or on behalf of, local authorities – street cleansing operatives, parks staff, wardens, car park inspectors, housing caretakers etc. But the guidance is not restricted to local authorities – it is crucial that a wide range of agencies work together at the local level, and so the guidance is also for those working for housing organisations, hostels, care centres, the Police and community groups (particularly those involved in clean-up activities who may come into contact with discarded needles) or in partnership through Crime and Disorder Reduction Partnerships, Drug Action Teams and town centre partnerships.

Given the need to tackle the problem at source, the guidance also contains advice for agencies who supply injecting equipment and other items to injecting drug users to reduce the risks of viral transmission and other drug related harm and those who commission such services. This includes needle exchanges, specialist drug agencies, pharmacies and other outlets for injecting equipment.

The guidance sets out the advice of Central Government on how to manage and reduce the problem of drug related litter. For those agencies already working together to tackle the problem, it is hoped that there will be suggestions and information here that will add value to the work already being carried out. The guidance is one outcome of the work of a cross-government working group, pilot work co-ordinated by ENCAMS in the South West, comments and consultation with stakeholders, including the Chartered Institution of Wastes Management and the Local Government Association, and advice and discussion with experts and practitioners both in the UK and abroad. However, it does not pretend to give all the answers, nor will its advice suit every local circumstance – **the recommendations should be taken on board within your local context and to suit local needs.**

³ The 2004/5 survey is available from www.encams.org

2. Context

As with any litter problem, preventing the litter at source is the most effective long-term solution. For drug litter, reducing and preventing illegal drug use will be the most effective and sustainable way to solve the problem (although not all drug litter arises from illegal drug use). However, it is equally clear that this is a difficult, long-term challenge and that the Government's continued drive to tackle drugs should be complemented by further solutions at the local level.

The Government's Drug Strategy, published in 1998 and updated in 2002, covers four main strands⁴:

- Young people – reducing drug use among young people and preventing them from becoming the problematic drug users of tomorrow;
- Supply – having a sustained impact on the supply of Class A drugs to the UK and availability within its communities;
- Reducing drug-related crime – reducing drug-related crime and its impact on communities by directing drug misusing offenders out of crime and into treatment; and
- Treatment – providing treatment for people with drug problems to help them live healthy and crime-free lives.

Progress against these key strands of work and further planned action for the period to 2008 has been set out in the 2004 cross-Government report *Tackling Drugs. Changing Lives*⁵.

There are clear links with the issue of drug related litter in the latter two strands of the Drug Strategy. For communities, incidents of drug litter are an unwelcome reminder of the wider drug problems they face. Drug litter contributes to the negative image of drug users often held by the public. Helping to manage and reduce the problem will be one part of reducing the impact of drugs on our communities.

Harm reduction, within the wider theme of treatment, is also important to consider in attempts to manage and reduce drug related litter. Needle Exchange Schemes have played a vital role in controlling the spread of blood-borne diseases, such as HIV, Hepatitis B and C. There is clear evidence that sharing needles and other paraphernalia increases the spread of these diseases, and that sharing is reduced where there is a reliable supply of clean needles and other injecting equipment⁶. International comparisons show a sharp contrast between fast growth in HIV prevalence rates for areas without widely available sterile injecting equipment and stabilised or decreasing rates in areas where availability is widespread⁷. Estimates of the benefits of exchange schemes in Australia showed that by the year 2000 they had prevented around 25,000 cases of HIV and saved \$373 million⁸, whilst a study in New Zealand estimated that every \$1 spent on needle exchange saved \$3.35 in healthcare costs⁹.

⁴ www.drugs.gov.uk/ReportsandPublications/NationalStrategy/1038840683

⁵ www.drugs.gov.uk/ReportsandPublications/NationalStrategy/1101307094/ChangingLives.pdf

⁶ See the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Annual Report 2004 (<http://annualreport.emcdda.eu.int/en/home-en.html>); the Department of Health.

⁷ See http://www.exchangesupplies.org/publications/safer_injecting_briefing/section2.html#top

⁸ See www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-metadata-roireport.htm.

⁹ www.needle.co.nz/fastpage/fpengine.php/templateid/24. Further evidence on the benefits of needle exchange programmes can be found at www.drugwarfacts.org/syringee.htm

Needle exchange has been widely available for some time in the UK as part of a hierarchy of goals that includes persuading addicts to stop sharing injecting equipment, moving from injecting to oral drug use, decreasing drug use, and abstaining from illegal drugs. Well over 90% of Primary Care Trusts in England offer needle exchange services. For example, HIV transmission as a result of injecting drug use accounted for only 2% of diagnoses reported in 2003 in the UK.

Although there are no precise figures available on the current number of injecting drug users in the UK, the prevalence rates have been estimated¹⁰. A recent estimate for Scotland put the number at 23,000, which represents a prevalence rate of 0.8% among those aged 15 to 54. Estimated figures for selected cities in England indicate higher prevalence rates, but cities are likely to show prevalence rates which are higher than the national average.

It should also be noted that problems with drug related litter often occur together with those from sex related litter, as there are sometimes close links between illegal drug and sex markets and activities. The two problems share many of the same risk factors and it is estimated that women involved in street prostitution spend between 75% and 100% of their income on drugs¹¹. For this reason, some drug services include within their remit services for sex workers. Some of the drug litter services cited later in this guide, such as those set up in Camden and Bristol, have chosen to provide a joint response to both types of litter. In Bristol, early figures show that 42% of reports to the hotline involve sex related litter.

Recommendation – When setting up a new service to respond to drug related litter (or reviewing existing services), evaluate the need for provision on sex related litter and consider a combined service, where this need exists. The same consideration should be given to wider drug services.

¹⁰ For example in Frischer et al, 'A comparison of different methods for estimating the prevalence of problematic drug misuse in Great Britain', *Addiction* 2001, **96**: 1465-1476.

¹¹ See May T, Edmunds, M and Hough, M (1999) 'Street business: Links Between Sex and Drug Markets', Crime Prevention Series, Home Office.

3. Legislation

As with any guide to legislation, this section does not constitute legal advice and should not be relied upon as a complete explanation of the legal issues involved. If any matter is to be acted upon, the full texts of the relevant acts, instruments, guidance or other documents should be consulted. This section does not cover local legislation that may be in place, such as London Local Authority Acts.

3.1 Litter legislation

The key piece of legislation governing litter in the UK is the Environmental Protection Act 1990 (EPA 1990)¹². Part IV of this Act sets out a duty for certain local authorities (defined as “principal litter authorities”) to keep ‘relevant land’ clear of litter and refuse. Relevant land is defined in section 86, and broadly speaking includes all land directly controlled by the principal litter authority to which the public have access. The standards that the authorities are expected to meet in discharging this duty are set out in the Code of Practice on Litter and Refuse (second edition, 1999)¹³ issued by the Secretary of State under section 89(7).

The Code sets out response times by which principal litter authorities should have cleared litter, and these vary depending on the type of land. There is no specific reference to drug related litter in the Code, although it does state that “where there is an accumulation of material that is potentially hazardous to health... duty bodies should make every effort to remove this within a shorter timescale than set out in the table”. The vast majority of local authorities have (either informally or formally) far quicker response times for removing drug litter than those set out in the Code¹⁴. Defra is currently reviewing the Code, with the intention of issuing a revised version in 2006.

For land that is not under the direct control of the local authority, there are other legislative options, although they are more widely scattered across the statute book. A list of legislation that can be used for private land is available at Annex A of the Code of Practice referred to above. For dealing with drug litter, there are three powers in particular that may be of use¹⁵:

1. (a) Litter Control Areas. These powers are described at section 90 of EPA 1990 and allow a principal litter authority to designate land within their area as “litter control areas” further to which there arises a duty (under section 89(1)(g)) on the occupier of certain categories of land within such an area to ensure it is kept free of litter and refuse. The categories of land capable of being designated as litter control areas are set out in Statutory Instruments¹⁶. If there are problems with drug related litter (or other types of litter) in an area that falls within the prescribed categories, then a local authority can use the Litter Control Area power to impose a duty on the occupier of the land to remove the litter (or arrange for it to be removed).

¹² www.opsi.gov.uk/acts/acts1990/Ukpga_19900043_en_5.htm#mdiv86

¹³ www.defra.gov.uk/environment/localenv/litter/code/index.htm

¹⁴ See ENCAMS 2004-5 survey on drug related litter (www.encams.org).

¹⁵ Other powers for dealing with litter on private land are set out in Annex A of the Code of Practice on Litter and Refuse (reference above).

¹⁶ Litter Control Areas Order 1991 (SI 1991/1325), www.opsi.gov.uk/si/si1991/Uksi_19911325_en_1.htm and Litter Control Areas (Amendment) Order 1997 (SI 1997/633), www.opsi.gov.uk/si/si1997/97063301.htm

(b) Litter Clearing Notices. The Clean Neighbourhoods and Environment Act 2005 will repeal the Litter Control Area powers in the EPA 1990 and replace them with a more wide-ranging power to use Litter Clearing Notices¹⁷ in relation to “any land in its area which is open to the air” (under sections 92A – 92C EPA 1990). This will allow principal litter authorities to issue a notice requiring a land owner or occupier to clear their land within a given period and take steps to prevent future defacement. This change is expected to be implemented in Spring 2006 and the Government will issue full guidance on the new legislation before it comes into force.

2. Section 215 of the Town and Country Planning Act 1990¹⁸, sets out the power for a local planning authority to serve a notice on the owner and occupier of land where they deem its condition to be adversely affecting the amenity of the neighbourhood, requiring that person to take action to remedy the condition of the land. This power has been used to tackle litter on private land, such as private gardens that are heavily littered. The power could be used to deal with problems of discarded needles on private land, where these fit within the description of adversely affecting amenity. Guidance on the use of section 215 has recently been issued by the Office of the Deputy Prime Minister¹⁹.

Local authorities are also able to use the power to promote well-being, set out at section 2 of the Local Government Act 2000²⁰. This is a wide-ranging power, allowing authorities to do anything they consider will promote or improve the economic, social or environmental well-being of their area or any part of it. Whilst restrictions apply, the scope of actions that can be taken is still considerable. Where local authorities feel frustrated by a lack of powers, the power to promote well-being may be explored to deal with drug related litter (as it can for dealing with any other issue).

For principal litter authorities that are failing to fulfil their duties under EPA 1990, the mechanism for holding them to account is set out at section 91 of the Act, whereby any person can apply via the magistrates court for a litter abatement order that would require the authority to clear up the litter in a specified time. However, members of the public should in the first instance report the problem to the local council, since in practice most problems are resolved by local authorities without the need for court proceedings. The litter abatement order provides a ‘last resort’ for cases where the cleansing duty is not being met and standard complaints procedures prove ineffective.

3.2 Further legislation

This document does not provide a guide to drug legislation. However, local partnerships should be aware of the relevant drug legislation when setting out plans to deal with drug litter. Enforcement can be an option when seeking to tackle drug markets and their consequences. In particular, the Anti-social Behaviour Act 2003 introduced new powers to control properties or locations where the sale, use or production of Class A drugs is related to serious nuisance and disorder²¹. The monitoring of drug litter around such premises may form part of the evidence for

¹⁷ www.opsi.gov.uk/acts/acts2005/50016--d.htm#20

¹⁸ www.opsi.gov.uk/acts/acts1990/Ukpga_19900008_en_12.htm#mdiv215

¹⁹ www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_034817.pdf

²⁰ www.opsi.gov.uk/acts/acts2000/00022--b.htm#2

²¹ www.opsi.gov.uk/acts/acts2003/30038--b.htm#1 and guidance at www.drugs.gov.uk/ReportsandPublications/Communities/1089992879

the nuisance and disorder it causes. Both the Government's drug strategy website and its crime reduction website contain further guidance on dealing with drug markets²².

Partnerships will also need to be aware of legislation that covers the possession of drugs, particularly the Misuse of Drugs Act 1971 and its subsequent amendments (see box)²³. This will be important for any service that is dealing with used needles, as well as for users that are returning needles, since trace amounts of illegal drugs may still be present. Involving the police at an early stage is the best way of ensuring that all parties are clear on how the legislation will be enforced.

Recommendation – establish an agreement or protocol between the Police and local agencies regarding the possession of used needles and drug paraphernalia.

Greater Manchester Police Needle Exchange Scheme Policy

Greater Manchester Police has recognised the need to take a holistic approach to drug issues and supports the work of local agencies that aim to get users into treatment rather than pursue arrests for minor offences. The Chief Constable has issued an order that sets out the force policy on those returning used needles to exchange schemes. It states that:

“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.” It is recognised that a written instruction cannot cover all the circumstances likely to be encountered, however, officers should act according to the ‘intent’ of the policy, that is ‘not to arrest a person who is merely attending a centre to exchange a needle’²⁴.

The Misuse of Drugs Act 1971 and housing services

Section 8(d) of the Misuse of Drugs Act 1971 was amended by Section 38 of the Criminal Justice and Police Act 2001 to extend its scope beyond cannabis and opium to all controlled drugs²⁵. However, the amendment was never actually brought into force. During the consultation exercise it was clear that professionals working in the treatment and harm reduction sector felt that the amendment might leave them open to prosecution. The Drugs Act 2005 included a repeal of s.38²⁶. The repeal commenced in the summer of 2005. In effect section 8 (d) has remained unaltered.

Providing sharps boxes or needles for users in itself does not constitute ‘knowingly allowing’ under section 8 (d).

If a hostel or day centre is allowing other behaviour that involves use or supply of certain controlled drugs, then it is possible that prosecution could result. However, supplying needles alone cannot constitute grounds for charges being brought. There is no risk of prosecution from simply providing users with sharps nor from providing opportunities to return them safely.

²² www.drugs.gov.uk and www.crimereduction.gov.uk. Specific documents are referred to in the ‘further information’ section below.

²³ www.homeoffice.gov.uk/drugs/misuse/index.html

²⁴ Chief Constable's Order 90/38.

²⁵ www.opsi.gov.uk/acts/acts2001/10016--d.htm#38

²⁶ www.opsi.gov.uk/acts/acts2005/20050017.htm

The powers in the Anti-social Behaviour Act 2003 make it possible for the police to close premises which have been shown to have a combination of a serious nuisance and disorder combined with the use, supply or production of Class A drugs, as defined by the Misuse of Drugs Act²⁷. On their own, the supply of needles could not be shown to constitute such nuisance. This law does not prevent the supply of clean needles or acceptance of returns.

In considering a response to the problem of drug litter, it is important for local agencies to consider section 17 of the Crime and Disorder Act 1998²⁸. This section places local authorities, police authorities and fire and rescue authorities under a duty to exercise their functions with regard to the reduction of crime and disorder within their area. Full compliance with this duty will include a focus on reducing illegal drug supply and use, through a range of measures targeted at both the people and places involved (or at risk of becoming involved) in substance misuse. The section 17 duty also covers parish and town councils, and the section below on partnership suggests a role for these organisations in tackling drug litter²⁹.

As with the other elements of this guidance, working through the Crime and Disorder Reduction Partnership will be the ideal way to ensure that partners fulfil their section 17 duty with regard to drug litter and the wider drug problems faced by communities.

3.3 The use of enforcement

Defra is very clear that for litter in general, enforcement must be an element of any plan to tackle the problem. However, there are complications in the case of drug related litter and these should be taken into account. The legislative route may well be appropriate to use in order to clear land of drug litter, although it should be kept in mind that most land owners and occupiers will be innocent victims. Some local authorities, such as Camden in London, choose to tackle needles on private land through providing an extended collection service for which a charge is made by agreement with local businesses. A cooperative approach of this type can often be more productive than seeking to use enforcement powers.

In terms of using enforcement to target the perpetrator, then for drug litter this becomes particularly problematic. Local authorities should carefully consider within their enforcement policies whether they wish to issue fixed penalty notices for littering to drug users. In doing so, they should keep in mind that:

- At the point when drug litter is discarded, users may not be in a suitable state to engage with enforcement officers;
- Approaching a drug user in this state would place enforcement officers at additional risk; and
- Some drug users are unlikely to have the means to pay a fixed penalty or, if prosecuted, a court fine.

²⁷ www.opsi.gov.uk/acts/acts2003/30038--b.htm#1

²⁸ www.opsi.gov.uk/acts/acts1998/98037--b.htm#17 and amended by the Fire and Rescue Services Act 2004 (www.opsi.gov.uk/acts/acts2004/40021--i.htm#sch1).

²⁹ Further guidance on section 17 is available at www.crimereduction.gov.uk/legislation26. This includes guidance for town and parish councils.

It is also very unlikely that drug users would inject themselves (and discard used works) in view of those in authority who could enforce the litter laws.

For drug litter, unlike other forms of littering, enforcement is best left to the Police who can take action within the wider context of their work to tackle the supply of drugs and those dealing and causing harm to communities.

3.4 Waste regulations

Recommendation – liaise with your local Environment Agency office (call 0845 9333111 for details) at the earliest opportunity in order to determine what regulations apply and how these will be enforced.

Those collecting, carrying, storing, transferring and disposing of used needles and syringes should be aware of the regulations that govern waste of this type. The introduction of new Hazardous Waste Regulations from 16th July 2005, together with further changes to waste management, have imposed new requirements on many people who deal with waste associated with drug use. Comprehensive guidance on the new Regulations can be found on the Environment Agency's hazardous waste pages³⁰. Furthermore, exemptions from waste management licensing which cover hazardous wastes, including exemptions used by exchange schemes and other services, are currently under review. The outcomes of this review could impact on the way in which the Environment Agency regulates such schemes from early 2006.

Hazardous waste – sources of information

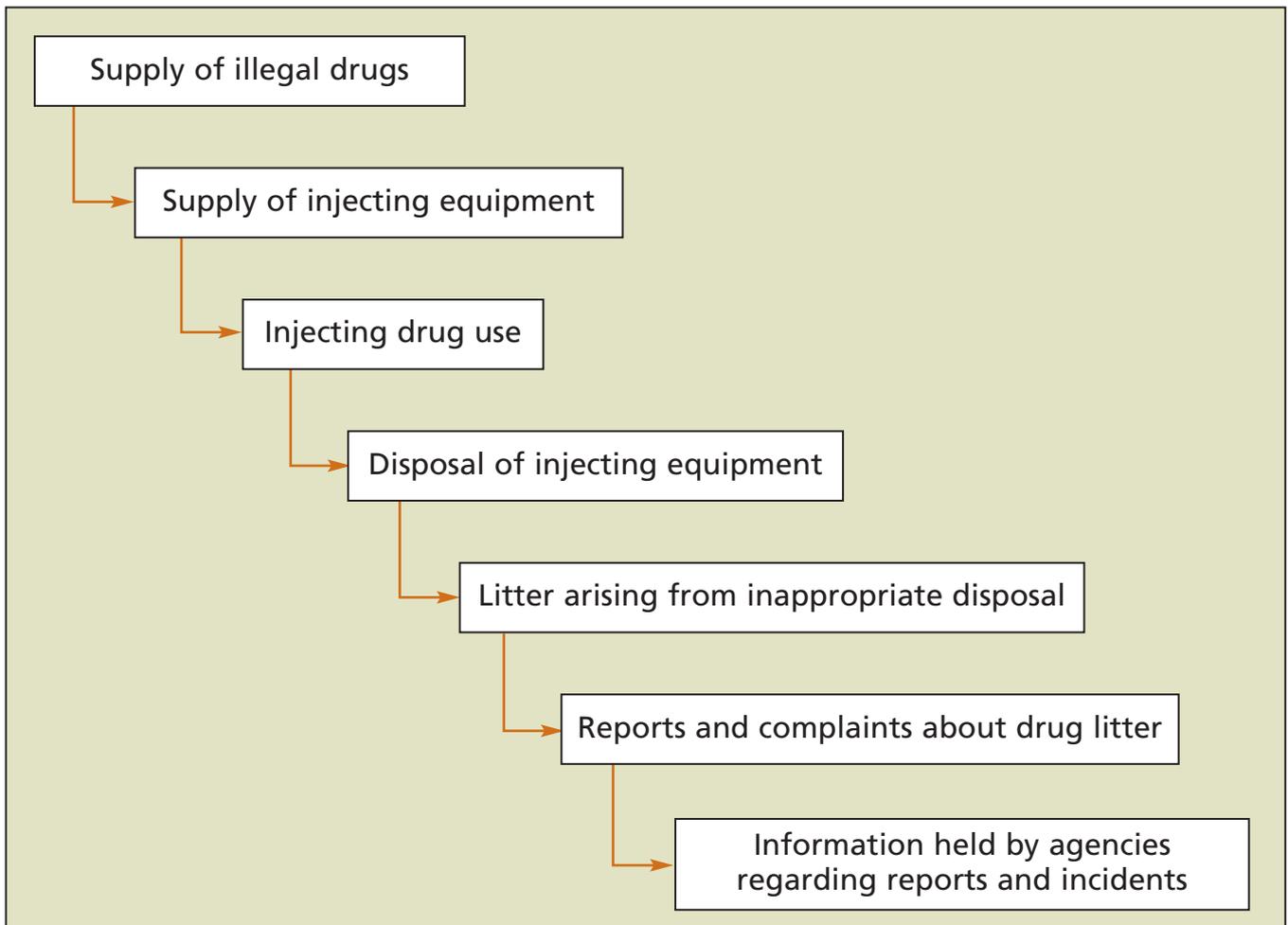
- A dedicated website on hazardous waste can be found at www.hazardouswaste.org.uk. The site provides key information relating to changes in hazardous waste legislation providing updates, guidance, a comprehensive 'Frequently Asked Questions' and contacts so you can find the support which best suits your needs.
- Information can be obtained from the Environment Agency on 08708 506 506 or enquiries@environment-agency.gov.uk
- Guidelines and further information for small businesses are available on the NetRegs website; the free online portal for small businesses providing clear guidance on the regulations governing business activities as well as information on forthcoming legislation and good practice advice www.netregs.gov.uk
- The Environmental Services Association is the trade association representing the UK's waste management sector. For further information, including a database of ESA's member companies see www.esauk.org
- The Chartered Institution of Wastes Management is the professional body for waste and resource management. For further information see www.ciwm.co.uk or call 01604 620426.
- For a free site visit followed by support and advice on waste minimisation contact Envirowise. For more details see www.envirowise.gov.uk
- UK companies can call the Environment and Energy helpline free on 0800 585 794.

³⁰ www.environment-agency.gov.uk/subjects/waste/1019330/1029396/?lang=_e

Part Two

4. Overview

To tackle drug related litter effectively, one needs to look at the range of interventions and solutions that may be possible at different stages of a sequence, ranging from initial supply through to disposal and clean-up³¹. This guidance will consider each stage along the continuum and what steps can be taken.



As with any litter problem, early interventions are better than those at later stages, and Government is tackling the supply of illegal drugs through its Drug Strategy (see above)³². However, given the long-term nature of the work necessary to reduce illegal drug use, the reality is that action will be needed to tackle later stages of the sequence as well.

³¹ See pp. 61-2 AIVL National Injecting Equipment Disposal Study, Australian Injecting and Illicit Drug Users League 2002 (www.aivl.org.au/files/AIVLNationalDisposalStudyReport.pdf).

³² Not all drug litter will arise from the use of illegal drugs – it can include carelessly discarded needles and other paraphernalia from prescription drugs. However, it is thought that the majority of drug litter found is due to the use of illegal drugs.

The following summary sets out the key steps that should be taken to manage and reduce drug related litter. Each one is developed more fully in the rest of the guidance. The steps are those that should be taken once it has been established that a problem with drug litter exists. Evidence for this could come from complaint data, reported needles finds and incidents, the Crime and Disorder Reduction Partnership's audit, crime data or from other anecdotal reports.

Partnership

Draw up list of key partners, including relevant departments within organisations; host within DAT/CDRP structure if possible; and agree an action plan with clear responsibilities and timescales.



Monitoring

Agree monitoring and reporting protocols; make information available across the partnership; and map data wherever possible.



Training

Hold joint training across agencies and departments; and ensure all staff are equipped as appropriate.



Service delivery

Review current service provision; set clear service standards and agree service level agreement where appropriate; promote hotline; provide 24 hour cover wherever possible; and encourage exchange schemes to maximise return rates.



Design

Take proactive measures around hotspot areas; consider installing sharps bins; and make general public space improvements to minimise anti-social behaviour.



Public information

Provide clear guidance and hotline number for the public.



Review and evaluate

Hold regular partnership meetings; review hotspots; and evaluate action plan.

5. Working in partnership

Working in partnership is the key to the effective management and reduction of drug related litter. Whatever range of approaches are taken, they will all be far more effective when undertaken in partnership. There are a wide range of agencies and organisations that will come into contact with the issue, and all will have some part to play in reducing the problem and its wider impacts.

5.1 Why bother?

There are a number of reasons why working together will deliver better results than failing to join-up. All of them are related to the idea that, as with any litter issue, there are a range of interventions possible to manage and reduce the problem. However, unlike other forms of litter, many of these interventions will need to be carried out by different partners. For example, a local authority cleansing manager may be able to implement a first class cleansing response, but will not be in a position to encourage and foster the peer education and sanctions among users that are necessary to reduce the amount of needles discarded in the first place. Similarly, drug workers that are in a position to work with users will not be able to improve bin provision and introduce cleansing hotlines without a partnership in place.

Where training is needed for frontline staff, this can be delivered more efficiently by bringing together staff from across departments and organisations. Joint training of this sort can perform the further role of helping to develop and strengthen the partnership itself, simply by bringing people together. Joined-up monitoring and information sharing is a particular area where gains can be made, and this is developed further below.

However, as with any partnership work, there will be barriers and difficulties encountered in making it work and effort from all sides will be required to overcome these. It should also be noted that in tackling a problem like drug related litter, each partner is likely to be driven by delivering objectives of importance to them. It is important to recognise this, and some of the motivations for different types of partner are set out in the next section.

Benefits of partnership working

Organisations will benefit from partnership working through better delivery of shared and overlapping objectives to improve local community safety, environmental quality and tackle substance misuse.

This can be achieved through:

- Cross-agency information exchange;
- Identification of hotspots and targeted activities to tackle them;
- Sharing resources;
- Common training;
- Better informed design solutions; and
- Clear and consistent dialogue with the public.

5.2 Which partnership?

Each area in England is covered by a Crime and Disorder Reduction Partnership (CDRP) and Drug Action Team (DAT). In unitary local authority areas, CDRPs and DATs should be working as one integrated partnership and in two-tier (county and district) local authority areas, they should also be working closely together. In Wales, Community Safety Partnerships perform the functions of both. Working through the CDRP/DAT to tackle drug related litter has the following advantages:

- Many of the key partners (health, local authorities, police) are already actively involved;
- Through the range of partners involved, the CDRP/DAT is well placed to intervene in many aspects of the drug litter problem, from the supply of equipment through to the cleansing and disposal of litter;
- Partnerships have a statutory duty to assess the level and nature of local crime, disorder and misuse of drugs problems and to implement a strategy for tackling them;
- The CDRP/DAT should have well established links with the Local Strategic Partnership, which in turn is responsible for ensuring wider community wellbeing and driving forward regeneration;
- A number of partnerships are already addressing drug litter problems (see box); and
- Working through an existing partnership avoids setting up a new one.

Whilst this work will ideally take place through the CDRP/DAT (and should at the very least ensure good links with these partnerships), the most important factor in bringing a partnership together is that the right partners are present, committed and engaged.

Tackling drug litter through the Crime and Disorder Reduction Partnership and Drug Action Team

- In Torbay, drug related litter work is taking place through the Safer Communities Torbay partnership, which includes the Drug and Alcohol Action Team and Crime and Disorder Reduction Partnership for the Torbay area.
- In Camden, the Drug Action Response Team gives regular reports to the Drug Operational Group within the CDRP/DAT structure.
- In Bristol, a Drug and Sex Litter group works as a sub-group within the wider Safer Bristol Partnership (Bristol's Crime and Disorder Reduction Partnership).

In each case, local action is more effective as a result of the coordination achieved through working in partnership.

Part Two

5.3 What partners?

The following table sets out the main partners that should be involved in any plan to manage and reduce drug related litter, together with the roles they can play. There will be further local partners that vary with location and partnerships should not feel limited to those organisations listed below. It is important that partnerships seek involvement from beyond the professional sector, for example by including drug users and community groups who will have a part to play.

The Crime and Disorder Partnership is not listed as an organisation here, since its role will be a coordinating one, bringing the following partners together to carry out the roles described.

Who	Why get involved	Roles	Comment
Local authority – cleansing/waste	Duty and powers to keep streets clean. Protection of the public and cleansing/waste staff. Training and equipment likely to be in place.	Clearing discarded needles; carrying out litter campaigns, education and enforcement; identifying hotspots.	Enforcement role unlikely to be appropriate for this form of litter.
Local authority – housing	Protect residents and housing staff; protect and maintain amenity of housing stock.	Clearing and reporting discarded needles; sharing information on known users and hotspots.	Role will vary depending on how/if housing function and stock has been transferred.
Local authority – parks/leisure	Protect park users and staff; protect and maintain amenity of parks.	Clearing and reporting discarded needles; sharing information on known users and hotspots.	
Police	Reassurance and reduction in fear of crime; drug litter as signal of wider crime and disorder; information on drug use patterns.	Share information on hotspots; carry out appropriate enforcement; encourage responsible disposal among users; provide local partnership with clear guidance on search and arrest procedures.	
Drug (and Alcohol) Action Team	Commission treatment and other services for injecting drug users to help stop injecting and reduce the harms associated with injecting.	Important local links with wider work on drugs; to commission appropriate treatment for injecting drug users who wish to stop injecting and those who cannot; coordinate provision of needle exchange with treatment provision.	Will be joint with CDRP in unitary areas. Likely to play more of a facilitation role in two-tier counties, where the DAT will be county-wide covering a number of CDRPs.
Drug (and Alcohol) Reference Group	Delivery of drug (and alcohol) strategies.	Information sharing; using drug strategies to help reduce and manage drug litter.	
Needle Exchange Schemes and other treatment services	Impact of drug litter on community can undermine support for schemes; responsibility to encourage safe disposal of equipment issued.	Encourage users to return or safely dispose of needles and other injecting equipment; provide safe disposal mechanisms; monitor return rates and share information; disseminate information among users and refer to treatment.	Further guidance on the role of these services is given below.

Who	Why get involved	Roles	Comment
Drug users and user groups	Responsible for the disposal of injecting equipment.	Understanding of safe disposal and barriers to appropriate disposal; peer education on safe disposal.	
Housing providers, including hostels	Protect residents and housing staff; protect and maintain amenity of housing stock.	Report needle finds; encourage responsible disposal; provide sharps bins where appropriate.	
Primary Care Trust	Provision of healthcare services, including needle exchange services and pharmacy based schemes.	Advise on local health issues and plans; facilitate and encourage schemes as appropriate to reach their local client base.	
Warden schemes	Remit to improve local environmental quality and reduce fear of crime.	'Eyes and ears' – reporting needle finds and other drug related activity; engaging the community and, where appropriate, drug users.	
Community and volunteer groups	Interest in well-being of the area.	Litter clearance and environmental improvements; reporting and monitoring; training for volunteers; local campaigns.	Important for statutory agencies to provide these groups with appropriate training.
Local businesses and town centre management	Needle finds bad for business; areas around premises may be regularly used for injecting.	Reporting needles on private property; taking proactive steps to clear land and eliminate hotspots through design.	Business Improvement Districts (BIDS) likely to become a focal point for business engagement in improving town centre environments.
Parish and town councils	Improve quality of life of residents; section 17 duty to have regard to local crime and disorder.	Provision of services such as lighting, gating, CCTV, park and litter wardens.	Role will vary according to size of council as many are small with limited resources.
Fire service	Statutory partner in CDRPs; tackle sources of litter that can lead to fires.	Information sharing; input into design improvements.	
Education	Inform young people of steps to take when encountering sharps; reduce fear of risks.	Facilitate work with schools and colleges.	

Partnership in action in Nottinghamshire

Partnership working in Nottinghamshire led to the county being the first to appoint a Community Needle and Syringe Co-ordinator. The co-ordinator's role included media campaigns, preparation and dissemination of public information about needles, providing training and promoting drug related services. The partnership backing the post included the Drug & Alcohol Action Team, all local authorities in the county, health services, the Police, community organisations and the local education authorities.

Contact: Sarah Peet, Nottinghamshire County Drug and Alcohol Action Team
(sarah.peet@newarksherwood-pct.nhs.uk)

6. Making a plan

Recommendation – where drug related litter is identified as a problem, agencies in an area should prepare one joint plan to tackle it, clearly identifying all relevant stakeholders signed up to specific roles.

In order for a partnership to deliver action, it will need to put together a plan for the management and reduction of drug related litter in its area. The benefits of preparing a plan include:

- Partners can clearly identify their roles and the roles of others;
- The range of solutions outlined above can be brought together into a single plan;
- Policy lines can be set out for all partners to follow;
- Clear common aims and objectives can be set;
- Structure is given to the work and partners can be held to account;
- Resource implications can be assessed; and
- Agencies can demonstrate to local communities that action is being taken.

Whilst it will help communication to publish any plan drawn up, the style and structure of the plan is of secondary importance to its content. An effective local plan should:

- Establish baselines and set targets for litter reduction and improved management;
- Describe how targets and actions will be monitored, and by whom;
- Outline the role of key partners and their commitments. Identify further stakeholders (e.g. businesses around hotspots) and how they will be involved;
- Make links with existing Crime and Disorder and Drug strategies for the area, and identify the contribution the plan will make to wider local and national targets, for example on reducing the fear of crime;
- Implement a joint system for monitoring needle finds and sharing information;
- Set out a joint communications plan that will include public information measures, education and campaigns where appropriate; and
- Measures to improve service response, such as hotlines, specialised collection, sharps bins and training.

Drug litter management plans

Brighton & Hove Drug and Alcohol Action Team has prepared a draft Drug Litter Policy currently under consideration by the City Council. It includes clear guidance for the range of staff that might come into contact with sharps, the steps that have and can be taken to reduce and manage the problem, such as sharps boxes in toilets, exchange schemes and improving design in parks.

Contact: John Patience: Brighton Drug Action Team (john.patience@brighton-hove.gov.uk)

Although excellent work is already underway in a number of areas in the UK, some of the most developed examples of good management plans come from Australia. These include a very comprehensive Community Sharps Management handbook for Local Government for Queensland, and a Syringe Management Plan for Sydney³³. Despite some differences in legislation, the majority of the Australian work is applicable here and is well worth consulting.

³³ www.cityofsydney.nsw.gov.au/Community/Safety/DrugSafety.asp and www.lgaq.asn.au/lgaq/resources/Publications/CommSharpsMment2.pdf

7. Monitoring

Recommendation – coordinate the reporting of discarded needles across all local agencies and departments in order to establish a true picture of the extent, location and nature of the problem.

Whilst it may have become a cliché to say that what we don't measure we can't manage, approaches taken at the local level to capture and utilise information still vary widely. This does not apply just to drug litter, but management of public space in general. However, with drug litter the problems are exacerbated by the need to liaise across so many different departments and organisations in order to build up an accurate picture. This will bring with it problems both in terms of coordination and also in bringing together potentially different monitoring and reporting systems, that may use different software or technologies. Therefore, working towards a common, joined-up system that will reflect needle finds across the whole area will not be straightforward, but it is well worth the effort. Annex B contains details of a system that may be used by local partnerships to assist with this coordination.

The benefits of systematic and coordinated monitoring include:

- Information can be shared across agencies, allowing interventions to take place more effectively;
- Sustained service improvements will only come about based on good quality management information;
- It allows all organisations within the partnership to demonstrate progress, since monitoring allows baselines and targets to be set;
- It will identify particular hot spots where action can then be targeted. For example, outreach services can be commissioned on the basis of hotspot information;
- It can help track the movement of drug markets and users across an area; and
- Information can be mapped against other data, such as crime or health figures, to give a fuller picture of the issues and how they relate.

Using hot spot information in Torbay

Working across agencies, information about drug litter in Torbay has shown those areas with the largest problems. This has been used to:

- Inform service delivery in the district, for example staffing and surveillance in car parks;
- Provide evidence for funding of core activities;
- Drive forward design improvements, particularly in and around public toilets;
- Inform awareness raising campaigns;
- Inform the development of a community warden scheme; and
- To demonstrate to providers of drug services evidence of problem areas in their vicinity.

More details about Torbay's work can be found on the Defra website³⁴.

³⁴ www.defra.gov.uk/environment/localenv/litter/index.htm

Part Two

In putting together a monitoring system, the following factors should be kept in mind:

- Putting something basic in place can still be of value. Systems can always be developed further as users' needs become clear and as partnerships grow;
- Build in accurate mapping information as early as possible as this will ensure the widest compatibility of the information across agencies;
- The best available technology should be used wherever possible. However, lack of sophisticated systems should not be an excuse for failing to monitor. A photocopied map of the district with needle finds roughly plotted will still be of use to drug services and the police;
- Wherever possible, data recorded should include reference to the type of location where needles have been found. For example, large numbers of needles may be found when house clearances occur, but this data should not be treated in the same way as the same number of finds on streets or other external locations. Where public sharps bins are in use, the needles they contain should be recorded and counted separately from discarded needles;
- The collection and storage of information should be regulated by locally agreed information sharing protocols, which should be drawn up by partners in accordance with the legislative framework for data exchange (including the Data Protection Act, Human Rights Act and common law duty of confidentiality)³⁵;
- Section 115 of the Crime and Disorder Act 1998 provides the power for anyone to share information within a Crime and Disorder Reduction Partnership for the purposes of any provision of the Act – including tackling local crime, disorder and misuse of drugs problems³⁶;
- A clear system needs to be in place to ensure that information is kept up to date – automated reminder systems can reduce the work involved here; and
- Contractors and agency staff need to be included and given the means for straightforward reporting (as well as a clear understanding of how the information will be used to improve their working environment). For example, where public toilet cleansing is delivered through an agency, the local authority client should include within the service specification a requirement for reporting and, if necessary, provide incentives for good quality reporting.

Developing a monitoring system in Amber Valley Borough

Amber Valley Borough Council has been monitoring and recording needle finds since 1998. Since then, the system has been continually developed to improve the quality of the data. The information is shared with other organisations in the area, with weekly reports on the location of needles sent to the Police and monthly reports sent to wider partners. Hotspot areas are revisited to check for recurring problems. The council also set itself a local Performance Indicator relating to drug litter, with the target to recover needles within 2 hours of receiving an initial report, applicable 24 hours a day.

Contact: Andy Kirkland, Amber Valley Borough Council (andrew.kirkland@ambervalley.gov.uk)

³⁵ www.nta.nhs.uk/publications/Drug_service_policies_1.htm gives briefing on information sharing from the perspective of drug service policies. The Together website has extensive guidance on information sharing with regard to anti-social behaviour and many of the same principles will apply (www.together.gov.uk/category.asp?c=336). General information on Data Protection is at www.dataprotection.gov.uk.

³⁶ See www.homeoffice.gov.uk/docs/jsdprho.html for a joint statement by the Home Office and Data Protection Registrar regarding this power and www.homeoffice.gov.uk/docs/actgch5.html for full guidance on exchanging information.

7.1 Mapping

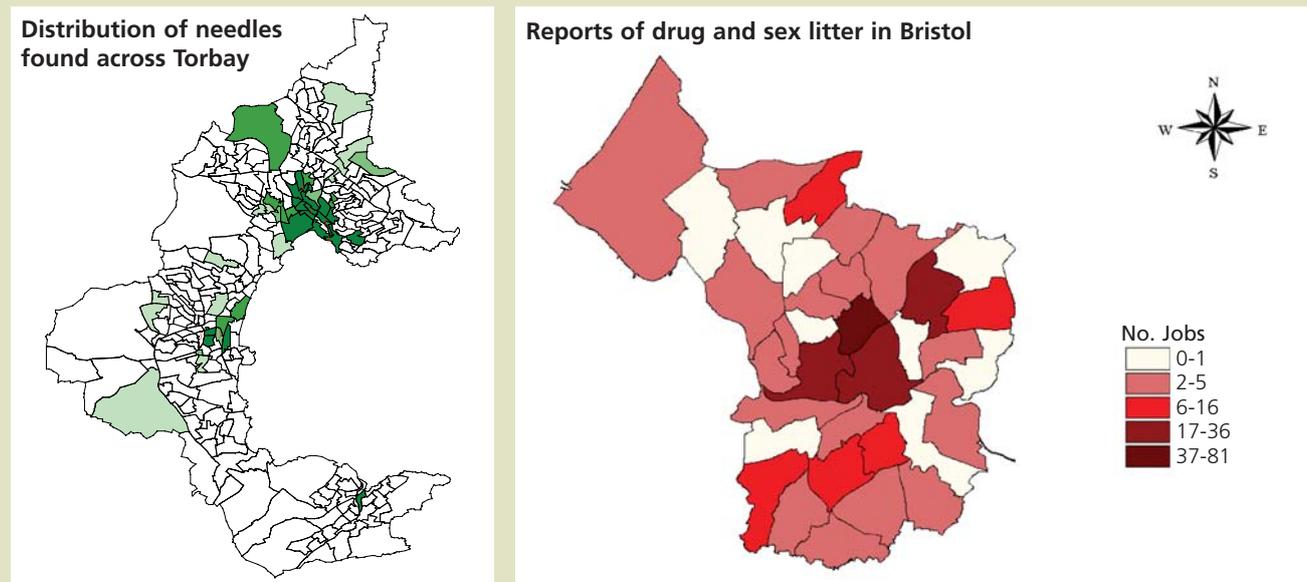
Once systems are in place to record needle finds across all relevant departments and organisations, producing a map that shows their location and concentration will be a valuable next step. If geographical coding of some sort is added to the data as it is captured it will make this task much easier. However, retrospective mapping of data, even at a crude postcode or ward level, will still produce useful outputs. The more agencies that are involved in the reporting, the more useful the resultant maps will be as they will capture more of the picture. Mapping should also be seen as something that can serve a variety of agencies – for example, it can help those commissioning exchange and treatment services to evaluate how well provision penetrates into drug using populations.

Mapping does have its limitations – areas of drug supply and use are not static and current hotspots will not necessarily reflect those areas of future problems. This can be minimised by reporting as frequently as possible and also through the use of technology where available.

Many local agencies are now using Geographical Information Systems (GIS) to capture a wide range of data. Incidences of drug litter can be added to these data systems, allowing users to generate mapping of whatever areas interest them and showing data alongside other issues such as crime or health data. One of the Government's priority areas in its strategy for Local e-Government is "to help improve the quality cleanliness and safety of our public space by using technology to integrate relevant functions more closely"³⁷. Introducing GIS can help to deliver this priority and capital grant funding has been made available by ODPM to support improvements made by local authorities³⁸.

Mapping in practice

Partnerships in Torbay and Bristol have both used mapping to illustrate the incidence of needle finds and reports across their areas.



³⁷ www.localgov.gov.uk/Nimoi/sites/ODMP/resources/PO%20Latest.pdf
http://www.localgov.gov.uk/images/Priority%20Outcomes%20for%202005_223.pdf

³⁸ See www.localgov.gov.uk

Mapping in practice (continued)

Partnerships in Torbay and Bristol have both used mapping to illustrate the incidence of needle finds and reports across their areas.

Contacts: Mike Trevarthen, Torbay Council (michael.trevarthen@torbay.gov.uk)
Steve Moore, Bristol City Council (steve_moore@bristol-city.gov.uk)

In Birmingham, members of the Crime and Disorder Reduction Partnership have been working together to develop a comprehensive approach to capturing data relating to crime, disorder, anti-social behaviour and environmental issues. The project uses GIS systems for intelligence gathering, service response, management reporting, problem analysis and real-time updates to neighbourhood patrols.

Contact: David Reilly, Birmingham Drug Action Team (david.reilly@birmingham.gov.uk)

8. Needle exchange schemes

Recommendation – Needle exchanges and other sources of supplies of harm reduction equipment for drug users should ensure that they actively work with local partners to reduce the incidence of needles and other drug litter discarded in public places.

Needle exchange schemes clearly have a big part to play in any local plan to reduce and manage drug related litter. Schemes already make a vital contribution through managing needle returns and providing personal sharps bins for users³⁹. International studies show return rates averaging 90%, with average rates for UK schemes slightly lower at around 80%⁴⁰. The value of this role is maximised where schemes are well sited and have opening hours that match the needs of clients. Needle exchange services can also play an effective role in educating users and providing services in such a way to reduce the level of discarded needles and other litter, even amongst people with whom they may not work directly.

It is important for schemes to join local partnerships in tackling drug litter, since its presence (and especially disposed used injection equipment) poses problems for drug services and drug users, such as:

- It reinforces stereotypes of drug users not behaving responsibly in their communities, and may lead to negative attitudes and even vigilante action towards users;
- It builds resistance to the existence and location of needle exchanges;
- It suggests to some people that not enough education takes place with drug users;
- It may spread infection and cause injury; and
- It may suggest that disposal opportunities are not adequate.

Through contributing to improvements in the management of drug litter in an area, services will benefit by helping to minimise the resistance that can occur among the community. Through

³⁹ The relationship between needle exchanges and discarded needles has been discussed in Doherty MC, et al (1997) 'Discarded needles do not increase soon after the opening of a needle exchange program', *Am J Epidemiol.* 145(8): 730-7.

⁴⁰ Although some UK studies have reported returns in excess of 100%. See Ksobiech, K. (2004) 'Return Rates for Needle Exchange Programs: A Common Criticism Answered', *Harm Reduction Journal*, 1: 2 (www.harmreductionjournal.com/content/1/1/2).

partnership with local authorities and others, exchange schemes can also find assistance regarding issues of waste disposal and transfer (see above on changes to waste regulations).

Guidance from the National Treatment Agency

The National Treatment Agency for Substance Misuse (NTA) aims to increase the availability, capacity and effectiveness of treatment for drug misuse in England. Current NTA guidance (which includes information on the disposal of used injecting equipment and the role of needle exchange schemes) covers:

- Commissioners of drug treatment services (in *Commissioning Services to Reduce Drug-Related Deaths*)⁴¹;
- Providers of drug treatment (in *Reducing Drug-Related Deaths – Guidance for drug treatment providers*)⁴²; and
- Drug users (in *Injecting and Infections – What you need to Know*)⁴³.

Models of Care for the treatment of adult drug misusers (NTA, 2002) is the national framework for the commissioning of adult treatment for drug misuse in England. Needle exchange provision in any local area should be provided in line with *Models of Care*, which contains information on safe needle disposal in the context of effective needle exchange service provision. *Models of Care* is being revised in 2005.

These sources should be the starting point for providers of equipment and commissioners. The guidance provided here outlines ways in which further action can be taken as part of local partnerships.

8.1 'Appropriate' disposal

It is clear from available research and guidance that views differ as to what constitutes appropriate disposal. For example, drug users may consider that disposal down a drain or in a public litter bin is 'safe', whereas this would not be the case for the operative who has to clear the blocked drain or empty the bin. It is also clear from research that safe disposal is not a top priority for some drug users with used sharps. Many will make an effort to dispose of needles with care, particularly where there is peer influence to do so. However, the barriers that users cite mean that unsafe disposal will often occur where it is felt to be more expedient (this may be a particular issue for homeless drug users). As with any other potential litter dropper, people behave irresponsibly at times without due consideration for other members of their community.

All partners should promote the safe disposal of used injecting equipment – this will normally be return to an exchange scheme or use of a public sharps bin. Accepting less safe solutions, such as using litter bins, is not recommended as these will pose health risks to staff and to the wider public. However, in seeking to manage the problem as effectively as possible, local plans should acknowledge that in practice, not all individual users will comply. Some users will adopt a variety of disposal routes, resulting in potential risks to the general public.

⁴¹ www.nta.nhs.uk/frameset.asp?u=http://www.nta.nhs.uk/publications/commissioners/sect_11_2.htm

⁴² www.nta.nhs.uk/publications/docs/NTAPROVI.pdf

⁴³ www.nta.nhs.uk/publications/docs/NTAINJEC.pdf

Barriers to safe disposal⁴⁴

- Apathy and indifference to the risks posed.
- Lack of awareness (particularly for new and/or young users).
- Concerns about police action if found with used needles.
- Effects of drug use.
- Lack of available facilities and services (particularly outside normal working hours).
- Concerns about disclosure and stigma if found with used needles.
- Injecting in public places.

8.2 Actions for suppliers

Services have a responsibility to act to reduce drug litter problems and should see such work as an integral part of their service. It is an integral part of public health strategies in relation to infection and drug use.

However, as described in section 2, the ready access to harm reduction materials that exchange schemes provide has been an essential and successful part of control of HIV and other blood borne diseases. **Needle exchanges and other sources of supply should not deny access to injection equipment to any drug user simply through fear that this equipment will be disposed of carelessly or due to an injector's failure to return used equipment to the needle exchange.**

Whilst discarded injection equipment has some risk of disease, the risk is very much smaller than the risk incurred by sharing of equipment by users themselves. Agencies should not put up barriers to access through desire to discourage careless disposal. For example, one-for-one rules (stipulating that injectors can only take a needle in exchange for a used one that is returned), are strongly discouraged because they have been shown to be associated with much higher levels of HIV and hepatitis infection.

The following list sets out actions that drug services can take as part of local partnership work to reduce drug litter. Experienced practitioners will already be more than familiar with, and implementing, much of this advice. However, this should not prevent practice being reviewed regularly to ensure it achieves the best results in addressing this problem. As with advice elsewhere in this guidance, it is recognised that recommendations will need to be adapted to reflect local circumstances, capacity and competing priorities.

⁴⁴ Barriers have been identified in the AIVL National Injecting Equipment Disposal Study (see footnote 31), p.10. Similar findings were found in user focus groups conducted by the Home Office during 2004 (unpublished).

1. Education and motivation of users

- Users accessing needle exchanges or any other type of drug treatment service, should be given information that encourages them to think responsibly about needles and other drug litter. Where necessary and appropriate, the dangers of unsafe disposal of needles should be explained, including explicitly outlining the facts that it can increase negative attitudes to all users in the community and in extreme cases may result in closure of facilities.
- Homeless, new and younger users should be especially targeted for this type of information, with clear information on safe disposal.
- If specific individuals or groups are identified as being regular careless disposers, agencies should work directly with those individuals to look at the reasons for this and try to overcome these by counselling, advice or new services. The public health and personal benefits to the user can be explained and worked through within the counselling relationship. Small incentives could be considered. This could include specific targets for individuals established in their care plan.
- Drug service premises should have posters or written material that carries safe disposal messages. Written material of this type should be distributed to other places where users may go – including police stations, homelessness drop-ins and so on. Leaflets can be put in bags containing supplies that are given out. Safe disposal stickers could be placed on sharps bins. Regularly changing this material helps motivate users to look at it each time.
- Service users should always be encouraged to take away sharps bins from a range that suits various users needs, from small and discreet bins to those suitable for larger quantities. They should also be clearly encouraged both to use them and return them, or arrange for their collection. Services should invite comments from users about the type and availability of bins and adjust their range as necessary. Services may tell clients about alternative ways of disposing of needles when they do not have access to proper facilities or sharps boxes, such as using needle clippers to render the needle safe or disposal securely inside bottles or strong jars. However, as noted above, it should be stressed that returning used injecting equipment, in an appropriate container, to the needle exchange is always the best option.
- Many injectors fear that the police will arrest them if they find them carrying a needle, believing it can be used as evidence. As described in section 3.2 above, developing a local protocol with the police will result in workers being able to deliver clear and unequivocal messages that this is not the case.
- Stockpiling huge quantities of needles is sometimes indicative of difficulty in being able to return equipment or living in an environment where there is a great deal of injecting drug use. Where services are aware of premises with large stockpiles of used injecting equipment they should work with the individuals involved to ensure that it is disposed of in a safe and timely manner. This is likely to include visits from appropriate staff to take equipment away.
- Peer education is often an effective method of delivering messages. User led education of other users can make an impact. This can be done formally through user groups, or informally through networks of injecting drug users. Where 'secondary exchange' is being facilitated, the people providing injecting equipment to their peers should be coached or advised on how to pass messages about careful disposal back to the people they supply, and other injectors they know.

2. Information for users about places and opening times of facilities

All service users should be given information about opening hours of all local services, and information about services in other areas they may travel to, such as the places they go to buy drugs. This should include information about facilities for returning used injecting equipment, together with a map of facilities if possible to aid those with poor literacy skills. Where appropriate, information on available facilities should be posted outside premises so they can be viewed, and the user redirected, when the facility is shut.

3. Outreach contact

Outreach workers (including arrest referral workers) may operate to make contact with specific groups of users or to offer specific facilities. Because such workers operate outside of drug service premises, they have greater access to users who cannot be reached through static premises and who may be more likely to discard needles or lack awareness. Outreach workers should make it a crucial part of what they do to mention the need to dispose of needles carefully to people they meet outside of static drug services (again, stressing the potential consequences of continued drug litter problems). This applies to Drug Interventions Programme (DIP) workers, particularly arrest referral workers.

4. Provision of wall based return bins

Services could consider siting wall based or stand alone return bins outside their premises to allow persons to return needles when they are shut. Section 10.4 below gives further advice on public sharps bins.

5. Working with partners on management of problem hot-spots

As described in section 7, information regarding areas where high levels of drug related litter are often found will be of use to local partners. Schemes can play a vital role in providing this information, and in helping form action plans to tackle persistent hot spots. Schemes have successfully engaged users to help identify hotspots, for example through placing a map within exchanges on which users can (anonymously) mark areas where they know needles are being discarded.

Engaging drug users to tackle drug litter hotspots in Salford

Salford Drug and Alcohol Action Team contracts STASH to provide needle exchange facilities across the city. Despite a good return rate of 80%, figures from the Environment Services at the city council show a growth in the number of discarded needles. STASH has sought to mobilise drug users through its user groups in innovative responses to discarded needles. The user group, together with staff support, collect details from other users of places where needles are known to be discarded and on weekly basis they operate their own sharps collection. The group has also worked on a short film, which seeks to raise this issue amongst other users and challenge this form of anti-social behaviour.

Contact: Don Richards, Salford Drug and Alcohol Action Team (don.richards@salford.gov.uk)

6. Assisting with education of the general public, especially children

Services should not waste any opportunity to educate the general public in how to respond when they discover needles in public places and how to avoid infection. Section 11 provides more details on the provision of public information. Such messages can also be included in talks and information sessions provided to any suitable group. Services can assist with distributing information leaflets, which set out the risks and providing suitable material for children.

Staff should be able to give advice to members of the public when they contact services seeking help regarding discarded needles. Such information should be known to all members of staff and be freely given. Staff, including administrative staff, should be able to direct enquiries to ensure needles are cleared away appropriately by those charged to do so. This should, of course, be done using the appropriate advice on health and safety and members of the general public should not be advised to attempt removal themselves (see 11.2 below).

7. Maximising access to services

Longer and/or more flexible opening hours will help to provide users with better access for returning used equipment. This may involve a review of service delivery, particularly for semi rural and rural areas. Users in these areas may require outreach style services and commissioners should look carefully at the financial implications. Any changes of this nature will also require local consultation.

8. Acting responsibly in relation to any complaint

If complaints about discarded needles are received, agencies should have a clear policy in place so that the appropriate action can be taken with minimum delay. Agencies should reassure those who complain that the problem is being dealt with and action is being taken to resolve it (see section 9.4 below). Any reports of drug litter received by services should be passed on to the appropriate local authority department for action, and a record kept in order to feed into the coordinated monitoring of drug litter as recommended above.

9. Compiling accurate records

Agencies should be compiling records accurately, especially on equipment given out, and in addition, have enough information about returns to be able to establish an estimated return rate. It is seldom possible to count individual needles returned, because of the obvious health and safety risks involved, but agencies should agree with commissioners and employ a procedure that gives a fair indication of return rate. Commissioners may also wish to consider providing incentives for schemes for recording and improving return rates. For example, in Blackpool, the Drug Action Team pays pharmacies a small financial reward to encourage returns.

Better estimates of returns may be obtained by:

- Calibrating bins – either at the point of order or manufacture, or through marks or stickers on bins to show approximate numbers at various depths;
- Using transparent bins where available;

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- Asking clients how many needles are being returned, where suitable opportunities for engagement arise; and
- Weighing bins.

As well as return rates for equipment, services may also wish to establish estimates regarding the percentage of clients who return works regularly, taking into account those who collect and return for others. Agencies will then be able to suggest the rate of return and highlight that this is a problem of certain individuals rather than the whole community of users.

Establishing and monitoring return rates is also important to measure how effective the actions of the wider partnership have been. A successful action plan to reduce drug litter should see return rates at exchange schemes increase (although the whole picture will only come when other factors, such as returns through public sharps bins, are taken into account). As noted above, Drug Action Teams are well placed to coordinate this monitoring role.

Exchange schemes and needle returns

In July 2003, Worcestershire Substance Misuse Action Team published a report on the exchange, disposal and discarding of needles and syringes in Worcestershire⁴⁵. This examined the provision of needles across the county, the return rates and the data from local authorities regarding the amount and location of drug litter. The lack of robust data prevented an accurate picture from being formed, but it appeared that fewer needles were being disposed of inappropriately in those areas where exchange facilities were adequate than in areas with fewer facilities. The report recommended standardising data recording across the county.

Contact: Kate Rowberry, Worcestershire Substance Misuse Action Team
(krowberry@worcestershire.gov.uk)

The Bradford needle exchange scheme now has around 20 participating pharmacies. In 2003 the number of pharmacies involved in needle exchange were increased, additional training and information was provided to pharmacy staff and drug users and a policy was implemented that required those requesting large amounts to return more used equipment. Return rates have since increased from a baseline of 30-70% to a minimum of 70%.

Contact: John Bolloten, Needle Exchange Coordinator, City of Bradford Metropolitan Borough Council (john.bolloten@bradford.gov.uk)

10. Training of staff

All staff, including volunteers, should be aware of the best practice set out here and established in the agency's policy for the operation of its needle exchange and outreach facilities. They should be trained, where necessary, in raising issues of this type with users and be aware of community concerns in the operation of such services. They should also be included in any joint training on drug litter that takes place with other agencies (see 9.2 below).

⁴⁵ www.worcestershire-smat.org.uk/reports/needle_exchange_report_final.pdf

9. Service Delivery

At the heart of responding to the problems of drug related litter are the services provided by local agencies (largely the local authority) to collect and dispose of the items in question. Whilst work to prevent inappropriate deposition of drug litter is vital, there will continue to be the pressing problem of clearing it up. Failure to do this effectively will fuel the fears of the public and bring local service providers into disrepute.

9.1 Needle collection

In its recent survey of local authorities, ENCAMS reported that around two-thirds had official procedures in place to deal with reports of discarded needles and that 89% aimed to recover reported needles within a specified time period. The time periods in question ranged from 'immediately' to 'within 24 hours', with 65% stating timescales of 3 hours or less.

Defra's review of the Code of Practice on Litter and Refuse will recommend inclusion of specific clearance times for drug related litter, building on the findings from the ENCAMS survey. This recognises the fact that for specific types of litter, such as needles, there is a need for a more urgent response in order to protect the public, a need that most local authorities are already meeting.

Recommendation – local authority cleansing standards should include clear response times for drug litter (and other dangerous items) that are faster than those for general litter.

Many local authorities have dedicated teams or a member of staff to deal with needle finds around the clock. These may be part of a wider 'out of hours' service, or in some cases a stand-alone measure. Again, it is clearly important to respond as quickly as possible to reports of discarded needles, to minimise public distress. It will be of little comfort to a member of the public to know that the needle will be removed when cleansing staff are back at work in the morning. Where an authority covers a large area or has limited resources, it may make sense to work across boundaries in order to provide the cover necessary more efficiently. Neighbourhood wardens have also played a role in complementing collection services in a number of areas. For example, wardens in Hull were responsible for the removal of over 24,000 needles between April 2002 and October 2004⁴⁶.

The ENCAMS survey showed that the majority of local authorities collect needles from particular types of private land, such as residential premises and educational establishments. Some local authorities charge for collection services on private land, with a higher proportion charging for commercial premises than for residential⁴⁷. The decision as to whether to make a charge for services of this nature will have to be a local one and consideration should be given to how much a charge may deter small businesses from using the service.

Where a charge is made, local authorities should also offer to work with the landowner or occupier to reduce the incidence, particularly where there are large numbers of needles or repeat

⁴⁶ www.neighbourhood.gov.uk/displaypagedoc.asp?id=406 and www.neighbourhood.gov.uk/displaypagedoc.asp?id=834

⁴⁷ See www.encams.org

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calls. It will ultimately be in the interests of the landowner to invest in design solutions to reduce the problem, rather than continuing to pay for the needles to be cleared up.

Recommendation – local service providers should deliver a 24 hour service collecting needles from as wide a range of locations as possible, working with neighbouring agencies to provide this where it is more efficient to do so. Repeat calls to the same locations should be followed up with proactive design solutions.

Whatever provision is made, the very best 'response time' to a needle find will be one, two, three months before needles are deposited, by designing out problems and working with users to discourage inappropriate disposal. In the medium term, partnerships should aim to reduce the need for reactive collection services through adopting the recommendations given here for more proactive and joined-up plans for reducing drug litter.

Specialised collection services in Bristol and Camden

Bristol and Camden have both taken the decision to provide a dedicated collection service for dealing with drug and sex related litter.

Camden's DART (Drug Action Response Team) is a specialised mobile cleansing unit that can collect discarded drug paraphernalia and clean up anti-social deposits, leaving an area clean, safe and sanitised. DART is a responsive and pro-active team that has fixed patrol areas in the known 'hotspots' but is able to deal with ad-hoc requests for service from the public, or via the Police, Street Wardens or other street based services. The service is well publicised by the Council and a free phone number is made available for direct contact by the public. The DART staff carry a range of leaflets that are given out to clients; these promote and support other health based services and encourage street people to access the services.

Contact: Mark Henderson, Camden Council (mark.henderson@camden.gov.uk)

Bristol's Drug and Sex Litter Rapid Clean Up Team was launched in May 2004 to provide a high profile responsive service that would make the city cleaner and safer for all residents and visitors. The team was set the task of removing drug and sex litter throughout the city, responding to requests within 3 hours (current performance is well ahead of this target). As well as a reactive service, it also checks known hotspots regularly for drug and sex litter. Over the next three years, the team will be aiming to reduce the incidence of drug and sex litter by 50%.

Contact: Steve Moore, Bristol City Council (steve_moore@bristol-city.gov.uk)

9.2 Training

Recommendation – training and briefing should be provided for all those who will potentially come into contact with drug litter. Staff should take the view that any needle or paraphernalia could be infected, and will therefore present a risk requiring appropriate management.

It is widely accepted that good quality training, regularly reinforced, will be of far more effect than all the protective equipment money can buy. In order to minimise risk, a training package on dealing with sharps should be delivered to all staff that may come into contact with drug

litter (taking this in the widest view to include, for example, those sorting kerbside waste, school caretakers, car park attendants and cleaners of public toilets). Since these operatives will typically range across departments and organisations, joint training exercises provide a useful means by which to develop partnership working. Further information on sources of training are available through the ENCAMS Knowledge Bank⁴⁸.

Drug & Alcohol Action Team training in Leicestershire

Leicestershire and Rutland Drug and Alcohol Action Teams (DATT) have developed a training course specifically to raise awareness of the dangers of drugs related litter, and guidance on how the risk can be reduced. The training package is delivered to each of the boroughs and districts in Leicestershire and Rutland.

The course is aimed at front line workers such as environmental health and cleansing staff, and their managers. Where work is contracted out privately, the DAAT visit the contractors and deliver the training to ensure consistency. The training is delivered by the DAAT Partnership Officer and is provided free of charge.

The aim of the training is to raise awareness of the risks of dealing with discarded drug related litter, and how they can be reduced.

The program includes:

- Statutory requirements for provision of a safe environment;
- Where the risk is and who is at risk;
- Basic drugs and associated paraphernalia awareness;
- Legal issues;
- Blood borne viruses;
- Collection of sharps – various kits and costing; and
- Information and reporting mechanisms.

Contact: Joanna Burrows, Leicester Drug and Alcohol Action Team
(joanna.burrows@drugs.org.uk) or James Fox, North West Leicestershire District Council
(james.fox@nwleicestershire.gov.uk)

9.3 Equipment and safe systems of work

Effective removal, collection and storage of drug litter will require appropriate personal protective equipment (PPE). Guidance on PPE is available from the Health and Safety Executive and from the Department of Trade and Industry⁴⁹. Regard should be paid to the Personal Protective Equipment Regulations 2002⁵⁰, as well as to local protocols and guidance that may be in place. When buying safety equipment, agencies and neighbouring local authorities will typically achieve better value for money by undertaking joint procurement.

⁴⁸ Contact ENCAMS www.encams.org for more information.

⁴⁹ www.hse.gov.uk/pubns/ppeindex.htm and www.dti.gov.uk/strd/ppe.html

⁵⁰ www.opsi.gov.uk/si/si2002/20021144.htm. These consolidate previous Regulations and amendments.

Risk assessment should be used to identify a safe system of work for handling needles. This system should be followed, monitored and reviewed. Whilst there is national guidance available, it will normally be for each local organisation to carry out the assessment in line with their own systems and guidance⁵¹. This assessment should take account of the likelihood of concealed needles based on local knowledge and past experience.

The right gloves for the job

There is much debate as to the most appropriate type of protective clothing that should be used for removing needles. For instance, with the type of glove chosen there is a trade-off to be made between ease of handling and protection against injury. For this reason, it is recommended that the type of glove (and other PPE) chosen varies with the situation in which needles are found, or suspected. In all situations, the following safe system of work should be followed:

- Suitable tools, such as tongs, dustpans and brushes, should be used to move used needles wherever possible;
- Only if this is not possible should gloved hands be used;
- Gloves should always be worn when dealing with discarded sharps, even when using tools – there is always the possibility of accidental hand contact with the needle whilst using the tools;
- Gloves should afford a suitable level of protection from possible puncture from the needle; and
- Gloves are unlikely to offer 100% protection, and employees should be made aware of this.

In all cases, appropriate sharps containers should be in place and ready to receive needles before any moving or handling begins.

A significant number of needles collected come from house clearances, either by local authorities or other housing management bodies. When carrying out these operations in known or suspected areas of drug use, operatives should exercise great caution. Examples of equipment left in premises have included needles protruding from floorboards and from door locks, and needles concealed within curtains and sofas.

A safe system of work for handling needles will include clear protocols for reporting any injuries sustained. This should include consideration of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)⁵². Agencies should make it clear to all staff (through training – see above) how a needlestick injury should be reported and also what investigations will be taken to minimise the risk of recurrence.

⁵¹ For example, see www.hse.gov.uk/pubns/indg218.pdf for general guidance on risk assessments and www.hse.gov.uk/pubns/infection.pdf for a guide on assessing and controlling the risks of infection in the workplace.

⁵² For further information see www.riddor.gov.uk

9.4 Hotlines

Many local authorities have in place a telephone line for reporting discarded needles, either as part of a wider litter or environment hotline, or as a dedicated drug litter number⁵³. Hotlines can provide the public with a straightforward response when they encounter drug litter, and can reassure the community that local service providers are taking the issue seriously. Through making use of public reporting, the local authority can significantly increase its 'eyes and ears' on the ground and remove more needles than if it had to rely on its own staff or on reports through less straightforward mechanisms.

Setting up a new hotline will naturally incur additional expenditure and authorities should consider whether the size of the problem warrants this (taking into account that the data may itself be underreporting and in need of attention – see section 7). In areas with relatively few drug litter problems, provision for a telephone response can be made through existing emergency reporting lines.

Key factors to consider when setting up a hotline are:

- To have most effect, the service needs to be widely publicised with a clear key message (see section on communicating below);
- As much information as possible should be gathered during the call, including the type of litter, number of items, accessibility of the litter, location (as precisely as possible), type of land, whether anyone was seen depositing it and how much risk there is of further members of the public coming into contact with it;
- A record of calls and subsequent actions should be kept as part of the wider monitoring of drug litter (see above);
- Call staff should always reassure the caller that the needles will be dealt with as a matter of urgency and that they should not attempt to touch them in the meantime. Staff should also be able to provide clear and simple advice to the public on what to do in case they have already received a needle stick injury (see below);
- In order to maintain the credibility of the service, the hotline must be able to deliver prompt clearance action and keep to any promised response time;
- If the hotline is going to be made available to, and promoted among, drug users, then it will be important to stress the confidentiality of the service;
- Callers should be given the option of receiving feedback to let them know when the needles were cleared. This will improve confidence in public services in the area; and
- Reporting via a website or e-mail can be a useful supplement to existing hotlines, and may suit some users better than a telephone service. However, for most occurrences of drug litter, those encountering it will want to see immediate action and are more likely to use a telephone service in order to achieve this.

⁵³ The latest ENCAMS survey (op cit) shows 68% have some way of reporting, of those 85% offer a hotline.

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Maximising the value of hotlines

Before Bristol introduced its new hotline for drug and sex litter in May 2004, it delivered training to the call centre staff that would be taking the calls. This made sure that the team would capture information about the location of needle finds as accurately as possible and that this information would be passed on immediately to service teams. The hotline was launched with maximum publicity, with posters widely distributed and business cards produced for staff to hand out and leave in public areas.

Contact: Steve Moore Bristol City Council (steve_moore@bristol-city.gov.uk)

IF YOU FIND A USED NEEDLE OR SYRINGE? DO NOT TOUCH IT!!

DON'T TOUCH!!

RING THIS NUMBER NOW:

01253 478 456

Always tell children not to touch needles or syringes. Advise them to immediately report the find to an adult they know.

IF YOU EVER GET A NEEDLESTICK INJURY:

- Don't suck it!
- Squeeze it to make it bleed
- Rinse it & dress it
- Go to accident & emergency Immediately (within 2 hrs if possible)
- As soon as you are able, ring the number shown below & report the find.

01253 478 456

Tackling drugs

Blackpool Calderdale Partnership

Blackpool Community Safety Partnership

Lancashire Care NHS Mid Trust

An example of publicity materials for a needle hotline in Blackpool

10. Design

Much has already been written regarding the merits of using design approaches to tackle crime, anti-social behaviour and, to a lesser extent, environmental quality⁵⁴. These are all based on the principle of using design to prevent problems occurring, thus saving time and money in having to clear up or intervene further down the line. Given the impact that design has had in these areas, it offers the potential for cost-effective and sustainable solutions to problems of drug litter. This section considers the design options available in four different areas: general changes to public space; surveillance and access; public toilets; and sharps bins.

Whilst design solutions can often be far more cost-effective than repeated clearance of drug litter, it should be noted that drug markets and areas of drug use are transient in nature and so investment in costly fixed installations or expensive design changes should be considered carefully. Design solutions may also simply displace existing problems, and partnerships should make sure that monitoring is in place to track this. In cases where drug litter is found in sensitive areas, such as children's play areas, then displacement may be the desired outcome.

10.1 Public space design

Solving problems relating to drug litter will not be the only driver for exploring design approaches. There is a far more general need for those working in design, planning, regeneration and economic development to involve those responsible for maintenance in the early stages of the process, in order that the end result is manageable and maintainable without incurring excessive revenue costs. However, there are some specific areas of design that can bring benefits for reducing drug litter (and in some cases reducing drug use and dealing as well)⁵⁵:

- Incorporate lighting into landscape design;
- Design out or remove features that create hiding places, such as walls, stairwells, landscaping or subways. If a wall cannot be removed, can it incorporate a simple hole that exposes the previously hidden area behind it?;
- Install signage indicating the presence of regular warden, security or police patrols (and ensure those patrols take place);
- Where possible, close facilities such as toilets, parks and shopping centres at set times to allow a final cleanse and to deter 'out of hours' anti-social use. This should take into account the views of legitimate users and the local community;
- Design out problematic disposal points or design in easier means of retrieval where persistent litter occurs (for example by introducing trap baskets underneath drains);
- Maximise the use to which currently 'dead' spaces are put and involve the community in deciding how they can be used;
- Bring poorly maintained areas back into use or dispose of them for re-development;

⁵⁴ For example, Safer Places: The Planning System and Crime Prevention ODPM/Home Office 2004 (www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_028449.pdf) Guidance is also available from CABE Space at www.cabespace.org.uk

⁵⁵ A number of these suggestions are taken from Community Sharps Management: A Handbook for Local Government in Queensland (www.lgaq.asn.au/lgaq/resources/Publications/CommSharpsMment2.pdf)

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- Ensure that landscaping and environmental improvements come with sufficient ongoing revenue to enable proper maintenance and repair; and
- Improve the quality and perception of access links to town centre shopping and other facilities from railway and bus stations and other arrival points.

As a general principle, making public space attractive, welcoming and well maintained will encourage more people to use it regularly. This will in turn make public areas less attractive for the use of drugs and other anti-social behaviour. More details on putting this principle into practice are available from CABI Space⁵⁶. Its publications will also be useful for considering design solutions within the specific context of parks and green spaces.

Planning for town centres

A new Planning Policy Statement: Planning for Town Centres was published in March 2005⁵⁷. This requires local planning authorities to:

- Maintain a high quality, safe environment in town centres (having regard to local authority duties under Section 17 of the Crime and Disorder Act 1998);
- Take account of the cumulative impact of leisure and other developments that may encourage crime or anti-social behaviour; and
- Collect information on perceptions of safety, the occurrence of crime and problems affecting the environmental quality of town centres, including where appropriate information for monitoring the evening and night-time economy.

Guidance for town centre design was published at the same time⁵⁸. This provides advice guiding new development and improvement to the public realm and access, and refers to other guidance relevant to the design and maintenance of town centre environments.

Project Lilac

Project Lilac began in 2000 in London's West End, aimed at working across agencies to tackle the growing drug problems in that area and the impact they had on the community. One aspect of the project was a series of environmental improvements, aimed at using design changes to reduce drug use, and the associated drug litter, in hot spot areas. These included getting rid of recesses in doorways, placing mesh grills above basement flats to prevent needles accumulating in the basement area and better management of traffic flows to minimise opportunities for drug dealing and use. For more information, see www.met.police.uk/camden/lilac.

⁵⁶ For example, Decent parks? Decent behaviour? The link between the quality of parks and user behaviour, May 2005 (www.cabi.org.uk/data/pdfs/decentparks.pdf)

⁵⁷ Planning Policy Statement 6: Planning for Town Centres (www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_036805.pdf).

⁵⁸ Planning for Town Centres: Guidance on Design and Implementation Tools (www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_036806.pdf).

10.2 Surveillance and access

Part of improving design to eliminate anti-social behaviour is reducing access and improving security around those areas that are known to be hotspots. The preferred method for this is to increase 'natural surveillance' through making improvements of the sort described above and increasing the use of an area by the community. However, this will not always be achievable nor sufficient, in which case further measures will be necessary to eliminate these hotspots.

Access can be restricted through a variety of means, including installation of gates, fences and other barriers; locking structures already in place; and using guards or other personnel to patrol hotspot areas and deter access. Existing patrol routes can be re-routed once information on hotspots is fed through to tasking officers. In taking these steps, it will always be necessary to balance the needs of legitimate users against the need to protect the community and reduce opportunities for anti-social behaviour.

The Wall of Light

The Wall of Light is a community initiative that has reclaimed much needed green space so children can play in the heart of Westminster. St Anne's Gardens in Soho was suffering from being used at night by drug users, leaving it unfit for use during the day by local children and others. Through funding from local residents and Westminster City Council, an illuminated security screen was installed which enhanced the visual appeal of the park, but also prevented access during the night and illuminated a previously dark street. For more information see www.westminster.gov.uk/yourcouncil/excellence/community.cfm

Surveillance can be enhanced to deter drug use in hotspots through targeted use of close circuit TV. Whilst there remain mixed views regarding the effectiveness of CCTV as a crime reduction tool, it can play a role in the actions taken to manage and reduce drug litter. For example, where known hotspots occur within the range of existing fixed CCTV systems, they can be used to help gather further information regarding the patterns of drug use and to identify drug users and dealers. CCTV can also be used to minimise the effects of drug litter on communities around needle exchange schemes and other drug services. By making users aware of the presence of CCTV, or by using its potential installation as a sanction, service providers can encourage clients to avoid using drugs in the immediate vicinity of such schemes.

Where CCTV is used, it should form an integrated part of a wider monitoring system and supplement reports already collected from across the partnership (see above).

Partnerships using CCTV should be aware of the legislation and regulations governing its use⁵⁹. For overt CCTV, there are Codes of Practice available from the Information Commissioner⁶⁰. For covert use, then the Regulation of Investigatory Powers Act 2000 sets out the framework governing its use⁶¹.

⁵⁹ For more information see the Public Space Legislation guide (www.idea-knowledge.gov.uk/idk/core/page.do?pagelId=78105)

⁶⁰ See www.informationcommissioner.gov.uk/eventual.aspx?id=5739

⁶¹ See www.opsi.gov.uk/acts/acts2000/20000023.htm. A guide to RIPA as well as the Codes of Practice issued under the Act (including Covert Surveillance) is available at www.homeoffice.gov.uk/crimpol/crimreduc/regulation. When using CCTV for enforcement, then also see the Police and Criminal Evidence Act 1984 and Codes issued under it (www.homeoffice.gov.uk/crimpol/police/system/pacenames.html).

Whenever CCTV or other security measures are employed, partnerships should bear in mind that they may simply displace problems rather than tackle them at source. Where possible, monitoring systems should be able to track whether the incidence of needles has really fallen or just moved to another new hotspot. If the latter has occurred, this is not necessarily a failure, but measures will need to be taken to address the new problem location. Displacement can still be effective over time, since through persistently moving problems on, there can also be reductions in their scale.

10.3 Public Toilets

Recommendation – plans for managing drug related litter should include close liaison with those responsible for the design, maintenance and management of public toilets⁶².

A number of toilets in various public settings, as well as in hostels and day centres, have been fitted with blue lighting in order to discourage injecting drug use and, thereby, reduce the associated effects including discarded needles and syringes. However, evidence shows that introducing blue lighting can have several undesirable consequences⁶³:

- Drug users may continue to inject, but in ways that carry more serious medical risks (such as into deeper veins which users do not need to see, but locate by feel);
- Risks are increased to all that use the toilets due to the reduced levels of visibility. The facilities will also feel less safe with blue lighting installed;
- Injecting activity will be displaced, rather than reduced. Car parks, stairwells, side streets and parks will become the sites of choice once toilets become unsuitable for injecting. This could mean needles widely dispersed and requiring greater resources to collect and remove; and
- Drug users who are not in stable housing are unable to use blue-lit toilets to carry out self care and basic hygiene, such as identifying early warning signs of health problems. For these users, public toilets are often the only place available to carry out these important checks.

Recommendation – due to the increased risks to users and lack of evidence as to its efficiency, blue lighting should not be used in public toilets to deter drug use.

Aside from blue lighting, there are other design approaches that can be taken to reduce drug use in public toilets, such as:

- Ensure public toilets have no horizontal flat surfaces and no toilet seat to prevent the preparation of drugs for injecting;
- Install sharps bins (see section below); and
- Minimise the areas where needles can be stored for later use, for example through completely recessing cisterns, preventing access to the roofline and avoiding exposed internal beams.

Any design changes to public toilet facilities should also take into account access for all users and the requirements of the Disability Discrimination Act 1995⁶⁴.

⁶² See Public Conveniences: Policy, Planning & Provision, CIWM 2001 (www.ciwm.co.uk/iwm-pubs/itm01734.htm).

⁶³ See Blue Light Blues, KFx 2003 (www.ixion.demon.co.uk/blue%20light%20blues.pdf).

⁶⁴ See www.disability.gov.uk/dda/

Improving community safety through better public toilets in Cambridge

In 2001, Cambridge City Council put in place a four-year programme of public toilet refurbishment. Designing in safety and confidence for users, as well as cleaning staff, was a key driver. As part of the programme, NACRO were commissioned to research anti-social behaviour associated with public toilets in the city. This, together with wider work with the police, Drug Action Team and agencies working with rough sleepers, helped to inform the improvements that have been undertaken. Among the steps taken to reduce drug litter were:

- Removing surfaces used for preparation and hiding drugs and needles;
- Maximising natural surveillance at unattended sights, installing individual unisex cubicles and ensuring doors are locked when not in use;
- Introducing a pay on entry system;
- Installing drug needle chutes from cubicles directly into collection bins in the service area; and
- Incorporating a kiosk into the design of one new building to increase surveillance and security.

Usage figures have increased at the modernised facilities, complaints are rare and people accept the charge as they find facilities are clean and well maintained. Previously, needles were often found in nearby bushes or car parks, but drug users are now disposing of them down the chutes provided⁶⁵.

Contact: Bob Kerry, Cambridge City Council, (bob.kerry@cambridge.gov.uk)

10.4 Public sharps bins

Recommendation – partnerships should fully explore the potential for sharps bins, liaising closely with drug users and services to ensure the siting and promotion of bins is as effective as possible.

The installation of sharps bins in public areas is controversial and is bound to attract heated local debate. Many conflicting views and issues will need to be taken on board before reaching a decision and this debate should include all partners. In some areas, this process has included a phase of public consultation. The decision as to whether this is appropriate will be a local one, but where communities do call for and support bins in their area this brings with it valuable ownership of the problem, and its solution. Views can also change once evidence is made available – experience in Oxford showed that those communities initially resistant to the idea changed their mind when they saw the reduction in needles in neighbouring areas that did have public bins.

Although there may be local resistance to public bins, it is clear from research that a significant barrier to appropriate disposal is the lack of facilities, particularly outside the hours during which exchange schemes and other services operate. Public sharps bins provide one means of removing that barrier, provided that they are installed in accordance with the guidance below.

If the decision is taken to install public sharps bins, then the next two questions will be, what bins to use and where to put them.

⁶⁵ See www.idea-knowledge.gov.uk/idk/core/page.do?pagelid=77851 for more details.

Which Bins?

In choosing sharps bins, the following points should be considered⁶⁶:

- Bins should be secure, so that it is not possible to remove any of the contents when depositing. Similarly, they should be designed to avoid the potential for 'booby trapping' and should be safe for those emptying the bin, avoiding the potential for needles falling from above;
- The design of the bin should allow for it to be easily 'shut down' should this be necessary at any point;
- Bins may be designed to either allow for single items to be deposited or to allow users to deposit personal sharps containers containing several items. Consultation with users will help to determine which type is most appropriate;
- It is likely that users will seek to deposit items other than needles and bins should be capable of receiving these items without becoming blocked;
- Bins should be weatherproof and vandal-proof, including the attachment to the wall or post on which they are sited. This includes resistance to attacks from fire and from fireworks being inserted. Building in or recessing bins (e.g. in toilets) will help to minimise the risk of vandalism;
- Bins should avoid any sharp edges, with all joins ground smooth and any flaps or access points free from protuberances; and
- Provision should be made for regular maintenance – arranging for this through the manufacturer can help to ensure higher standards of design. Bins should also be graffiti resistant if possible, as this will help to promote reassurance.

Failure to ensure a well specified bin could result in risks to those using (and attempting to misuse) bins.

Where to put them?

As well as making sure the right bins are chosen, care must also be taken to site the bins in the most appropriate areas. Hot spots revealed through monitoring will provide an initial list of potential sites and this will be supplemented through the local knowledge of partnership members. However, there are further factors that should be considered before installing a bin:

- Bins should not be located in areas that are overseen by large numbers of the public or CCTV cameras as research has shown this will deter users worried about being seen using them⁶⁷;
- Bins that are too prominent can also fuel greater opposition and resentment in the wider community as they act as a visible reminder of the problem;
- However, this should be balanced against bins that are so far removed from the public gaze that they present an easier target for those who might attempt to break into the bin; and
- Bins will also need to be in a location where they can be easily emptied without fear of risk to staff.

⁶⁶ For further detailed guidelines, see *Community Sharps Management: A Handbook for Local Government in Queensland* (op cit), pp. 34-36. (www.lgaq.asn.au/lgaq/resources/Publications/CommSharpsMment2.pdf).

⁶⁷ Unpublished research by Brighton Drug Action Team.

Many areas have resolved the conflicting factors above by siting bins in public toilets. Bins here can be fitted relatively unobtrusively and provide a discrete means of disposal for users (provided that they are fitted within cubicles). They are also likely to be existing hot spots. However, partnerships should bear in mind that charging for entry may present a barrier to use for some users.

When fitting in toilets, the choice of which cubicles are included should be determined by the risk that exists from currently discarded sharps. Alternatively, a bin fitted externally to a toilet block allows 24 hour access and could be of larger capacity to allow for personal sharps containers as well as individual needles⁶⁸.

Once installed, it is vital that the location of bins is well communicated to users, through close working with drug services, needle exchange schemes and outreach workers. A series of public sharps boxes were fitted in Brighton in 2003, but early evaluation showed that they were being used less than anticipated. One of the reasons for this was thought to be the low level of promotion of the boxes to users. The presence of bins can be signalled through discrete signage using an appropriate logo that is well known to users and can be promoted on that basis. Installation should also be followed by monitoring around the bins to evaluate whether they have been successful in reducing the incidence of needles as litter.

Public sharps bins in Blackpool

The Blackpool Community Safety and Drugs Partnership has introduced public sharps bins in those areas most affected by drug litter problems. Consultation with local residents and elected members was undertaken to gain support for the introduction of the bins. To ensure that drug users were aware of the bins, information was put into needle packs given out at local schemes.

Existing sharps bins were not considered to meet the requirements of the partnership and so a new design was commissioned. Blackpool has now used this SharpShute™ bin, which overcomes all of the physical problems of previously poorly specified bins. The bins are heavily used and have resulted in a reduction in drug litter in the areas where they are sited.

Contact: Dominic Blackburn, Blackpool Community Safety and Drugs Partnership
(domonic.blackburn@blackpool.gov.uk)

⁶⁸ www.lgaq.asn.au/lgaq/resources/Publications/CommSharpsMment2.pdf

11. Communicating with the public

11.1 Public information materials

As part of its work to reduce drug related litter, in 2004 Defra commissioned ENCAMS to conduct research to find out more about public attitudes and how to communicate and campaign effectively. The research was published on the Defra website in March 2005⁶⁹. Among the key findings were:

- Drug litter is seen as a symptom of a much more serious drug problem, and drug dealers are seen as the 'root' cause of this. Although users are not tolerated, the general consensus is that more should be done to help them;
- The public desire greater protection and support from the consequences of drug abuse but lack faith in the authorities (police, council etc.) to act against it;
- Any public initiative that aims to encourage public intervention must work hard to gain the public's trust in order to encourage their co-operation; and
- The public need education about drug litter, what it is or what to do if they find or are pricked by a needle.

Turning to the messages the public will respond to, the research found that:

- Fear that your child could catch HIV or Hepatitis via an infected needle is the most motivating reason to report drug related litter;
- 'Safety' is therefore a highly motivating message, especially if targeted at 'you and your family' rather than the community at large;
- Apathy is the main barrier to reporting drug litter. This largely stems from the general lack of faith in the 'authorities' to act and some de-sensitisation to the problems in areas worst affected; and
- The public want messages that will jolt people out of their apathy by reminding them of the consequences of inaction. They desire the use of hard hitting, even shocking, images and language.

The view of the public regarding the initiatives they most favoured was:

- The public ultimately want the authorities to take a more preventative and proactive stance and to be dealing with wider drug issues;
- However, a free phone hotline and dedicated response team would provide reassurance and empowerment for the public;
- For any initiative it will be key to manage expectations in terms of what drug litter will be cleared or what should be reported;
- Public targeted initiatives will need to be **seen** to be taking action in order to inspire confidence and trust by overcoming the public's scepticism about authority-run schemes; and
- This will lead to repeat reporting, as it will prove their efforts are not in vain.

⁶⁹ www.defra.gov.uk/environment/localenv/litter/index.htm

Analysis of existing drug litter campaigns and information was conducted in light of the research findings and further details are available at the Defra website. An example leaflet here shows the key points that should be included to communicate most effectively.

CORE INFORMATION

- **Simple, clear message**
~ e.g. "Protect your family, call the drug litter hotline"
~ don't need time to decipher it
- **Short explanation of what to do/ who to call**
~ NB people currently unaware of service
- **Clear, bold, memorable freephone telephone no.**
~ minimal barriers to calling number
- **Card to take away**
~ put in wallet, stick on fridge

- **Identifiable association between local authority and Encams (a non-authority)**
~ specific to local area
~ not just another council campaign

Secondary Information

- **What to do if find/injured by needle**
~ useful info but not essential, may distract away from main message
- hence at bottom of page and/or on card

Features of an effective public information leaflet

As part of its work on drug litter, in late 2005 ENCAMS plans to make available to local agencies standard artwork that incorporates the design recommendations above. For more information contact Ginette Unsworth (ginette.unsworth@encams.org). Artwork from information leaflets used by the Blackpool Community Safety and Drugs Partnership is also available on request⁷⁰.

Encouraging reporting versus creating panic

There is clearly a tension that emerges from these findings. On the one hand, the message that is most likely to motivate the public to take action and report needle finds is one that stresses the potential health risk to family members, particularly children. On the other hand, in educating the public about drug litter, it is important to stress that the health risks are actually low – there are no reported cases of the public becoming infected with blood-borne diseases following contact with discarded needles or syringes. Public information should not be so sensationalist that it leads to undue panic or distress about the risks from drug litter.

To try and resolve this tension, it is suggested that leaflets and posters aimed at the public should stress that:

1. The public should NOT touch or attempt to remove the needle; and
2. That in reporting the needle to the authorities, the member of the public has done the right thing and has improved the safety of the community, including his/her own family.

When calls and reports are received, it may be appropriate (for example if the member of the public is particularly upset and worried) to reassure the member of the public that the risks of infection are very low. It may not be appropriate to place this reassurance on information leaflets as it could encourage members of the public to move needles themselves (see below).

⁷⁰ Contact Dominic Blackburn (dominic.blackburn@blackpool.gov.uk).

11.2 Liability and public advice

One natural response to finding a discarded needle is to attempt to remove it immediately, rather than waiting for the council to come and take it away. This may well be particularly the case where there is a negative perception of council services in an area. The research cited above showed that a lack of faith in the council is one of the main barriers to the public reporting needles. Given this, some authorities have included in their public information advice as to how to deal with needles if you do not wish to wait or feel the drug litter poses an immediate threat to those in your neighbourhood.

The problem with including advice of this kind is that it can have the unintended consequence of encouraging the public to deal with a problem they should not be attempting to tackle. In turn, injuries resulting from following such advice would expose the organisation issuing the advice to liability for the injury⁷¹.

Recommendation – public information should not include any suggestion that needles can be moved or touched, nor any reference to steps that the public could take to dispose of needles they find. At the very least, full legal advice should be sought before including any such advice.

This does not preclude the inclusion of advice on what to do in the case of sustaining an injury from a needle. Such advice may well be useful to include on a leaflet, and will typically include the following:

- Do not suck the injured area;
- Encourage bleeding if the needle has broken the skin by squeezing;
- Wash the injured area with soap and water and cover with a plaster; and
- Seek medical advice as soon as possible, from your GP or the local Accident and Emergency department.

Advice of this nature should certainly be included on all materials and training for staff.

Southampton City Council has produced a public information leaflet that encourages those finding a needle to report it immediately via a telephone hotline. It also includes simple advice on what to do in the event of a needlestick injury, using the strapline '**Squeeze it, wash it, report it**'. This memorable phrase is supplemented with more detailed step-by-step advice.

Whatever secondary advice you may wish to include in an information leaflet, the guidance above should be kept in mind – there is a need for a clear, simple message about reporting the needle and a phone number that stands out over and above any additional information. Where hotlines are promoted, the advice given above should be kept in mind, particularly the need to ensure that delivery matches any promises that are made regarding response times.

⁷¹ See for example *Toole vs Bolton MBC* (2002) EWCA Civ 588.

12. Funding

An important stage of bringing any partnership together is to identify resources available for the action plan, and from what sources any additional funding will be sought. For tackling drug litter, members of the partnership should first aim to free up existing resources available for improving the local environment and reducing the fear of crime. Where new systems or services are required (such as monitoring or needle collection), then it may be possible to implement these as an extension to those already in place in order to make efficiencies.

Partnerships should also be prepared to make imaginative use of existing sources of funding, for example money available to local police Basic Command Units or liveability money received by the local authority. In doing so, it will be important to demonstrate how tackling drug litter can make a contribution to the different objectives of the partnership members (see table in section 5.3).

This guidance cannot serve as an exhaustive guide to possible funding sources and there are often local and regional funds available. However, the following may be available for partnerships:

Communities Against Drugs funding may still be available through local Drug Action Teams, although this will now be included as a component of the wider Safer Stronger Communities Fund (see below).

Local Public Service Agreements are available to local authorities (unitaries and counties) providing reward grants where stretch targets can be met – these can include improving the local environment and increasing community safety.

The Safer Stronger Communities Fund is a new fund that brings together a previously disparate set of Government monies. It can be used by local partnerships to tackle a wide range of issues, including the delivery of cleaner, safer, greener communities.

E-Government funding has been made available to support local government in implementing the E-Gov priorities. Partnerships may be able to use this money to help support the development of infrastructure, such as GIS, required to undertake effective monitoring and mapping of drug litter.

Neighbourhood Renewal Fund money is available in the 88 most deprived areas in England and could be used to target drug litter issues. Note that this will be included within the wider Safer Stronger Communities Fund in future years in order to reduce administrative burdens.

The Home Office is making further money available to increase the number of Police Community Support Officers. There may be opportunities to use these officers to help support the work of local partnerships in tackling drug litter.

In applying for any of the above funding, organisations will stand a greater chance if they can demonstrate commitment to a partnership approach that encompasses the elements described in this guidance. In particular, monitoring will need to be in place in order to demonstrate both the size of the problem and to evaluate the success of any funded activities put in place.

13. Further information

This section provides some further sources of information that may be of use for those who wish to explore the issues in more depth, as well as additional guidance covering related topics.

*The Safer Injecting Handbook, Exchange Supplies*⁷². This handbook is now in its 5th edition and is available (free of charge) from many drug services, as well as online. It is aimed at drug users, as well as those working with users, giving advice on how to reduce the risks of injecting.

The Safer Injecting Briefing, Hit publications, 1999. An easy to use comprehensive reference guide to promoting safer injecting. Whilst it is currently out of print, it is available online at Exchange Supplies⁷³.

In addition to those cited above in section 8, the National Treatment Agency provides a wide series of publications, including a number on the issue of drug related deaths⁷⁴.

The Government's Drug Strategy website contains a wide range of guidance, advice and toolkits which includes supporting communities to tackle drug problems, dealing with drug problems in rented housing and homelessness⁷⁵. It also contains a good practice guide for tackling crack markets and guidance on the use of the new powers in the Anti-social Behaviour Act 2003⁷⁶.

ENCAMS has carried out a series of surveys into the nature and extent of the drug litter problem. These provide the only national data currently available. Reports from the surveys carried out in 1998, 2001 and 2004 can be found on the ENCAMS website.

*Blue Light Blues, KFx February 2003*⁷⁷. A paper that explains the risks associated with the installation of blue lighting in toilets and recommends alternative approaches.

*Injecting Equipment and Sharps Bins: Legal and Practice issues, KFx September 2003*⁷⁸. This provides guidance on the legislation surrounding the distribution of injecting equipment in a variety of settings. It also deals with the provision of sharps bins and waste transport issues.

Unison has published *Needlestick Injuries: A guide for Local Government safety representatives*⁷⁹. Whilst some of the research cited is out of date, the key messages are still relevant and this is a useful concise guide for those responsible for health and safety.

⁷² www.exchangesupplies.org/publications/saferinjhb/injectingintro.html

⁷³ www.exchangesupplies.org/publications/safer_injecting_briefing/section_preface.html

⁷⁴ www.nta.nhs.uk/publications/drugdeath.htm

⁷⁵ www.drugs.gov.uk/nationalstrategy/communities. Further information on drugs and homelessness is available at www.drugs.gov.uk/WorkPages/Communities/Toolkits/Homelessness

⁷⁶ www.drugs.gov.uk/ReportsandPublications/Communities/1051178536 and www.drugs.gov.uk/ReportsandPublications/Communities. More general guidance on tackling drug markets is found in the drugs crime toolkit at www.crimereduction.gov.uk/toolkits/dr00.htm

⁷⁷ www.ixion.demon.co.uk/blue%20light%20blues.pdf

⁷⁸ www.ixion.demon.co.uk/Injecting%20Briefing%20v.2%20sep%2003.pdf

⁷⁹ www.unison.org.uk/acrobat/10840.pdf and further information from UNISON at www.unison.org.uk/features/features/0211needlesticks.asp

The Health and Safety Executive (HSE) has published *Blood-borne viruses in the workplace: guidance for employers and employees*⁸⁰. This aims to improve understanding of blood-borne viruses, issues regarding exposure at work and steps to take to reduce this.

The Neighbourhood Renewal Unit of the Office of the Deputy Prime Minister has published a factsheet for neighbourhood wardens on tackling drug related litter⁸¹.

Public Conveniences: Policy, Planning and Provision, Institute of Wastes Management 2001. This guide deals with many of the common issues facing the provision and maintenance of public toilets, including discarded needles and syringes. The Chartered Institution of Wastes Management also publishes guidance on cleansing and waste management issues more generally.

Safer Places: The Planning System and Crime Prevention, ODPM and Home Office 2004. This good practice guidance is concerned with the promotion of safe, sustainable and attractive environments. It shows how planning can contribute to crime prevention and the creation of safer places.

Research into public attitudes towards drug related litter was carried out by Defra in 2004, and the report is available on the Defra website⁸².

Research into the attitude of drug users has been conducted by Safer Communities Torbay, with a report available on the Defra website⁸³.

A number of local authorities have produced research and guidance on drug related litter. Some of these are cited elsewhere in this guidance and there are also examples available on the ENCAMS Drug Related Litter Knowledge Bank.

As part of its work funded through the Government's Liveability Fund, Mansfield District Council is tackling drug litter problems, including design improvements in the town centre⁸⁴.

Australian Injecting and Illicit Drug Users League (AIVL) – *National Injecting Equipment Disposal Study, April 2002*.⁸⁵ This extensive report was the result of a national research project on disposal of injecting equipment, focusing on reasons for inappropriate disposal. Many of the issues covered are the same as those facing agencies in the UK.

Queensland's Community Sharps Management guide provides an excellent and thorough example of a local partnership plan to deal with drug litter⁸⁶.

A wide range of references regarding needle exchanges are available from Common Sense for Drug Policy at www.csdp.org and www.drugwarfacts.org/syringee.htm

⁸⁰ www.hse.gov.uk/pubns/indg342.pdf

⁸¹ Order from ODPM (0870 1226 236), quoting reference number 03NRU01171/b.

⁸² www.defra.gov.uk/environment/localenv/litter/pdf/druglitter-community.pdf

⁸³ www.defra.gov.uk/environment/localenv/litter/pdf/druglitter-problems.pdf

⁸⁴ See www.idea-knowledge.gov.uk/idk/core/page.do?pageld=270367 for more details.

⁸⁵ www.aivl.org.au/files/AIVLNationalDisposalStudyReport.pdf

⁸⁶ www.lgaq.asn.au/lgaq/resources/Publications/CommSharpsMment2.pdf

Part Two

The Health Protection Agency's *Shooting Up* is a study of infection among injecting drug users⁸⁷.

A World Health Organisation factsheet on safe injecting is available at www.who.int/mediacentre/factsheets/fs231/en/

A US study on the use of drop boxes for drug litter disposal includes an evaluation based on user focus groups⁸⁸.

Exchange Supplies has organised a series of conferences addressing drug treatment and injecting drug use and reports on these are available on its website⁸⁹.

A study into the use of retractable needles in Australia can be found at www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-publth-strateg-needle-index.htm. Note that the provision of difficult to re-use or retractable needles is currently contrary to NTA advice.

Questions and answers on needle exchange schemes in Australia, including issues of discarded needles and advice for the public on finding them is available at <http://www.ancahrd.org/pubs/pdfs/needlequest.pdf>

The Management of health, safety and welfare issues for NHS staff, 2005 includes a guide to the management of sharps in the healthcare sector. This includes information on reporting and liability issues⁹⁰.

⁸⁷ www.hpa.org.uk/infections/topics_az/injectingdrugusers/ShootingUp-2004.pdf

⁸⁸ www.findarticles.com/p/articles/mi_qa3733/is_199810/ai_n8823170

⁸⁹ www.exchangesupplies.org/conferences/conferences.html

⁹⁰ www.nhsemployers.org/docs/blue_book_chapter_19.pdf

Websites

www.drugs.gov.uk

www.defra.gov.uk

www.homeoffice.gov.uk

www.dh.gov.uk

www.odpm.gov.uk

www.crimereduction.gov.uk

www.nta.nhs.uk

www.drugscope.org.uk

www.encams.org

www.lga.gov.uk

www.neighbourhood.gov.uk

www.exchangesupplies.org

www.needlestickforum.net

www.unison.org.uk

www.ixion.demon.co.uk

www.hse.gov.uk

www.hpa.org.uk

Annex A – Summary of recommendations

When setting up a new service to respond to drug related litter (or reviewing existing services), evaluate the need for provision on sex related litter and consider a combined service, where this need exists. The same consideration should be given to wider drug services.

Establish an agreement or protocol between the Police and local agencies regarding the possession of used needles and drug paraphernalia.

Liaise with your local Environment Agency office (call 0845 9333111 for details) at the earliest opportunity in order to determine what regulations apply and how these will be enforced.

Working in partnership is the key to the effective management and reduction of drug related litter. Whatever range of approaches are taken, they will all be far more effective when undertaken in partnership. There are a wide range of agencies and organisations that will come into contact with the issue, and all will have some part to play in reducing the problem and its wider impacts.

Where drug related litter is identified as a problem, agencies in an area should prepare one joint plan to tackle it, clearly identifying all relevant stakeholders signed up to specific roles.

Coordinate the reporting of discarded needles across all local agencies and departments in order to establish a true picture of the extent, location and nature of the problem.

Needle exchanges and other sources of supplies of harm reduction equipment for drug users should ensure that they actively work with local partners to reduce the incidence of needles and other drug litter discarded in public places.

Local authority cleansing standards should include clear response times for drug litter (and other dangerous items) that are faster than those for general litter.

Local service providers should deliver a 24 hour service collecting needles from as wide a range of locations as possible, working with neighbouring agencies to provide this where it is more efficient to do so. Repeat calls to the same locations should be followed up with proactive design solutions.

Training and briefing should be provided for all those who will potentially come into contact with drug litter. Staff should take the view that any needle or paraphernalia could be infected, and will therefore present a risk requiring appropriate management.

Plans for managing drug related litter should include close liaison with those responsible for the design, maintenance and management of public toilets.

Due to the increased risks to users and lack of evidence as to its efficiency, blue lighting should not be used in public toilets to deter drug use.

Partnerships should fully explore the potential for sharps bins, liaising closely with drug users and services to ensure the siting and promotion of bins is as effective as possible.

Public information should not include any suggestion that needles can be moved or touched, nor any reference to steps that the public could take to dispose of needles they find. At the very least, full legal advice should be sought before including any such advice.

Annex B – Needlefinder

Blackpool Community Safety and Drugs Partnership has developed a needle reporting system that is used by all members of the partnership to capture data relating to needle finds. The system allows a wide variety of data to be captured, and links to a mapping system to allow the partnership to identify problem areas and plan interventions, such as providing public sharps bins.

The screenshot shows a web-based form titled "Blackpool Community Safety and Drugs Partnership Needle Finder database". The form is set against a dark blue background with white text and input fields. The fields are arranged in two columns. The first column contains: finder surname (empty), finder_firstname (test), ward (Waterloo), date_found (22/08/2004), location (rear of bute avenue / eaves street), location_postcode (empty), location_scene (Alleyway), location_northing (empty), number_found (2), action_taken (placed in needle bin), needle_stick_injury (No), organisation (Landlord Services), and is_count_accurate (Yes). The second column contains: needlebin (n/a). At the bottom of the form, there are two buttons: "Previous Record" and "Next Record". Below the buttons, a status bar shows "Record: 1 of 231".

The system is available from the partnership free of charge for other partnerships that wish to make use of it.

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Notes

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