

# DEPARTMENT OF HEALTH AND AGEING

## EVALUATION OF NATIONAL AUDIT OF COMMUNITY NEEDLE AND SYRINGE DISPOSAL FACILITIES

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### **FINAL REPORT**



# CONTENTS

<b>INTRODUCTION .....</b>	<b>1</b>
1.1 Project Overview.....	1
1.2 Evaluation Overview.....	1
1.3 Methodological Overview.....	2
1.3.1 Research Questions .....	2
1.3.2 Data Collected .....	3
<b>HISTORY .....</b>	<b>4</b>
<b>RESPONSES TO KEY RESEARCH QUESTIONS .....</b>	<b>6</b>
3.1 Process Used to Undertake Audit .....	6
3.1.1 Stakeholder Consultations .....	6
3.1.2 Surveys .....	7
3.1.3 NSP Mapping .....	7
3.1.4 Legislation Review.....	8
3.1.5 Literature Review.....	8
3.1.6 GIS Dataset Process.....	8
3.2 Involvement of State, Territory & Local Governments.....	8
3.3 Coverage of Disposal Arrangements .....	9
3.4 Project Performance Indicators.....	10
3.5 “Inappropriate Disposal” Activities in Final Report.....	12
3.6 Findings of the National Audit project .....	13
<b>CONCLUSIONS .....</b>	<b>15</b>

# INTRODUCTION

## 1.1 PROJECT OVERVIEW

The Australian Government's Department of Health and Ageing (the Department) has engaged Health Outcomes International to conduct a Mid-Term Evaluation of the Retractable Needle and Syringe Technology Initiative (the Initiative).

The Initiative comprised a number of components, each of which are considered in, and contribute to, the national Mid-Term Evaluation. These were:

- The National Consultation process;
- The 'Request for Information' process (RFI);
- The 'Request for Product Information' process (RFP);
- Pilot Studies of Retractable Needles and Syringes (Pilot Studies);
- Economic Analysis;
- National Audit of Community Needle and Syringe Disposal Facilities; and
- Implementation Reference Group (IRG).

The Commonwealth Government, in the 2005 Budget, announced that the Initiative would not proceed past the 2004-2005 Financial Year, based on the information gathered in the first half of the Initiative. The Budget announcement resulted in the disbandment of the Implementation Reference Group, and so this individual component has been excluded from the Mid-Term Evaluation.

The primary objective of the Mid-Term Evaluation of the Retractable Needle and Syringe Technology Initiative is to "evaluate each component of the Initiative and provide the Department with a Mid-Term Evaluation Report including recommendations for progressing the Initiative."

## 1.2 EVALUATION OVERVIEW

The primary research question to be answered by the Mid-Term evaluation is:

"To what extent has the Retractable Needle and Syringe Technology Initiative (as a whole) contributed to identifying the relevant issues, and ways of addressing these, in relation to the use of retractable needles and syringes in Needle and Syringe Programs (NSP's) by injecting illicit drug users?"

Secondary research questions which guide the conduct of the Mid-Term evaluation include:

"To what extent have the processes that have been used to implement the Initiative (particularly the Pilot Studies of Retractable Needles and Syringes, National Audit of Community Disposal Facilities and Economic Analysis) been effective?"

"Have the key stakeholders from each State and Territory participated in this Initiative?" and

“To what extent has the Initiative been implemented to enable retractable needles and syringes to be successfully trialled in the market and for the Initiative to meet its objectives?”

The primary and secondary research questions are to be answered through a process of meta-analysis. This process involves an examination of the seven components of the Initiative, both individually and collectively, with a view to identifying the degree of effectiveness of the Initiative. As some of the individual components are the subject of separate evaluation processes, the meta-analysis will be finalised upon completion of the individual evaluations (or projects), to address each of the secondary research questions. Analysis will then be conducted concerning the primary research question.

The Pilot Studies are the primary information source on the “suitability and acceptability” of retractable needles and syringes with respect to consumers, NSP workers and other stakeholders. The economic feasibility of retractable needles and syringes is to be addressed through the economic analysis component, while the other components examine such areas as industry views (through the RFI and RFP processes), disposal issues and coverage (through the National Audit process), and governance, management and planning (through the IRG).

The meta-analysis process enables conclusions to be ascertained about the extent to which the Initiative has been successful, the extent to which stakeholders have participated in the various processes, and the extent to which a permanent implementation of retractable needles and syringes is viable, sustainable and valuable.

## **1.3 METHODOLOGICAL OVERVIEW**

The Mid-Term Evaluation process is divided into two phases. Phase one was conducted between June 2004 and August 2004, and comprised of a retrospective evaluation (covering activities occurring during 2002-2003) of the:

- Request for Information (RFI) Process;
- National Consultation Process; and
- Request for Product Information (RFP) Process.

In September 2004, a final report was presented to the Department of Health and Ageing which described the findings from the Phase One evaluation.

Phase Two of the mid-term evaluation commenced in early 2005 and the final report is due to be delivered six weeks after the completion of the last component (i.e. the National Mapping of Community Disposal Facilities). In the meantime, individual reports covering each of the remaining components of the Initiative are to be provided to the Department. These components are:

- Pilot Studies (report completed);
- Economic Analysis (report completed); and
- National Audit of Community Disposal Facilities.

This report comprises the evaluation of the National Mapping of Community Needle and Syringe Disposal Facilities.

### **1.3.1 RESEARCH QUESTIONS**

Key research questions to be answered by the evaluation of the National Audit of Community Disposal Facilities were developed and included in the Evaluation Framework document, delivered to the Department in early 2004. The research questions were subsequently updated to reflect the development of the Initiative since that time. The final set of research questions is as follows:

- What process was used to undertake the audit?

- To what extent have State, Territory and Local Governments participated in or contributed to this initiative?
- What coverage has been achieved in the audit process to cover private and public sector (at all levels of government) disposal arrangements?
- Have the performance indicators for this project been met?
- To what extent does the final report reflect the extent of activities to address “inappropriate disposal” in each state and territory?
- What were the findings from the National Audit project?

This report addresses each of these research questions in turn.

### **1.3.2 DATA COLLECTED**

The data used to address these research questions has been compiled from two primary sources: a review of key documents associated with the National Audit, and consultations with the consultants (Waste Audit and Consultancy Services (Aust) Pty. Ltd.) who conducted the project.

#### **DOCUMENTATION REVIEW**

Documentation relating to the National Audit was obtained from the Department, and was analysed against key research questions. The documents made available for use in the evaluation of the National Audit of Community Needle and Syringe Disposal Facilities were as follows:

- Australian Government Department of Health and Ageing (June 2004) “Request for Tender – National Audit of Community Needle and Syringe Disposal Facilities” (168/0304).
- Department of Health and Ageing and Waste Audit and Consultancy Services (Aust) Pty Ltd (2004) Contract to conduct the National Audit of Community Needle and Syringe Disposal Facilities – Schedule A - Services.
- Waste Audit and Consultancy Services (Aust) Pty Ltd (May 2005) “(Draft) Report on the National Audit of Community Needle and Syringe Disposal Facilities”.

#### **CONSULTATIONS**

A telephone interview was conducted with Mr Adrian Taylor from Waste Audit and Consultancy Services to explore some of the background issues associated with the conduct of the National Audit project and to gain his perspective on any issues faced and future actions that might be undertaken. The interview focused on the research questions as presented above.

## HISTORY

In June 2004, the Department of Health and Ageing embarked upon a procurement process to engage “a suitably qualified consultant to undertake a National Audit of Community Needle and Syringe Disposal Facilities” as a component of the Retractable Needle and Syringe Technology Initiative.<sup>1</sup>

The Statement of Requirement identified that the Audit was to “identify gaps in disposal strategies and/or sharps management processes and enhance government’s capacity to address inappropriate disposal of needles and syringes in the community”. The objectives of the Audit were to:

- Identify the numbers, availability and accessibility of all needle and syringe distribution outlets;
- Identify the types of disposal facilities and their suitability for all types of needles and syringes in the community including those used by illicit injecting drug users, people with diabetes and other medical syringe users;
- Identify areas with high levels of inappropriately discarded injecting equipment and equipment distribution outlets;
- Identify the issues surrounding inappropriate disposal of injecting equipment in the community disposal of needles; and
- Provide a national map of all community needle and syringe disposal facilities.

Waste Audit and Consultancy Services (Aust) Pty Ltd was subsequently appointed to undertake the National Audit. The draft report of the study was submitted in May 2005.

The Service Schedule for the Contract for Service described the project in slightly different terms than the original brief. The Schedule identified that Waste Audit and Consultancy Services was to provide the following services:

- Identify the number, type, location and accessibility of needle and syringe distribution outlets.
- Identify the number, type, location and servicing regimes for needle and syringe collection points (both staffed and unstaffed). The information to be provided must include, but not limited to, the following:

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<sup>1</sup> Australian Government Department of Health and Ageing (June 2004) “Request for Tender – National Audit of Community Needle and Syringe Disposal Facilities” (168/0304) p1.

	Details of Sharps Disposal	Information Type
<b>Type</b>	Needle/Syringe/Sharp	Textual
<b>Quantity</b>	At Site, Feature or Location	Numeric
<b>Materials</b>	Details of discarded materials	Textual
<b>Facility</b>	Public/Private (Toilet, Bin etc)	Textual
<b>Asset No.</b>	Facility No. (where available)	Textual
<b>Location</b>	Spatial X,Y (not projection)	Numeric (x2)
<b>Address</b>	Street Address	Textual
<b>Local Gov.</b>	Shire (LGA)	Textual
<b>Disposal</b>	Discarded/Disposed Properly etc	Textual
<b>Access</b>	Details relating to accessibility	Textual
<b>Distribution</b>	Relationship Sharps Vs Disposal	Textual
<b>Maintained</b>	By Local Gov./Private	Textual
<b>Action Plan</b>	Community Sharps Program?	Textual
<b>Distribution</b>	Relationship Sharps Vs Disposal	Textual

- For both objectives identified above, determine the type of clientele utilising the services offered.
- Determine current strategies for managing community needle and syringe disposal by all stakeholders including states and territories, local governments, pharmacies and waste contractors.
- Determine the effectiveness of these strategies and identify gaps in meeting both regulatory and community expectations for the disposal of needles and syringes.
- Map locations, incidents/numbers and types of inappropriate disposal of needles and syringes and determine management practices for these locations.
- Ascertain the community concerns in respect to risk of injury from inappropriate needle and syringe disposal.
- Determine the actual risks associated with both inappropriate and appropriate needle and syringe disposal.

## RESPONSES TO KEY RESEARCH QUESTIONS

### 3.1 PROCESS USED TO UNDERTAKE AUDIT

The multi-method approach used by the consultants to contact the National Audit is described below.

#### 3.1.1 STAKEHOLDER CONSULTATIONS

The list of participants in the consultation process was compiled in consultation with the Department, which then evolved into a larger network over time. Consultations were conducted either face-to-face or by phone and joint meetings were conducted where possible.

The Appendix to the report from the National Audit contains a list of stakeholders who participated in the consultations, by sector. The table below aggregates this information.

Sector	Agencies Consulted
Health	29*
Local Government	7*
Pharmacy	9
Diabetes	8
Environment	8
National Parks	9
WorkCover	4
Public Transport	11
Various	23
<b>Total</b>	<b>108*</b>

\*Some NSPs and many local councils were also consulted with, but these were not specified and can therefore not be included in these figures.

### 3.1.2 SURVEYS

The report identifies that the stakeholder groups surveyed were those who “from a national perspective, had significant ownership of process or infrastructure relating to the management of issues surrounding the inappropriate disposal of needles and syringes”.<sup>2</sup>

Individually tailored surveys were developed by the consultant for each of the different target groups. The surveys were then circulated to stakeholder group representatives for comment. This process was designed to ensure that the surveys were relevant and appropriate, that they would elicit the required information and to build “ownership” amongst key stakeholders. The report identifies in detail how this process was implemented for each sector: local government; NSPs; and pharmacy.

**Survey Returns, by Sector**

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total Returned	Return Rate
<b>Local Government</b>	1	131	34	36	50	27	61	116	456	67%
<b>NSPs</b>	8	107	3	41	70	15	69	44	357	U/K*
<b>Pharmacy</b>	20	335	3	146	86	31	144	0	765	18%

\* Return rate is not published in the report. However, if one calculates the returns as a percentage of the total number of primary and secondary NSPs in Australia (n=799), then the return rate is 45% noting that not all secondary NSP within Australia were surveyed, for example in Queensland phone surveys were undertaken with only the top 50 distributors.

The return rates, across the three sectors, are regarded as being very good. The rate of return for pharmacies is in the usual range of returns for a cold-call survey (between 10 and 20%). However, the rates of return for NSPs and local government are exceptional.

The reasons for such a significant response could include:

- The importance of this issue to NSPs and local government.
- The work of the respective Local Government Associations and State and Territory NSP Coordinators in supporting the survey and advocating to their constituencies to complete the survey.
- The work of the consultant in building ownership amongst stakeholders for the National Audit, such that they were willing to contribute their time to fill out the survey, and in following up organisations (particularly local government) to obtain completed surveys.

### 3.1.3 NSP MAPPING

In order to gain a better understanding of the jurisdictional interrelationships the consultants developed process maps for each State and Territory. Each map depicted the source and allocation of funding, information flows, funded equipment and services and collected data. Once drafted, the maps were reviewed by State and Territory representatives to ensure their accuracy.

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<sup>2</sup> Waste Audit and Consultancy Services (2005) op cit p42.

### 3.1.4 LEGISLATION REVIEW

A legislative and policy review was undertaken in each State and Territory in order to identify statutory references relevant to this project.

### 3.1.5 LITERATURE REVIEW

A review of national and international literature was undertaken with a particular focus on “the hazards associated with blood-borne (and other) pathogens, that could be transmitted via inappropriately disposed of N&S<sup>3</sup> (sic) and aspects that impinge on appropriate management of used N&S in public areas”.

### 3.1.6 GIS DATASET PROCESS

The survey of local government included a request for details of the locations of fixed needle and syringe disposal facilities and the locations where discarded needles and syringes were found. This information was then provided to a Geographic Information System (GIS) consultancy and translated into coordinates (i.e. latitude and longitude).

The report states that 51% of all local government respondents said that they provided fixed needle and syringe disposal facilities. 48% of all local government respondents provided useful information (around 2,500 separate fixed unit locations) that lends itself to the GIS process. The data returned in the surveys had some limitations as some councils did not provide the level of detail requested about asset locations (i.e. disposal bins) or the location of discarded needles and syringes collected by staff in the ordinary course of their work. Additionally, some councils (particularly some large metropolitan councils) either did not supply the information or did not consent to its public release. The consolidated dataset is to be provided to DHA in the form of an Access database.

## 3.2 INVOLVEMENT OF STATE, TERRITORY & LOCAL GOVERNMENTS

The methodology used by Waste Audit and Consultancy Services to conduct this project involved extensive contact with State, Territory and local governments. In particular, State and Territory NSP Coordinators (employed by state government health departments) were involved in:

- The consultations and in identifying NSPs within their jurisdiction to be consulted;
- Reviewing the initial draft of the NSP survey, supplying information at a jurisdictional level, providing a database of agencies in their jurisdiction and distributing the survey directly to NSPs; and
- Assisting the consultants to develop the process map for their jurisdiction.

Other State and Territory government agencies involved in the consultations included:

- WorkCover;
- Environment;
- Police;
- National parks;
- Public transport;
- Sewerage and stormwater management; and
- Needle hotlines.

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<sup>3</sup> “needles and syringes”

Local government organisations were similarly involved in a range of activities including:

- Providing advice on the best method for consulting with local councils;
- Participating in the consultations;
- Reviewing the initial draft of the local government survey;
- Completing the survey; and
- Promoting the survey to their members (local government associations).

There are no obvious omissions amongst the list of government organisations consulted in the course of the study. It appears from the report, that all appropriate government organisations have been consulted, and many of these organisations have been consulted in different ways. The consultant indicated that within some organisations, particularly local government, many different people were involved with the management of needles and syringes as part of their role. This made it difficult to identify the correct person to speak with, as a single person did not have obvious carriage of the issues.

### **3.3 COVERAGE OF DISPOSAL ARRANGEMENTS**

As well as consultations with the public sector, the audit consultants also engaged the private sector. Private and not-for-profit organisations consulted included:

- Diabetes Australia;
- Clean Up Australia;
- Waste Management Service Providers;
- Pink Healthcare Services;
- Charity Bin Suppliers;
- User Advocacy Groups;
- Selected Shopping Centre Management;
- Airports;
- Building managers; and
- Building site managers.

Each participating organisation was asked about the disposal facilities they offer, and their current practices for managing used needles and syringes. The results for each organisation were written up separately in the report.

In addition, completed surveys were received from pharmacies (which are private sector organisations) across Australia (with the exception of WA). The issue of disposal services provided by pharmacies was covered through a number of different questions in the survey (responded to by 765 pharmacies across Australia) including the type of disposal services offered, why they do not provide disposal facilities (if they do not), and whether they would consider providing a fixed external disposal unit (and if not, why not).

It is worth noting that whilst the original brief focused on “community needle and syringe disposal facilities”, the contract for services did not limit disposal facilities to “community”. Accordingly, the consultants conducted extensive consultations with the private sector and followed up suggestions regarding additional private sector bodies to be consulted.

With respect to public sector disposal arrangements, reference has been made in Section 3.2 (above) to the broad range of organisations consulted. Existing disposal arrangements (including the type of collection and disposal facilities, processes and programs provided) formed a major component of the consultations and the survey.

### **3.4 PROJECT PERFORMANCE INDICATORS**

As there were no “performance indicators” established for this project, the tasks outlined in the Contract Schedule (A) will be used. These tasks are listed below.

#### **IDENTIFY THE NUMBER, TYPE, LOCATION AND ACCESSIBILITY OF NEEDLE AND SYRINGE DISTRIBUTION OUTLETS.**

The report identifies the number, type and jurisdiction of needle and syringe distribution outlets, including NSPs, pharmacies and vending machines, across Australia. The issue of “accessibility” to needle and syringe distribution outlets was addressed by asking pharmacies their weekly trading hours and NSPs the hours of access to their disposal facilities, many of which were internal. This information is presented in the project databases. We consider that it is reasonable that this issue was not pursued further in the course of this project as the issue of accessibility to needles and syringes is a separate issue to that of the primary focus of the study, namely the disposal of used equipment.

#### **IDENTIFY THE NUMBER, TYPE, LOCATION AND SERVICING REGIMES FOR NEEDLE AND SYRINGE COLLECTION POINTS (BOTH STAFFED AND UNSTAFFED).**

This information was collected in the survey of local government, NSPs and pharmacies. Information on the location of needle and syringe disposal facilities was provided by 48% of local government respondents, noting that 42% of local government respondents stated that needles and syringes did not pose a problem in their LGA. The level of information provided for some responses was not as detailed as requested in the surveys. This has led to the consultants making recommendations about the need for more sophisticated and consistent data collection processes. The database produced from the responses received has been provided to the Department in the form of an Access database.

#### **FOR BOTH OBJECTIVES ABOVE, DETERMINE THE TYPE OF CLIENTELE UTILISING THE SERVICES OFFERED.**

The type of clientele using their service was asked in the NSP survey. Specifically, which of the following groups use their service: injecting drug users, people with diabetes, anabolic steroid users and/or “other”. No data is available on who uses public disposal facilities provided by local government, and NSPs were asked only to identify which clientele use their services and not specifically their disposal services.

#### **DETERMINE CURRENT STRATEGIES FOR MANAGING COMMUNITY NEEDLE AND SYRINGE DISPOSAL BY ALL STAKEHOLDERS INCLUDING STATES AND TERRITORIES, LOCAL GOVERNMENTS, PHARMACIES AND WASTE CONTRACTORS.**

The strategies used to manage community needle and syringe disposal formed the main area of enquiry of the consultations and the survey. All stakeholders were asked about the strategies that they have in place to manage both appropriate and inappropriate disposal. One of the key issues considered was the requirements of occupational health and safety legislation in requiring the stakeholders to manage disposal in such a way that the risk to staff of a needle stick injury is reduced. As might be expected, a significant number of recommendations focussed on improving the way that needle and syringe disposal is managed in Australia.

## **DETERMINE THE EFFECTIVENESS OF THESE STRATEGIES AND IDENTIFY GAPS IN MEETING BOTH REGULATORY AND COMMUNITY EXPECTATIONS FOR THE DISPOSAL OF NEEDLES AND SYRINGES.**

A review of the literature was undertaken to identify the regulatory requirements for needle and syringe disposal. The survey of pharmacies and local government asked why (or why not) disposal facilities had been provided. In many instances, the facilitator (Councils) or barrier (pharmacies) for disposal was community pressure or perceptions.

The effectiveness of the strategies that have been implemented by stakeholders could potentially be determined by the comparison between the number of needles and syringes distributed and those returned, discarded or disposed. However, it is impossible to obtain, for example, the numbers of inappropriately disposed needles and syringes being discarded and washed into the stormwater system or those appropriately disposed, in some States and Territories, via the domestic waste stream. As such the project was not able to assess the efficacy of strategies but rather sought to identify the gaps and how the response could be improved. Recommendations were made regarding management practices, community perceptions and legislative change.

## **MAP LOCATIONS, INCIDENTS/NUMBERS AND TYPES OF INAPPROPRIATE DISPOSAL OF NEEDLES AND SYRINGES AND DETERMINE MANAGEMENT PRACTICES FOR THESE LOCATIONS.**

The data collected from stakeholders regarding inappropriate disposal has been delivered to a consultant who will be translating it into Geographic Information System (GIS) data. This is then in a format ready to be mapped. The report notes that the "information returned from the surveys had a reduced level of accuracy with many respondents providing only postcode information due to the nature of their data collection systems"<sup>4</sup>. The report makes recommendations designed to improve the quality of the data collected regarding inappropriately disposed needles and syringes.

## **ASCERTAIN COMMUNITY CONCERNS IN RESPECT TO RISK OF INJURY FROM INAPPROPRIATE NEEDLE AND SYRINGE DISPOSAL.**

The survey of local government included questions about what had motivated councils to provide needle and syringe disposal facilities, whether the council had received complaints from the community about inappropriately disposed needles and syringes and what methods the council had used to determine suitable locations for fixed disposal units. The responses to these questions indicate that there is some level of community concern about inappropriately disposed needles and syringes, but the risk of injury was not highlighted as a motivation for these concerns.

## **DETERMINE THE ACTUAL RISKS ASSOCIATED WITH BOTH INAPPROPRIATE AND APPROPRIATE NEEDLE AND SYRINGE DISPOSAL.**

The risks of contracting a blood-borne virus through a needle-stick injury were identified through the literature review. However, the literature does not distinguish between "appropriate" and "inappropriate" disposal, but rather public (i.e. community) needle-stick injuries and professional or occupational needle-stick injuries. The project also canvassed the risks associated with occupational exposure to discarded needles and syringes (such as in the domestic waste system) however, due to the limitations of the available information it is not possible to quantify these risks.

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<sup>4</sup> Waste Audit and Consultancy Services (2005) op cit p 50.

### **3.5 “INAPPROPRIATE DISPOSAL” ACTIVITIES IN FINAL REPORT**

One of the objectives of the National Audit, as noted above, was to “determine current strategies for managing community needle and syringe disposal by all stakeholders...”, including inappropriate disposal. The surveys of local government, State and Territory needle and syringe programs and pharmacies all contained questions about inappropriate disposal. Not all of the survey results regarding inappropriate disposal were documented in the final report as this would have made the report too cumbersome. Only the key responses regarding inappropriate disposal were written up in the final report.

The consultants produced a summary of the flow of equipment in each jurisdiction. This includes a textual description of the context, the system, licensing requirements, funding disposal strategies and data management. A map was also prepared for each jurisdiction that outlined this information, including disposal activities.

### 3.6 FINDINGS OF THE NATIONAL AUDIT PROJECT

The National Audit project made a series of findings on the basis of the consultations and data collection undertaken. The key findings included:

- That there are differences in how NSPs operate in each jurisdiction, but they are all underpinned by the same philosophy of harm minimisation.
- There are distinctions between disposal activities in each jurisdiction in terms of what is legally permitted (such as disposal in the domestic waste stream) and how they are funded. In particular, there is no dedicated funding at a national level for collection and disposal systems.
- Data regarding appropriately disposed needles and syringes is collected in different ways across the country, including volume of the collected container, weight of the container and actual number of needles and syringes collected. There are also large quantities of disposed needles and syringes that are not recorded at all, including those that wash down drains and those collected from beaches and other public places (in some areas at least).
- 42% of councils responding to the survey identified that needles and syringes do not pose a problem in their LGA.
- 51% of councils that responded to the survey reported that they used fixed needle and syringe disposal units.
- 57% of responding councils had received complaints about inappropriately disposed needles and syringes, with an increased number of complaints being received by councils who operate a "hotline" service.
- 18% of responding councils stated that they had received reports of a needle-stick injury.
- 63% of councils provide a special "clean up" service for discarded public place needles and syringes.
- The majority of NSPs reported that when they offer disposal containers to clients they are either mostly or always accepted.
- Pharmacies who responded to the survey reported that they provide more individual sharps containers, not including Fitpacks or other disposal containers that are provided with injecting packs, to people with diabetes or other medical conditions, than IDUs. Many respondents to the survey made comments that indicated that they were not comfortable providing services to IDUs, as they felt that this legitimises an illegal act.
- The vast majority of responding pharmacies reported that they would not consider installing a fixed disposal unit in their pharmacy.
- The waste management industry considers the disposal of needles and syringes to be an "emerging and serious concern" from an occupational health and safety perspective.
- Government enforcement agencies face a tension between the mandate to enforce legislation prohibiting the use of some substances whilst not discouraging the use of new injecting equipment and disposing used equipment appropriately.
- There is a need to provide clear legislation that sets out roles and responsibilities with respect to disposal and ensures consistency across all jurisdictions.
- There are few studies that explore the issues relating to the management of used needles and syringes, nor which focus on publicly disposed needles and syringes.
- There has been a lack of effective communication with the public to address misconceptions about the relationship between NSPs and inappropriately disposed needles and syringes.

- The evidence indicates that there is minimal risk to the public of contracting a blood-borne virus from an inappropriately disposed needle and syringe.
- Resourcing is an important issue in ensuring that needles and syringes are disposed properly and safely.

The consultant considers that the three most important findings of the report were:

- Collection of accurate data from all areas in relation to the disposal (appropriate and inappropriate) of needles and syringes is essential to understand the extent of the problem. Inconsistency in the current approaches to data management hinder more efficient management of the disposal of needles and syringes. A comprehensive review and improvement of information collection and management would assist in developing effective strategies in dealing with needle and syringe disposal.
- At a local level, adopting a multi-agency, collaborative approach (involving such organisations as state agency representatives, councils, police, NSPs, community organisations and community groups), is a particularly successful way to ensure that there is a coordinated, strategic approach that makes efficient use of limited resources.
- That the different legislative approaches in each jurisdiction allow different forms of disposal and classify used needles and syringes in different ways. This may place different sectors of the community at risk in either a public or occupational setting. It also makes it extremely difficult to identify which level (and sector) of government has primary responsibility for this issue and, as a result, the issue can often “fall through the cracks” between agencies.

On the basis of their findings, the consultants have made a wide range of recommendations across a range of topics. These topics include:

- Research coordination;
- Guidelines, standards and best practice models;
- Education and support material;
- Management practices;
- Data management;
- Community perceptions;
- Legislative impacts;
- Police activity and associated impacts;
- Gross pollutant traps;
- Behavioural aspects of disposal practices;
- Planning tools;
- Expand work with pharmacy sector;
- Comprehensive overview of needle and syringe management;
- National hotline; and
- Extended producer responsibility.

## CONCLUSIONS

The National Audit component of the Initiative was an ambitious project. It sought to explore, among other things, the “accessibility” of needle and syringe distribution outlets; to identify the nature and quantities of disposed needles and syringes; to identify the clientele using distribution outlets and disposal facilities; to determine strategies across both government and the private sector for managing community disposal; to determine the effectiveness of these strategies; to map the locations and quantities of disposed equipment; to identify community concerns about needle-stick injury and determine the actual risks associated with appropriate and inappropriate disposal. This is a broad ranging brief that was always going to prove to be difficult given the limitations of data availability and the timeframe for the study.

In our view, despite of the magnitude and complexity of these challenges, the consultants, Waste Audit and Consultancy Services, did an exceptional job at attempting to complete these many and varied tasks. Arguably, the project’s greatest achievement is the breadth of consultation it was able to achieve across such a broad range of stakeholders. The consultants spoke with more than 100 organisations, including government, not-for-profit and private companies. In addition, they were able to achieve exceptional response rates to their survey of local government and NSPs. The reasons why this may have occurred have been considered, and it is likely that a combination of a number of factors is responsible for such a high response rate. In particular, this success highlights the importance of laying the foundation with key stakeholders and persistent follow up of non-responders.

All of the tasks identified for this project have been completed. However, not all of the tasks are contained in detail in the final report. For example, “accessibility of needle and syringe outlets”, level of community concern about risk of injury from inappropriate disposal, and the quantity of needle and syringes discarded were not reported fully in the final report but data has been recorded in the Access database. The quantity of needles and syringes discarded has also been recorded with suburb by suburb locations identified in the GIS process. From the information collected, it was not possible to ascertain the type of people who use the public disposal facilities. While some of the tasks may not have been covered fully in the final report, it is our view that the consultants have done the best possible job within the limitations they were presented with.

The recommendations made in the report are large in number and broad in scope. They address issues beyond the immediate issue of disposal, to include such things as accredited training for NSP staff, although this approach has been endorsed by the Department as it documents knowledge that emerged from the consultations that would otherwise be lost.

A significant number of the recommendations suggest further work be undertaken and, as such, may suffer from the termination of the Initiative in the May 2005 budget. It remains to be seen what the legacy of this report will be. This may be affected by the level of circulation of the report, and the support generated for its conclusions and recommended actions. Given the subject matter and the efforts that have been made to ensure that the breadth of the discussions conducted with key stakeholders is reflected in the final report, it is hoped that the report will find a wide audience.