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Short Communication

Clinical wastes in the community: local authority management of discarded drug litter

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Despite comprehensive multi-agency management of complex social, criminal and health issues surrounding illicit drug use, substance abuse continues to escalate. Previously limited to deprived inner city areas, most communities now record rising numbers of intravenous drug users (IDUs) with increases of drug litter carelessly discarded in the environment, particularly in parks, gardens and public toilets.[1–3] Bloodborne virus transmission with Hepatitis B (HBV) and Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV) is the primary hazard. Needlestick injuries continue to occur, often involving children.[1,4] Seroconversion and life-threatening infection is uncommon,[2,5] although post-exposure prophylaxis and extensive follow-up is necessary and this may precipitate prolonged and debilitating stress for the victim and family group.[6]

Local authorities must maintain strategies to ensure the prompt and safe retrieval of drug litter. To evaluate the effectiveness of these services, an audit was undertaken to review information on the websites of each county, borough and district council and unitary authority throughout England ($n = 439$), Northern Ireland ($n = 29$), Scotland ($n = 37$) and Wales ($n = 21$). These 526 sites were accessed using search strategies described previously for a parallel audit of local authority management of clinical wastes from domestic premises.[7] Information was sought using the key search terms: 'needle', 'needles', 'syringe', 'syringes', 'sharp' and 'sharps'. The Internet has become a key portal for fast and cost-effective dissemination of information, and the information was assumed to be up-to-date and broadly indicative of current local authority policy and practice. Advice concerning discarded drug litter was found on 353 (66.9%) sites. Only two sites stated implicitly that needle retrieval services were not provided. Information was generally displayed on dedicated pages, although 15 sites only mentioned discarded needles on pages concerning fly tipping of trade and building refuse, asbestos waste and abandoned vehicles. The current drive to decrease the proportion of waste consigned to landfill was evidenced by widespread use of banner headlines on all waste-related pages to promote recycling. On 4 sites, the green recycling logo appeared prominently on pages referring specifically to discarded drug-related litter. At least 10 sites failed to identify relevant pages when searching for 'needles' that were indexed as 'needle', or for 'syringes' that were located with 'syringe'. Many sites referenced 'syringe/s' but not 'needle/s' ($n = 53$).

Arrangements for reporting needle and syringe finds varied considerably. Among 353 local authorities

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providing information about needle retrieval services, reporting via a telephone call centre was most common ($n = 156$, 44%), with additional options for e-mail or fax communication, on-line reporting or a personal visit to a council office. Twenty-four-hour reporting was claimed by 24 authorities, although only seven monitored telephone lines outside working hours. Target response times were only given by 75 authorities. Collections were often restricted to office hours only; 31 promised same-day collection, while a further 25 offered an urgent or immediate service or collection 'as soon as possible'. However, there were no performance data to confirm target success. Eleven authorities asked individuals to remain with finds to help staff to locate the items, although one flagged likely delays in attendance and invited finders to take discarded needles home for collection the next working day. With few exceptions, collection services did not operate at weekends or on public holidays. Four authorities admitted delays of up to 7 days before collection of discarded drug litter.

Many local authorities only collect drug litter from land in public ownership ($n = 124$), with 37 refusing reports of finds on privately owned land. One authority encouraged a wholly do-it-yourself approach, requesting individuals to 'protect and care for your community and pick up any discarded needles that you may find'. Only three regularly patrolled known 'high-risk' areas, with others placing sharps bins in key locations such as public toilets, parks and recreational areas frequented by IDUs. Reporting of finds on educational premises to school staff who 'had been trained in the safe retrieval of discarded needles and had access to necessary equipment' was common ($n = 67$), although there was no indication of the extent of training or the arrangements for reporting finds outside school hours.

Guidance to those finding discarded drug paraphernalia varied considerably (Table 1). Many authorities invited the public to pick up needles ($n = 89$), although it was rarely explained how to do this safely or what to do with them once retrieved. Tweezers, a large spoon, a bulldog clip or a dustpan and brush were recommended as tools for retrieval of needles ($n = 18$). One authority was undecided, suggesting that discarded needles should be picked up with fingers: 'but only at the blunt end, away from the sharp point'. Safety warnings were issued by 150 authorities, although little detail was provided. Several sites alluded to a risk of infection, although only 10 mentioned HIV or HBV infection. Twenty-six sites gave healthcare advice, including active bleeding of wounds in the event of injury, washing wounds with soap and water, seeking immediate medical assistance, calling NHS Direct, or seeking an appointment with a general practitioner. For one local authority, healthcare advice was limited to an invitation to 'write for our free needlestick advice leaflet'.

There was stark disagreement about containers for retrieved needles. Only 18 sites recommended placing needles into a container for safe handling and storage. Drinks cans were recommended by 4, with one asking that the can be crushed to prevent needles from escaping, although this was contraindicated by others due to the risk of needles piercing the can wall ($n = 3$). Some recommended glass jars or bottles ($n = 4$), although others rejected glass due to the risk of breakage, and insisted on plastic bottles as an alternative ($n = 5$). Several suggested that needles could be wrapped in newspaper for disposal ($n = 12$).

HBV and HCV have been found in 4.7% of needles retrieved from the community ($n = 106$).[1] Although virus survival depends on the virus titre of the source, residual blood volume, temperature,

Table 1 Local authority guidance and safety advice for those discovering discarded needles and syringes in accessible public areas.

General warning of dangers associated with this items	150
Warn others	3
Do not touch	89
Do not pick up	28
Do not cover or hide	17
Cover any needle to reduce risk to others	12
Pick up using tools	18
Pick up only if some immediate danger	89
Place needles in a drinks container, bottle or jar	18
Wear gloves	9
Stay with any find and wait for assistance	11

humidity and exposure to sunlight, survival for several weeks has been documented, with HBV surviving for the longest period.[8] Although regional variation exists, 1:2 IDUs are positive for HCV, 1:5 for HBV and approximately 1:50 for markers of HIV infection.[9] The seroconversion risk following community needlestick injury, where the source is unknown but assumed to be an IDU, is 12–31% for HBV, 1.62% for HCV and 0.003–0.05% for HIV.[3]

Safety information was often inadequate, confused and sometimes frankly misleading or dangerous. Many sites only gave vague warnings that discarded needles may be dangerous. There was much conflicting information, with stark contrast between those advising finders not to touch or attempt to pick up finds, and the slightly greater number inviting people to pick up needles, at least where there was an immediate danger (Table 1). Unambiguous instruction to avoid contact with discarded needles was uncommon, and often ignored completely, although this is central to the latest and comprehensive guidance provided to local authorities.[10] This guidance incorporates an audit of performance based on self-reported response times. These vary between 'immediate' and 24 h, with 65% of local authorities claiming response times $\leqslant 3$ h.[10] This may owe more to aspiration than fact, and contrasts starkly with response times noted in this audit of local authority web pages that reveals substantial and widespread deficiencies and largely inadequate target response times. Collection services operating outside normal working hours were rare, and were further restricted by an unwillingness in some cases to collect needles from private households or commercial land ($n = 39$). While the Town and Country Planning Act 1990 permits local authorities to instruct landowners to clear discarded wastes from their land in circumstances where these pose a threat to health or to the environment, Section 59(7)(a) of the Environmental Protection Act 1990 gives councils the authority to enter private land and remove anything in order to prevent pollution or harm to human health. Despite this, explanations for rejecting reports of needle finds on private land ranged from financial constraints and a lack of jurisdiction, to the more perplexing explanation that needles discarded on private land 'do not represent a risk to the public'.

Dealing effectively with discarded drug litter is of great importance. It often evokes feelings of disgust and a fear for personal safety, exacerbates the perceived threat of crime, and can jeopardize the stability and wellbeing of communities. Maximizing social, educational and health support services, together with active crime management, combine to address drug-related problems. Local authorities play a pivotal role, co-ordinating, managing and supporting these interventions, in addition to maintaining a safe and clean environment. The public can support clearing of discarded drug litter, acting as the 'eyes' of the community to report finds as soon as possible, although the approach of many authorities fails to safeguard public safety and does little to encourage public support or provide reassurance to communities. Incomplete, misleading and often frankly dangerous advice must be reviewed and should be corrected in order to prevent accidents and injuries to members of the public, and to limit the legal liability of the sometimes spurious guidance from local authorities.

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