

SUBSTANCE AND REASON

SECURE DISPENSING UNITS

WHAT ARE SECURE DISPENSING UNITS?

Secure Dispensing Units (SDUs), also known as syringe dispensing or vending machines, are self-contained units that hold and supply sterile injecting equipment. There are several styles and models. They are usually unremarkable metallic units that stand alone or are wall-mounted. They do not advertise their contents.

WHY ARE SDUS USED?

SDUs are a key part of the public health response to reducing blood borne virus transmission associated with injecting drug use. They do this by increasing access to sterile injecting equipment. They may be installed in areas where:

- It is not possible to establish a staffed Needle and Syringe Program (NSP) site and/or staffing resources may be scarce;
- It has been identified that some current injecting drug users may not access staffed NSPs;
- Injecting drug users do not have private transport, or public transport is non-existent/infrequent (especially in outer suburbs, rural and regional areas).

WHERE ARE SDUS USED?

Since successful trials in 1992, SDUs have been installed in 141 locations in New South Wales. More than 215 SDUs have now been introduced in all Australian States and Territories except Victoria and the NT. They are also used in New Zealand and a number of European countries.¹

In Australia, they have been located to supplement existing services or placed where it is not possible to establish staffed NSP outlets. They may be located at or near hospital campuses or fixed NSP sites, and in areas where there are people who inject drugs.²

HOW DO SDUS WORK?

Internationally and within Australia there are different models of SDUs. Some operate at no cost or charge a minimal amount. Some operate with tokens, while others provide new equipment in exchange for used equipment, or have the capacity to accept disposals.

Mobile units are available, which can be moved outside a service, locked in place, and operate while the service itself is closed. Other models can be turned on and off to operate during certain hours only (such as after normal service business hours or during public holidays).

Typically SDUs dispense packs containing sterile injecting equipment and a small disposal container. Packs dispensed can also include swabs, spoons, water ampoules, condoms, wheel (pill) filters and educational materials.

In Australia, disposal facilities are usually located near the machines.

WHAT HAS HAPPENED IN AREAS WHERE SDUS HAVE BEEN TRIALLED OR IMPLEMENTED?

An external consultant evaluated the ACT trial of four vending machines in 2005-2006.³ The evaluation found:

- No media coverage (positive or negative), including letters to the editor, other than in ACT Health publications and other health agency newsletters.
- One person wrote two letters to the Minister of Health suggesting that more information about the dangers of injecting and available social supports for injecting drug users should be provided through them.
- SDUs did not reduce the number of contacts of people who go to fixed site

- NSPs, where education and referral services can be provided.
- In addition to increasing after-hours access for regular NSP service users, SDUs were successful in reaching injecting drug users who do not normally attend fixed site NSPs, such as women and those who are younger.
- There were very few incidents of inappropriately disposed equipment in the immediate vicinity of SDUs.
- No increase in heroin overdoses or the number of ambulance call-outs during the trial.

In response to the findings, ACT Health continued the use of SDUs with ongoing monitoring, and the ACT now has five SDUs.

In Queensland four SDUs were trialed at hospitals in four regional towns in 2005-2006. The evaluation of the trial found: 4

- No increase in unsafe disposal.
- No reported incidents, nor formal complaints during the trial from emergency department staff, police, community or other stakeholders.
- Limited and benign media coverage, none of which was in response to community concerns or incidents.
- No reduction in access to fixed site NSPs where education and referral is available.
- A reduction in the equipment provided by emergency department staff.
- After-hours access was the most important feature for injecting drug users followed by the anonymity of the service.

The SDUs were discreetly located either on the hospital grounds or within the hospital, and monitored by CCTV or health staff.

Based on the evaluation findings, SDUs have been installed in 48 additional locations. There are now 52 SDUs operating in Queensland, with a further seven due for installation in 2014, and an ongoing program for deployment of further machines through the State.⁵

In New South Wales SDUs were first piloted in 1992. The evaluation⁶ identified improved accessibility to sterile injecting equipment, and that SDUs should continue to be used. Consequently, SDUs have since become an integral part of the State's public health program. By November 2013 there were 141 SDUs. They are usually located at existing primary or secondary NSPs or at hospitals or community health centres.

Although concerns and objections at the introduction of SDUs were submitted prior to their introduction, many of the anticipated problems were not experienced. Few complaints were received from community members or staff.⁶

WHAT ARE THE LIMITATIONS OF SDUS?

Operational malfunctions have been the main limitation identified in the SDU trials.⁷ However, improvements to the machines by manufacturers and clear operating protocols to ensure timely repairs have been implemented to address these issues. Modifications have also been used to address instances of vandalism of the machines (purportedly to access equipment or money contained within).⁸

There was initial concern that SDUs could increase the amount of inappropriately discarded equipment. However, evidence from these trials in Australia revealed that this is not the case.⁹

Research relating to dispensing sterile injecting equipment through SDUs has also shown that it is the intended audience (i.e. injecting drug users) that accesses them.¹⁰ A range of strategies has been implemented to decrease the likelihood that members of the general public, including children, will access the machines. These include the unremarkable design of the machines, placement of machines in discreet locations and targeted promotion of SDUs.

SUPPORT AND ENDORSEMENT

The National Needle and Syringe Programs Strategic Framework 2010-2014 recommends the expansion of access to injecting equipment including 'needle dispensing machines', and goes on to state, "All jurisdictions need to increase geographic access to NSPs. The co-location of many NSPs with existing health and community services improves geographical coverage. Increased access requires further exploration particularly regarding hours of access, as service availability outside normal business hours is a key challenge. Increased availability also includes the exploration of models to expand coverage in diverse communities." ¹¹

In relation to new drug use trends (such as prescription opioid misuse, and performance and image-enhancing drugs), new populations at risk of blood borne viruses (BBVs), and other risks associated with drug injection, are emerging. It is essential that Australia's NSP adapts to new

demands, as well as addressing remaining barriers to best practice. “There is potential for BBVs to spread rapidly among ... ‘injection-naive’ groups and from them to their families and the community, in future. Reaching these populations is an important challenge for NSPs.”¹²

To address some of these gaps in service, and perhaps address issues of limited access to NSPs due to street-level policing, it is essential to increase the availability and accessibility of sterile equipment for people who inject drugs, by expanding the number of NSP service locations (including syringe vending machines), and broadening of the types of health-related services involved in delivering NSP services.¹³

Regarding Aboriginal injectors (a vulnerable population for blood borne virus risk) a review conducted in 2009¹⁴ concluded, “Given Indigenous IDU concerns with privacy and anonymity, it was widely thought that vending or dispensing machines were one useful way of improving their access to clean injecting equipment.”

Both in the city and in country locations, dispensing machines were seen as having the potential to significantly improve access for Aboriginal injecting drug users, with the chief benefits being anonymity and unrestricted hours of availability.

Finally, SDUs have not detracted from injecting drug users accessing staffed NSPs, but rather have been found to be a key part of an effective range of strategies to minimise the harms arising from drug use.¹⁵ These strategies must also include skilled NSP workers, drug treatment options and effective law enforcement.

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- ¹ Islam MM & Conigrave KM (2007). Assessing the role of syringe dispensing machines and mobile van outlets in reaching hard-to-reach and high-risk groups of injecting drug users (IDUs): a review. *Harm Reduction Journal*, 4(14), pp. 1-27.
- ² *Ibid.*
- ³ McDonald D (2007). ACT syringe vending machines trial 2005-2006. Siggins Miller & David Miller, Social Research & Evaluation. Canberra, ACT
- ⁴ Queensland Government (2006). Evaluation Report: After-hours needle and syringe dispensing machine pilot project. Queensland Government, Queensland Health, Brisbane, QLD.
- ⁵ E-mail communication, Queensland Department of Health, 11 November 2013. (Queensland's vending machines, in general, dispense five x 1ml syringe packs and five x 3ml syringe packs and currently vend approximately 125,000 packs per year.)
- ⁶ Berg R (1993). Needle and syringe vending machine trial evaluation report 1: Metropolitan locations. Department of Health, Sydney, NSW.
- ⁶ Baxter, T (2005). Syringe-dispensing machines – a KRC perspective. *Anex Bulletin*, 3(2), p.5.
- ⁷ Op. cit. Islam & Conigrave (2007); McDonald (2007)
- ⁸ *Ibid.*
- ⁹ *Ibid.*
- ¹⁰ Islam MM, Stern T, Conigrave KM & Wodak A (2008). Client satisfaction and risk behaviours of the users of syringe dispensing machines: a pilot study. *Drug and Alcohol Review*, 27, pp. 13-19.
- ¹¹ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-frame-toc~illicit-pubs-needle-frame-pri>;
[http://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/\\$File/frame.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf)
- ¹² http://www.ancd.org.au/images/PDF/Positionpapers/pp_NSPs.pdf
- ¹³ *Ibid.*
- ¹⁴ A review of enablers and barriers of Indigenous drug users accessing needle and syringe programs - a report for the COAG Multilateral Group on Needle and Syringe Programs: 3.2.6 Different types of service (2009)
- ¹⁵ Op. cit. Islam, Stern et al (2008)