Improper Disposal of Syringes in Public Places White Paper

Denver’s Drug Strategy Commission

April 3, 2014

Summary

Used syringes are being discarded in public places in and around Denver. This improper disposal of bio-hazardous waste exposes city employees, and the general public, to potential needle stick injuries. These injuries are considered dangerous as they could potentially cause life-altering problems such as infection with HIV, Hepatitis C, or other blood borne pathogens. In light of this public health issue, Denver’s Drug Strategy Commission (DDSC) recommends that a Citywide task force be formed to examine the issue, determine if the situation demands a response from the City, and if it does, develop an action plan.

Description of the Issue and Why it Rises to the Level of Public Concern

Used syringes are being discarded in public places in and around Denver. For example, since July of 2012, the Harm Reduction Action Center (HRAC) staff have been called by the Denver Police Department and the Denver Sheriff’s Department 21 times about specific areas of the city (including civic center park and along the Platte River Parkway) where syringes have been discarded. In addition, HRAC staff and volunteers have conducted 68 clean-up sessions in which 3,071 improperly discarded syringes were collected. Dry Bones Denver, a local organization providing street outreach services to homeless youth, conducted another twenty neighborhood clean-up sweeps, properly disposing over 100 used syringes. Between 2009 and 2013, twenty Denver City Employees outside the healthcare system sustained needle stick injuries from syringes (Denver Office of Risk Management, 2013). These employees included sanitation workers, Parks and Recreation workers, and police officers (needle sticks for police officers occurred most often while searching suspects and vehicles). The improper disposal of syringes was creating so much risk for employees and visitors at the Denver Central Library that they installed syringe disposal containers in their public restrooms.
Inappropriately discarded syringes for medical or illegal purposes create a public health hazard. They are sharp as they are used to break the skin and have often been in contact with blood that may be infected by any number of and blood-borne pathogens. People exposed to improperly discarded syringes face not only the risk of a painful stick, but also the danger of contracting a disease such as HIV/AIDS or Hepatitis B or C. Two studies have examined HIV and Hepatitis C infection contracted from publically discarded syringes. One study in Baltimore determined that out of 156 publically discarded syringes, 10.9% tested positive for the HIV anti-body. Another study in London determined that out of 106 publically discarded syringes, 9.4% tested positive for either Hepatitis B or C. The National HIV Behavioral Surveillance (NHBS), conducted in Denver, examined HIV and Hepatitis C among IDUs. In 2009, the NHBS tested 429 IDUS for Hepatitis C and 73% tested positive for the virus. In 2012, the NHBS interviewed 515 IDUs, and 46.7% of this sample self-reported being positive for the Hepatitis C Virus and 6% tested positive for HIV. These types of studies help inform the potential risks associated with needle stick injuries from publically discarded syringes.

Because of the potential risk, all needle-stick injuries are treated as if the needles were infected with a disease, therefore post exposure prophylaxis (PEP) treatment is administered. PEP treatment is given over a 4 week period and can cause side effects such as nausea and vomiting. Hence, those experiencing needle stick injuries may face emotional distress regarding possible infection, the cost of post-injury testing, disease prevention measures, lost work hours, and counseling even if no infection or disease was spread. In 2007, a study examined the medical costs and individual lost-work productivity from needle stick injuries in the health care industry. This study estimated that it cost $595 per person.

There are estimated to be 5,000 injection drug users in Denver. According to the Centers for Disease Control (CDC), each of these drug users will inject an average of 2.8 times each day for a total of 5,110,000 non-medical injections occurring in Denver each year. This amounts to 5,110,000 potentially contaminated syringes that must be properly disposed and incinerated. Pharmacies dispense syringes, but are not equipped to properly dispose of them after use. Additionally, hospitals and medical providers will not dispose of syringes used outside of their facilities. There are a small number of mail-back programs; however, this service is cost-prohibitive for some income levels in Colorado and due to this cost, not an option for injection drug users. The Colorado Coalition for Safe Needle Disposal suggests disposing of used syringes (if there is not a biohazard/sharps container
available) in a laundry detergent bottle with a screw top and label the bottle with “Do Not Recycle: Household Sharps” and place the bottle in the trash. The Colorado Department of Public and Environmental Health suggest placing used sharps in a coffee can sealed with duct tape and putting it in the trash.

However, some small steps have been taken to help with the disposal of syringes. In 2013, the State passed legislation that exempts participants in the county authorized syringe exchange programs from prosecution for possessing syringes (clean or used). The main goal is to reduce needle sharing that could spread diseases like HIV and Hepatitis C. A secondary goal is to facilitate proper disposal at their fixed site locations. However, the two syringe exchanges in Denver serve only 1,700 of the 5,000 injection drug users. The City Council of Denver recently passed mobile syringe exchange in Denver but prohibits needle exchange within public parks. However, injection drug users are still injecting in parks and needles are still improperly disposed in these parks.

**Explanation of the Recommendation Submitted for Review**

Denver’s Drug Strategy Commission (DDSC) recommends that a city-wide task force be formed to:

1. Examine the issue;
2. Determine if the situation demands a response from the City, and if it does;
3. Develop an action plan.

The DDSC further recommends that the task force be organized and facilitated by the Denver Office of Drug Strategy and include the various city agencies that this issue affects, community-based organizations that work with injection drug users, and members of the DDSC.

**Potential Members of the Task Force**

### Pros and Cons of Recommendation

<table>
<thead>
<tr>
<th>Impacts of Proposal</th>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>All stakeholders will be brought to the table to create a solution to this public health issue.</td>
<td>If it is determined that an action plan is needed it may be difficult to come up with a solution that all stakeholders can agree upon.</td>
</tr>
<tr>
<td>Cost</td>
<td>The only cost at this time is employee’s time to attend the task force meetings.</td>
<td></td>
</tr>
<tr>
<td>Public Perception</td>
<td>The City of Denver is proactively addressing a situation to make the city safer for all residents. DDSC has identified a public health concern and is attempting to find a solution.</td>
<td>Public discussion of the improper disposal of syringes may draw negative publicity to the city.</td>
</tr>
</tbody>
</table>

---


