

# SYRINGE VENDING MACHINES

## WHAT ARE SYRINGE VENDING MACHINES?

Syringe Vending Machines (SVMs), also known as syringe dispensing machines, are self-contained units that hold and supply sterile injecting equipment. There are several styles and models. They are usually non-descript metallic units that stand alone or are wall-mounted. Unlike snack vending machines or cigarette machines, they do not advertise their contents.

#### Why are SVMs used?

SVMs are a key part of the public health response to reducing blood borne virus (BBV) 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) and/or staffing resources may be scarce.
- It has been identified that some current injecting drug users (IDUs) may not otherwise access staffed NSPs.

#### Where are SVMs used?

SVMs have been installed in 84 locations in New South Wales, since first being trialled in 1992. They have now been introduced in Queensland, the ACT, Western Australia and Tasmania. They are also used in New Zealand and a number of European countries.

In Australia, they have been placed where it is not possible to establish staffed NSP outlets, or to supplement existing services. They may be located at or near hospital campuses or fixed NSP sites, and in areas of high drug use.<sup>1</sup>

#### How do SVMs work?

Internationally, there are a number of different models of SVMs. Some operate at no cost or operate with tokens. Some charge a minimal amount. 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 of 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.

Typically SVMs 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 adjacent to the machines.

### What has happened in areas where SVMs have been trialled or implemented?

The ACT trial of four vending machines in 2005-2006 was evaluated by an external consultant. The evaluation found: <sup>2</sup>

- 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 IDUs should be provided through the SVMs.
- SVMs did not reduce the number of contacts of people who go to fixed site NSPs, where education and referral services can be provided.



- 1 Newer wall-mounted model trialled in the ACT.
- 2 SVM at Kirketon Road Centre in NSW, one of the oldest machines in Australia, piloted in 1992.

- In addition to increasing after hours access for regular NSP service users, SVMs were successful in reaching IDUs that do not normally attend fixed site NSPs, such as younger IDUs and women.
- There were very few incidents of inappropriately disposed equipment in the immediate vicinity of SVMs.
- No increase in heroin overdoses or the number of ambulance call-outs during the trial.

Based on the evaluation findings, ACT Health has agreed to continue the use of SVMs with ongoing monitoring.

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

Based on the evaluation findings, SVMs have been installed in additional locations. There are now eight SVMs operating in Queensland with 10 more planned for installation.

In **New South Wales** SVMs were first trialled in 1992. The evaluation identified improved accessibility to sterile injecting equipment for IDUs. It recommended that SVMs should continue to be used. Consequently, SVMs have since become an integral part of the State's public health

There may be some concern that SVMs will increase inappropriately discarded equipment. However, evidence from trials in Australia reveal that this is not the case.<sup>2</sup>

The experience of dispensing sterile injecting equipment through SVMs has also shown that they are accessed by their intended audience (i.e. IDUs). A range of strategies have been implemented to decrease the likelihood that general members of the public, including children, will access the machines. These include the non-descript design of the machines, placement of machines in discreet locations and targeted promotion of SVMs.

Finally, SVMs have not detracted from IDUs accessing staffed NSPs, but rather have been found to be one part of an effective range of strategies to minimise the harms arising from drug use.<sup>6</sup> These strategies must also include skilled NSP workers, drug treatment options and effective law enforcement.

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In **Queensland** four SVMs were trialled at hospitals in four regional towns in 2005-2006. The evaluation of the trial found: <sup>3</sup>

- · No increase in unsafe disposal.
- No reported incidents or formal complaints during the trial from emergency department (ED) 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 ED staff.
- After hours access was the most important feature for IDUs followed by the anonymity of the service.

program. Today there are 101 SVMs at 84 different locations. 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 SVMs were submitted prior to their introduction, many of the anticipated problems were not experienced.<sup>5</sup> Few, if any, complaints were received by community members upon installation.

#### What are the limitations of SVMs?

Operational malfunctions have been the main limitation identified in the SVM trials.<sup>2,3</sup> This resulted in difficulties in accessing sterile injecting equipment until the machine was fixed. However, improvements to the machines by manufacturers<sup>2</sup> and clear operating protocols to ensure timely repairs<sup>3</sup> 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).<sup>2</sup>

- 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) McDonald D (2007). ACT syringe vending machines trial 2005-2006. Siggins Miller & David Miller, Social Research & Evaluation. Canberra, ACT
- 3) Queensland Government (2006). Evaluation Report: Afterhours needle and syringe dispensing machine pilot project. Queensland Government, Queensland Health, Brisbane, QLD.
- 4) Berg R (1993). Needle and syringe vending machine trial evaluation report 1: Metropolitan locations. NSW Department of Health, Sydney, NSW.
- 5) Baxter, T (2005). Syringe-dispensing machines a KRC perspective. Anex Bulletin, 3(2), p.5.
- 6) Islam MM, Stern T, Conigram 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.



