

“The staff are very kind and that is not the case in most places I go for services. They treat me like a real person here.”

“They look me in the eye when they talk to me.”

“Talk to me like I am human... they do that here.”

“I’m treated like a person.”

Legislative Brief: Needle & Syringe Services

Needs, Resources, & Providers

Vermont Department of Health, February 2024

On May 25, 2023, Governor Phil Scott approved bill H.222, “An act relating to reducing overdoses,” and it was enacted as Act 22. Section 3b reads:

*On or before February 15, 2024, **the Department of Health**, in consultation with stakeholders, including needle and syringe service providers, individuals with lived experience of injection-use drugs, other community-based service providers, and representatives from regions of the State without a fixed site for syringe service programs, shall **present** to the House Committee on Human Services and to the Senate Committee on Health and Welfare **information** addressing:*

- (1) unmet needle and syringe service needs throughout the State;*
- (2) required resources to ensure equitable access to needle & syringe services throughout State;
and*
- (3) who is best positioned to provide needle and syringe services.*

During the months of December 2023 and January 2024 the Department of Health conducted a survey of individuals with lived experience of injection-use drugs, distributed through community-based service providers of syringe services programs,. The survey was available on paper and online, and 160 survey responses were collected and examined. Nine surveys were eliminated as duplicates or blank entries. A total of 151 authenticated surveys were combined for analysis.

On January 30, 2024, the Department of Health held an interactive online discussion group that had been advertised beginning in early December 2023 through community outreach when the survey was released. Six participants identifying lived experience of drug use participated, as well as seven community service providers, including those providing Syringe Services Programming and those serving the same clientele with other services.

SURVEY QUANTITATIVE SUMMARY:

The survey asked 12 questions that are displayed in this brief exactly as they were on the survey tools. The following is an overview of **the most frequent answers** given for each question. Additional responses were received to all questions, as this survey prompted respondents to “fill in the blank,” as opposed to choosing from a list of options. This created a larger range of responses, that were then reviewed for themes. Categories were established and responses grouped, with scores representing the number of times a given category/response occurred.

Scoring categories of responses based on like items presents risks of grouping in a manner that is not consistent with the perceptions of those contributing to the research, or those reviewing the research. Individual references are selectively pulled out in the following report to clarify where a given item may crossover categories. Tables for each question provide additional entries that assist in identifying specific words that were repeated, and presenting items that did not score among the “most frequent” but were raised more than once.

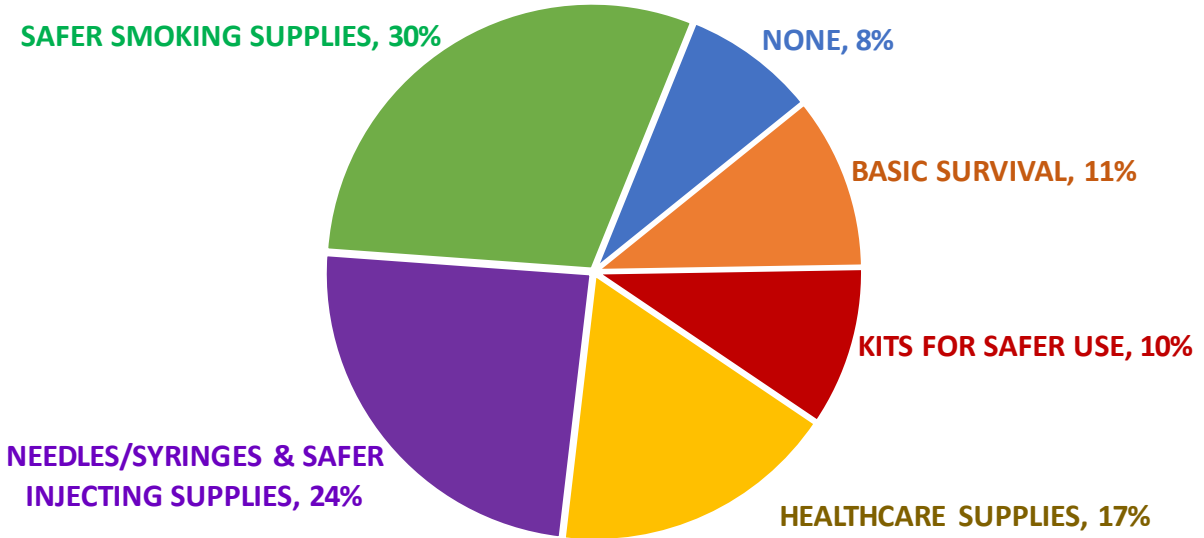
QUESTION ONE: *What supplies do you need more of?*

- 148 of 151 respondents answered this question.
- **20 individuals** identified that *the supplies they needed were currently available to them.*

Question 1: What supplies do you need more of?

Supplies Needed by Themed Categories

(n = 148)



The table below breaks down specific named items, and raises the question referenced above of where and how an item may be categorized. In the chart above, **Healthcare and Care Supplies** is numbered at 43 responses, because Narcan (with 16 individual mentions) was included in that category as a healthcare resource/supply item. In the table below, **Health Care Supplies** is reflected as 27, as Narcan is broken out as its own line item, having received a high number of specific mentions. The other 27 references included the words *health care supplies*, *gauze*, *bandages*, *disinfectant*, *alcohol wipes*, and *wound care supplies*. Alternatively, Narcan could be reasonably combined with **Basic Survival Needs**, given its role as a survival tool. However, the research decision was to concentrate the **Basic Survival Needs** category on food, shelter, clothing, hygiene, and basic financial resources (e.g., money for food, transportation, communication).

Under the category **Basic Survival Needs**, 18 individuals mentioned by name one or a combination of the following three: *food*, *clothes*, *hygiene items*. The category **Kits for Safer Use** brings together all mentions of “kits” provided by SSPs. The kits have multiple items and were referred to variously as Safer Smoke Kits, Harm Reduction Packs and Safety Kits. Respondents expressed deep appreciation for the kits, including specific mentions of their assistance with maintaining supply cleanliness, maintaining one’s own equipment, keeping materials together, and preventing items from being stolen, though the last was still a problem.

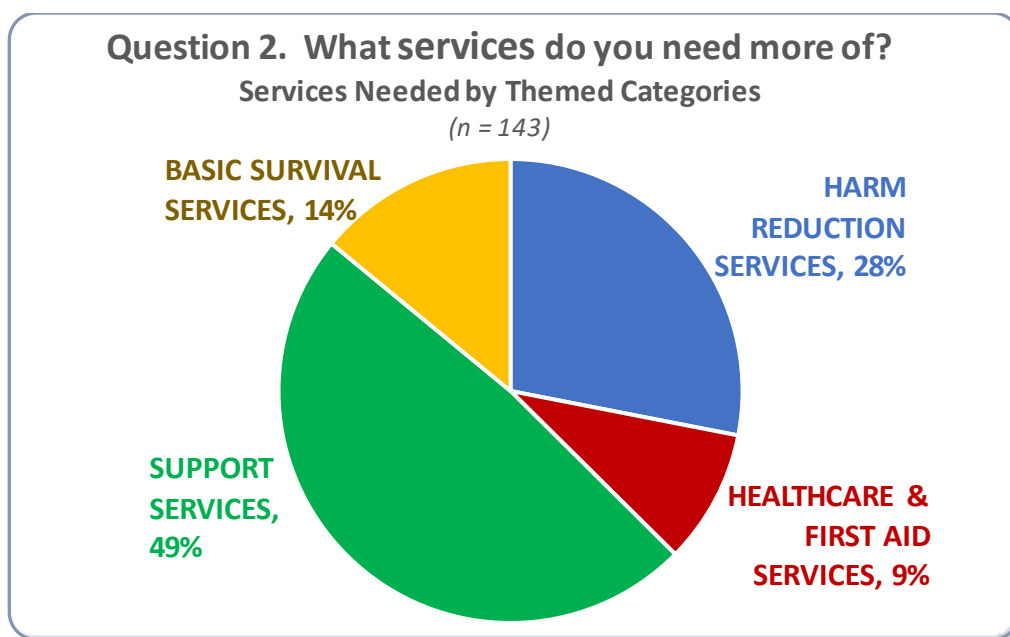
MOST FREQUENTLY IDENTIFIED SUPPLIES NEEDED, INDIVIDUALLY NAMED: Score of 10+	
Needles/Syringes	39
Pipes/Glass Pipes	34

Health Care Supplies: Gauze, Bandages, Disinfectants, Wound Care	27
None	20
Narcan	16
Disposal Boxes/Red Sharps Containers	12
Fentanyl Test Strips	11

It should be noted that employees of two separate service providers conducting outreach and collecting surveys stated that they had clients/syringe exchange members fill out the survey and answer Question One from the perspective of “what supplies do you need most,” full stop. This is qualitatively different to the intent of “what supplies do you need **more of**,” e.g. supplies **programs currently don’t have** or **don’t have enough of**. To wit, this clarifies that 39 respondents were not stating that the syringe exchanges run out of needles/syringes; they were identifying that needles and syringes are their most-needed supplies. In fact, many individuals stating “no supplies needed” or offering other responses commented that the exchanges are well-stocked and “always have what I need.” The most commonly cited supply category that did run out and is in high demand is **safer smoking supplies**.

QUESTION TWO: What services do you need more of?

- 143 of 151 respondents answered this question.
- **24 respondents** identified that *there were no services they needed that they were not currently receiving*.



Harm Reduction Services combines specific harm reduction strategies currently employed by Syringe Services Programs, or service strategies recommended: *more exchanges, more open hours, a safe place to inject, more mobile services, and more drug checking services*. **Healthcare & First Aid Services** combines healthcare and treatment. **Basic Survival Services** again focuses on food, clothes, hygiene and basic financial resources. **Support Services** includes counseling,

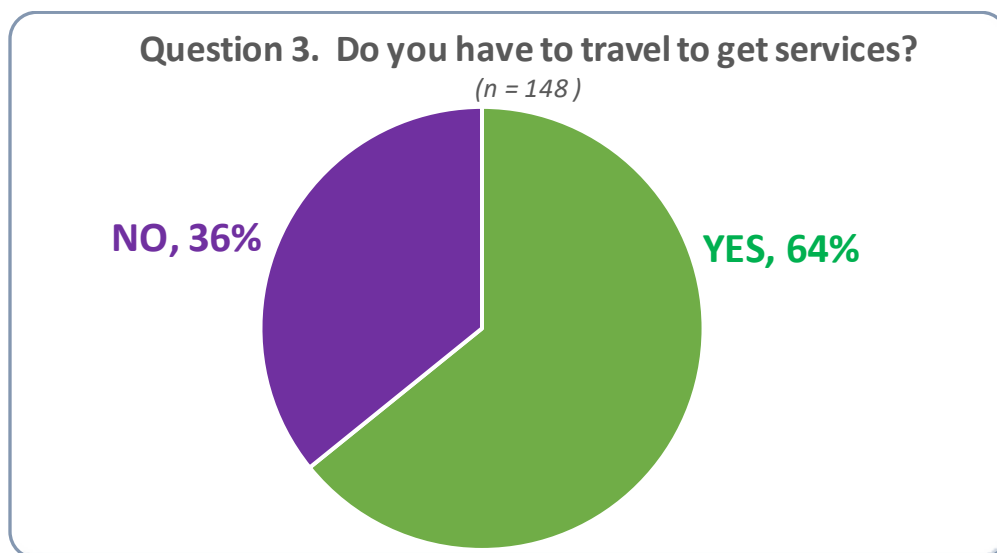
mental health, case management, education, housing resources, peer support, recovery support, and transportation.

MOST FREQUENTLY IDENTIFIED SERVICES NEEDED, INDIVIDUALLY NAMED: Score of 10+			
None	24	Housing Resources	13
Counseling	21	Food	11
Safe Place to Use	15	Transportation	11
Mobile SSP Services	13	Healthcare	10
		Rehab/Treatment	10

Cell phones/cell phone service were added to the **Basic Survival** category. Across questions one and two on **Supplies** and **Services**, cell phones/cell service were mentioned 8 times by name. However, numerous other references to *not having telephones, no reliable phones, no phone cards* were made through many questions, and was frequently phrased in terms that qualified as a survival tool: inability to contact anyone in case of an emergency, inability to call 911. Multiple other challenges with having no phone were also raised, such as inability to acquire food support from the state due to no phone to be contacted at or to do the interview, and inability to contact the syringe services program. *Someone to talk to 24/7* was mentioned multiple times.

QUESTION THREE: Do you have to travel to get services? If yes, how far?

- 148 of 151 respondents answered this question.
- **53 people, 36%, stated NO, they did not need to travel to get services.**
- **95 people, 64%, stated YES, they do travel to get services.**



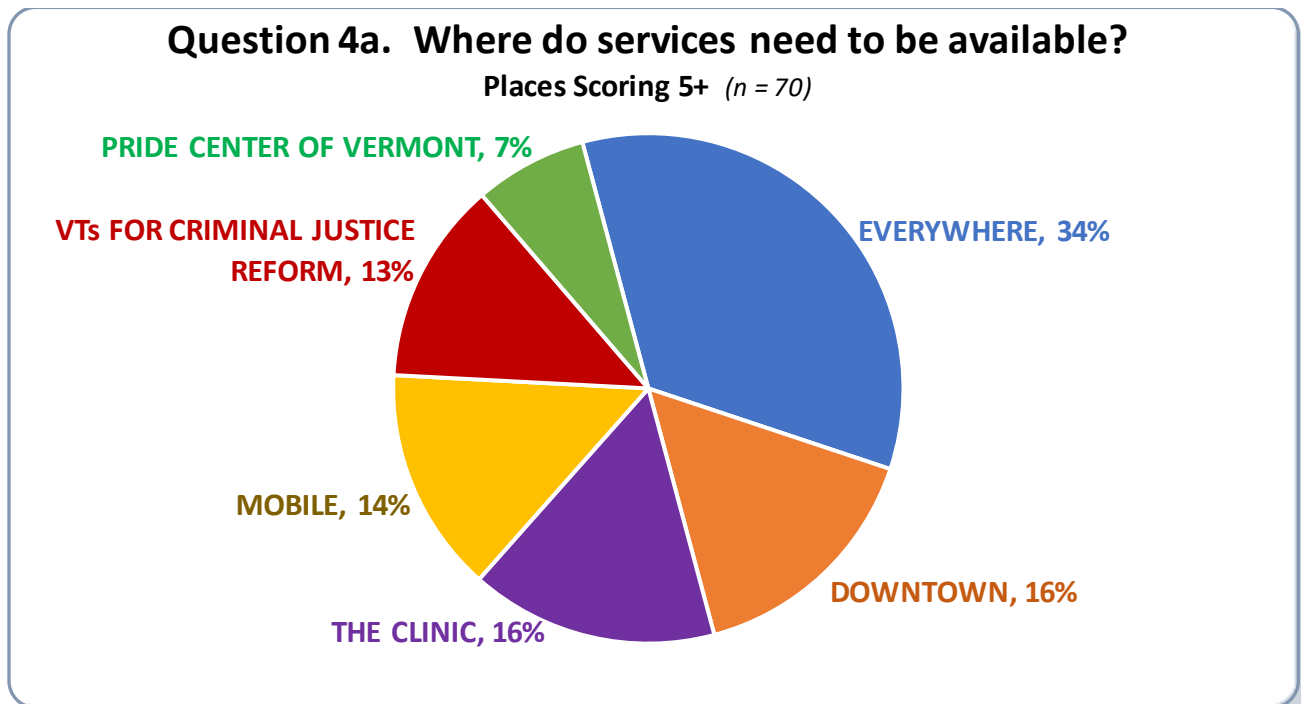
- Of the 95 people who *traveled for services*, 70 gave time or distance estimates varying from **5 MINUTES** to **MULTIPLE HOURS**, and from **.5 MILE** to **35 MILES**.

- **Just over one quarter, 27%**, of these 70 respondents travel fewer than 15 minutes and/or 3 miles. The **remaining three-quarters** travel more than twenty minutes and more than 4 miles, some considerably more. At least 9 individuals listed a further distance (over 30 miles), and when using a bus, the time estimates become hours.

14 PEOPLE RESPONDED IN TIME UNITS		56 PEOPLE RESPONDED IN DISTANCE UNITS	
5 - 15 minutes	4	3 miles or less	15
20 - 45 minutes	4	4 - 8 miles	16
60 minutes - 120 minutes/"can take hours"	6	9 - 19 miles	13
		20 to 30 miles	9
		30 - 35 miles	3

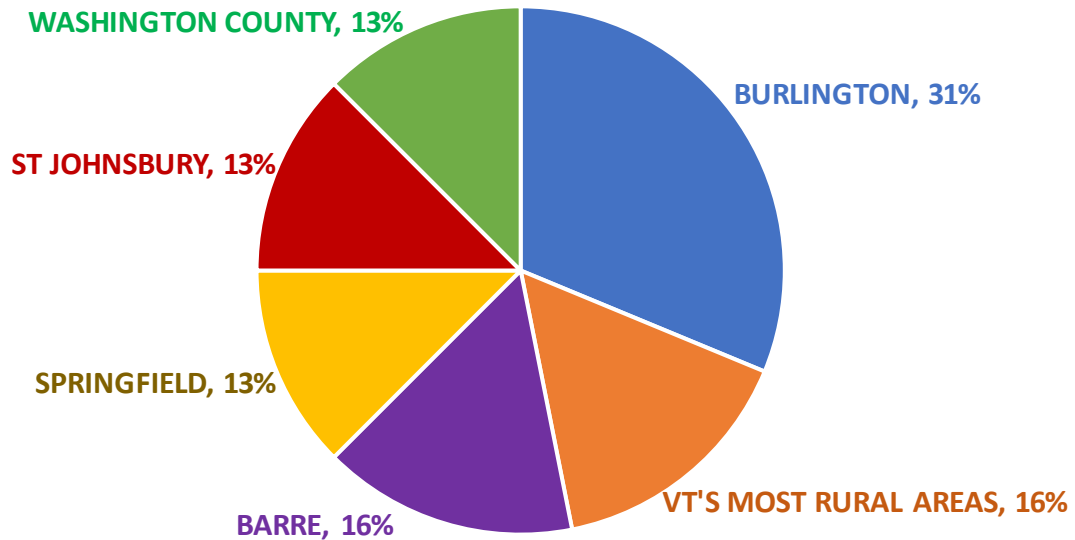
QUESTION FOUR: Where do services need to be available? This can be a place, like "XYZ clinic", or a specific town or area of Vermont.

- 136 of 151 respondents answered this question.
- **24 people** responded with a variety of statements that fit the category of "Everywhere."
- As the question invited, respondents listed both towns/counties and places within towns/counties. Most frequent answers have been split into Charts 4a and 4b.



Question 4b. Where do services need to be available?

Towns/Counties Scoring 4+ (n = 32)



MOST FREQUENTLY IDENTIFIED TOWNS/COUNTIES		MOST FREQUENTLY IDENTIFIED PLACES	
Burlington	10	Everywhere	24
Most Rural Areas	5	Downtown	11
Barre (2 specified South Barre)	5	Clinic	11
Springfield	4	Mobile	10
St Johnsbury	4	Vermonters for Criminal Justice Reform	9
Washington County	4	Pride Center of Vermont	5

Along with the entries in the table above, *St. Albans* and *Winooski* were mentioned three times each, 6 towns were listed twice, and two Vermont counties and 25 additional Vermont towns were listed once. Lebanon, NH, also appeared on the list.

Everywhere was listed 11 times, and the other phrases combined into this category included *every county*, *every other town in each county*, and *every big city*.

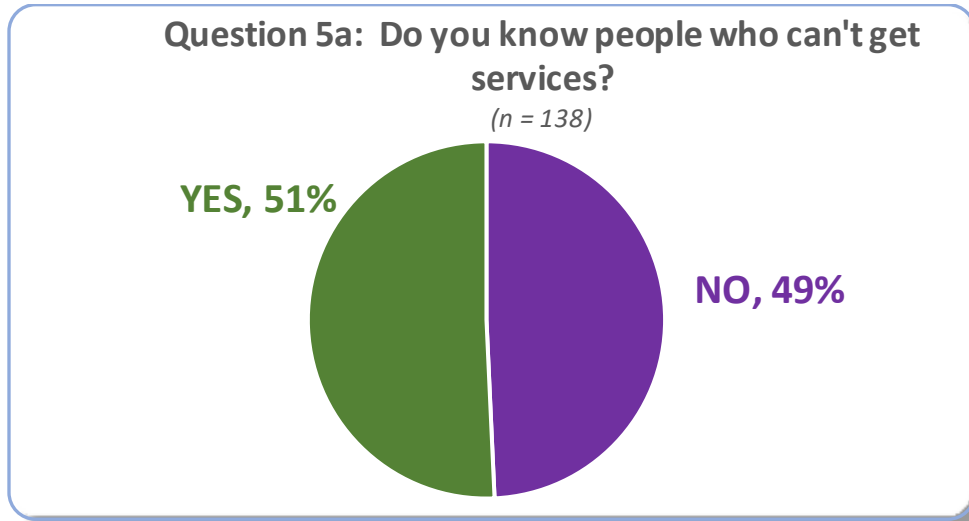
Under the category **Clinic** there was more than one clinic specified, including a *community health clinic* and *the methadone clinic*. Without knowing if certain “clinic” responses indicated a specific clinic, all clinic answers were combined in one category.

Certain preferences were expressed that were diametrically opposed: the phrase *in the center of downtown, not on the outskirts* was mentioned a number of times, and yet at least two respondents specifically stated a preference for *the outskirts of town, not in the middle*. Similarly, a common response was *near the clinic* but there were responses of *not near any*

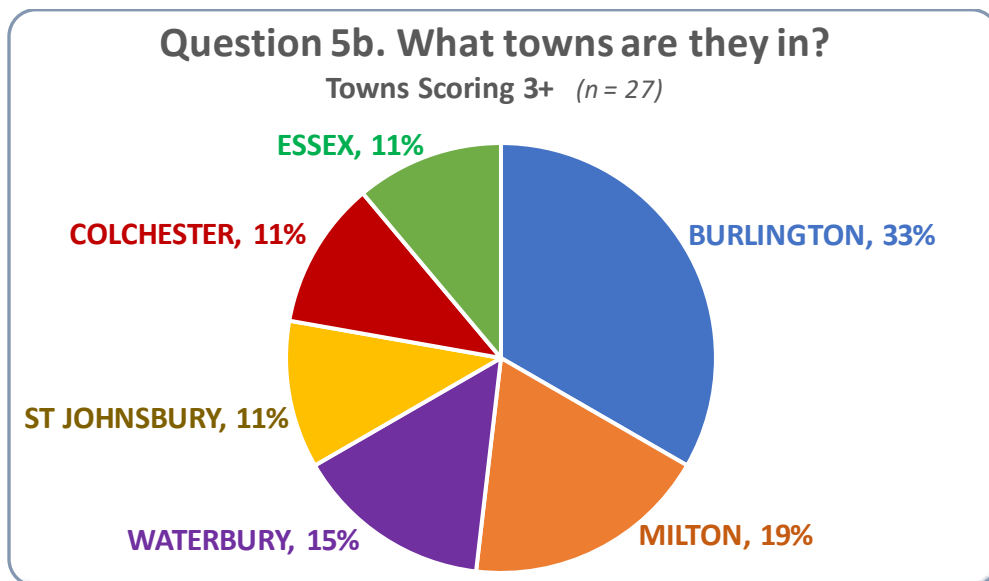
clinics. The overarching theme in responses requesting outskirts of town and not near clinics was that of privacy, anonymity, and concerns about being profiled by law enforcement.

QUESTION FIVE. Do you know people who cannot get services? If you do, what towns are they in?

- 138 of 151 respondents answered this question, and were equally divided.
- **68 people responded NO**, they did not know people who could not get services.
- **70 people responded YES**, they did know people who could not get services.



- Not all of the 70 people responding in the affirmative listed a town/county in which they knew of people who could not get services, while others listed many towns.
- A total of 51 Vermont towns, two New Hampshire towns (Lebanon and Manchester), and the State of Maine were given as answers.



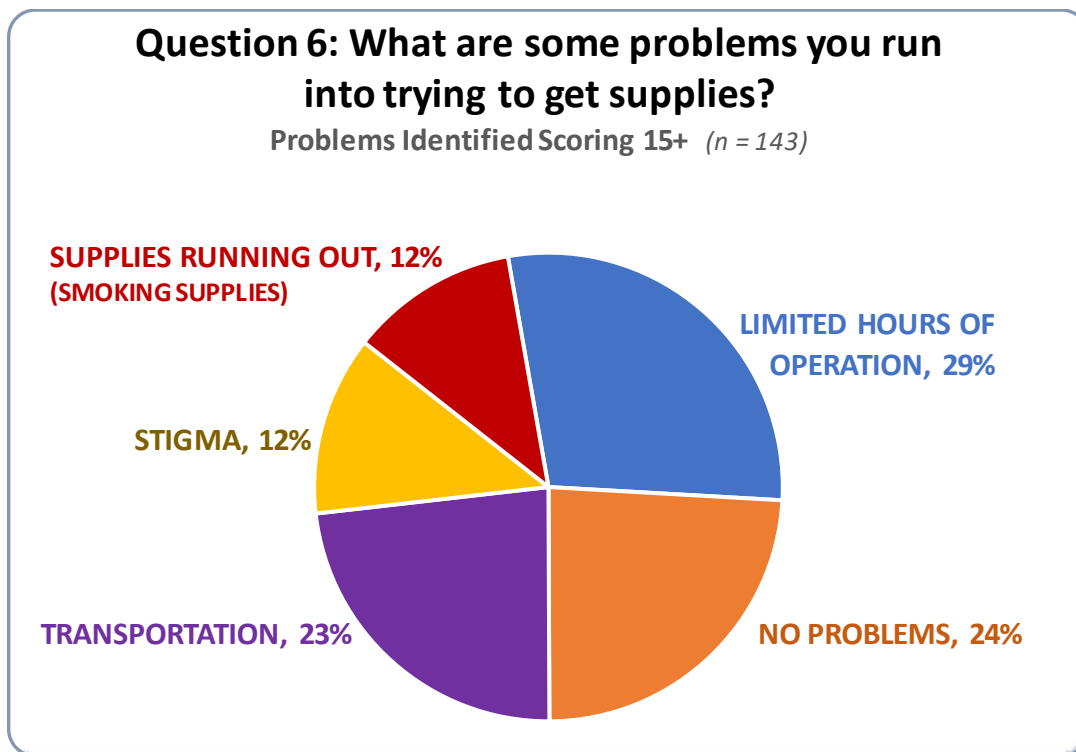
MOST FREQUENTLY IDENTIFIED TOWNS WHERE PEOPLE CANNOT GET SERVICES			
Burlington (One specified South Burlington)	9	St Johnsbury	3
Milton	5	Colchester	3
Waterbury	4	Essex	3

While **Burlington** and **St. Johnsbury** are the only two names listed in the most common answers to both Question 5 and Question 4, asking where services need to be located, **Washington County** appears in question four, and **Waterbury** appearing here is in Washington County.

An additional list of responses were given alongside the towns, describing a variety of reasons why individuals in these towns had difficulties getting services. Among the answers, *transportation barriers*, *stigma barriers*, and *disabilities* were all listed.

QUESTION SIX: What are some problems you run into trying to get supplies?

- 143 of 151 respondents answered this question.
- **31 individuals** identified that *they did not have problems getting supplies*.
- In the category of **Hours of Operation/Exchange Closed**, the most commonly reported problems included: closing for lunch hour; need for post-5pm availability; need for weekend and evening hours.

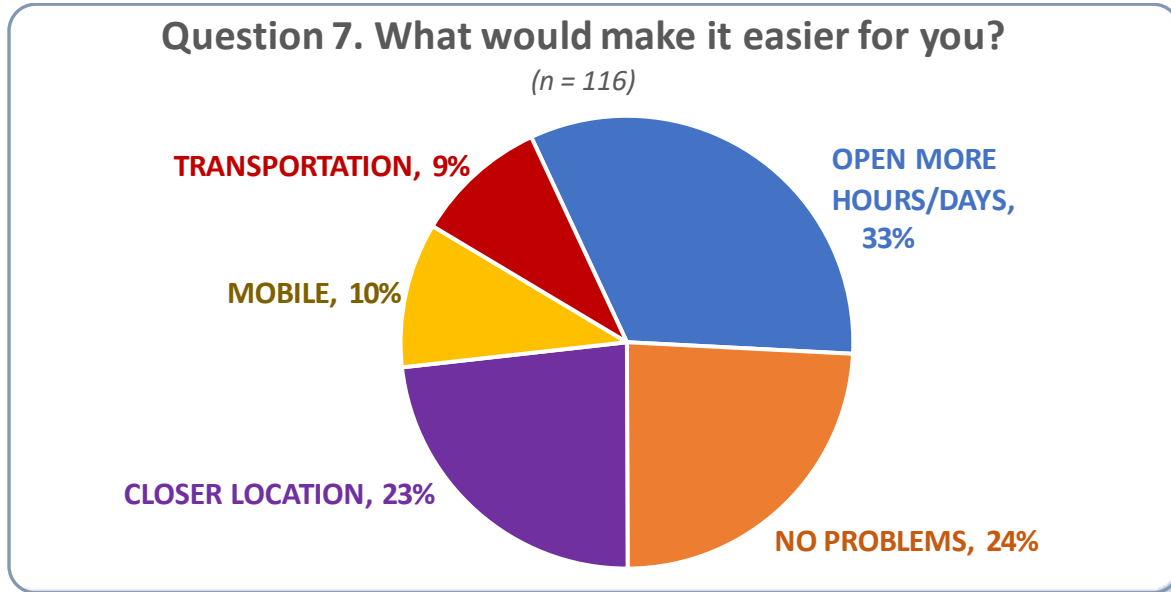


MOST FREQUENTLY IDENTIFIED PROBLEMS GETTING SUPPLIES

Hours of Operation/Exchange Closed	37	Stigma	16
No Problems Experienced	31	Supplies Running Out [spec. Smoking]	15
Transportation Difficulties	30		

QUESTION SEVEN: What would make it easier for you?

- 138 of 151 respondents answered this question, providing 162 distinct responses.
- **28 Individuals** identified that *they did not have problems getting supplies*.



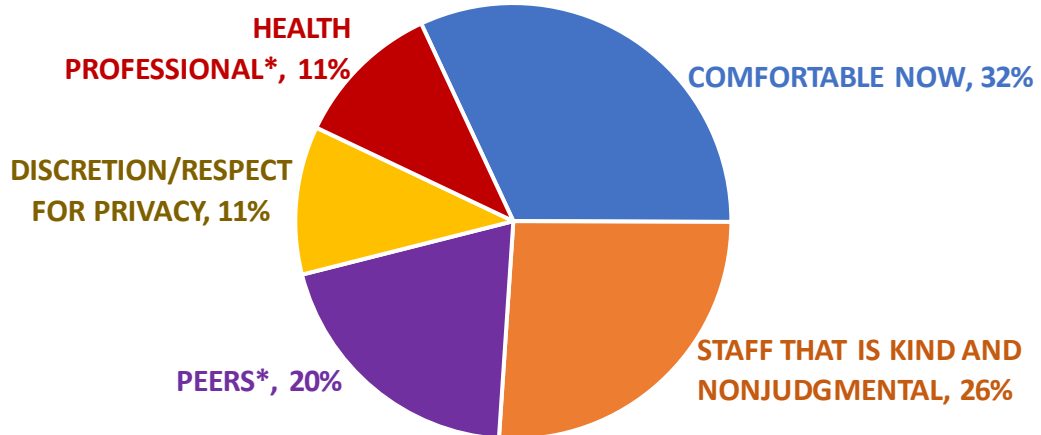
MOST FREQUENTLY IDENTIFIED OPTIONS INCREASING EASE			
Exchange Open More Hours/Days	38	Reliable Transportation	11
Experience No Problems	28	Phones/Phone Cards	8
A Location Closer to Me	27	Lower Wait Times	4
Mobile/Delivery Services	12		

QUESTION EIGHT: Who would make you most comfortable to go to for services and supplies?

- 142 of 151 respondents answered this question, providing 196 distinct responses.
- **44 individuals** identified that *they are comfortable with their current service provider*.
- Respondents named people, specific organizations, types of organizations, and qualities that increased comfort. Individuals staff members have been represented in the count for their agency of employment as readers may not recognize the names.

Question 8a. Who would make you most comfortable to go to for services and supplies?

People & Qualities Increasing Comfort Scoring 15+ (n = 147)

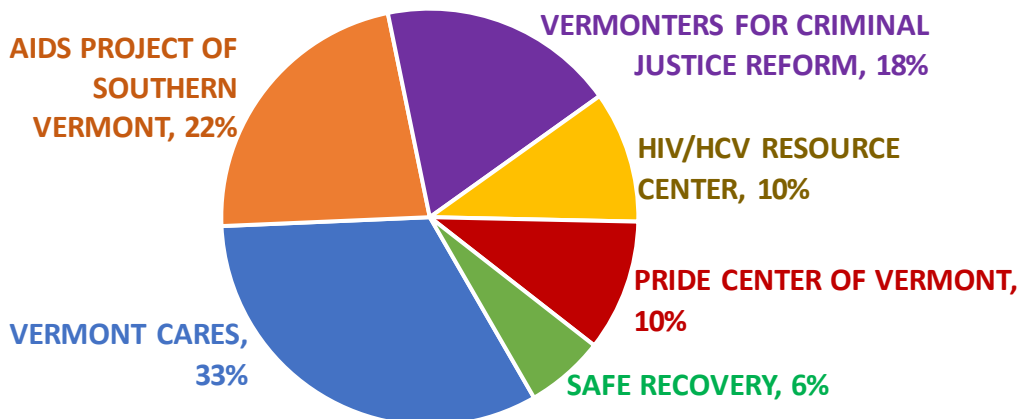


- *In the category of **Peers**, 9 individuals specifically stated *someone who has used drugs*, frequently adding *who can understand*; 3 individuals specified *queer/trans people/peers* and a further 2 specified *people of color*.
- Eight of the 15 people identifying **Health Professional** listed *doctors* specifically.

An additional 10 individuals listed *more locations*, *more open hours* or a combination of the two. As **Question 8** had some of the highest percentages of answers with clear themes, the fact that none of these subcategories exceeded 5 eliminated them from the Most Frequent Responses chart. However, together they totaled 10, and given themes of location/open hours in prior questions, the researcher thought it important to make note of a category that could be termed “more access.”

8b. Who would make you most comfortable to go to for services and supplies?

SSP Current/Potential Providers Identified as Increasing Comfort (n = 49)

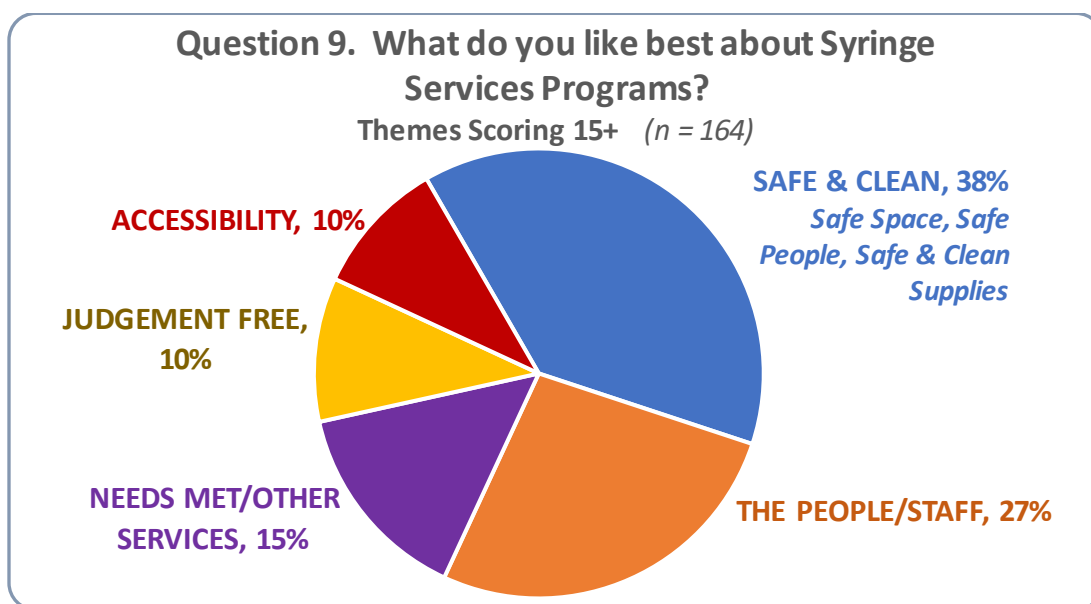


MOST FREQUENTLY IDENTIFIED PEOPLE & QUALITIES INCREASING COMFORT		MOST FREQUENTLY IDENTIFIED CURRENT & POTENTIAL PROVIDERS INCREASING COMFORT	
Comfortable Now	44	Vermont CARES	16
Kind, Nonjudgmental Staff	35	AIDS Project of Vermont	11
Peers *	28	Vermonters for Criminal Justice Reform	9
Increased Discretion & Respect for Privacy	15	H2RC	5
Clinics/Healthcare Professionals*	15	Pride Center of Vermont	5
		Safe Recovery	3
*9 of 28 identifying "peers" identified more specifically "someone who has used drugs;" 3 identified "queer and trans peers;" and 2 identified "people of color."			
*8 of 15 identifying "health professional" listed "doctors" specifically.			

It should be noted that three additional respondents listed *Needle Exchange* without specifying which organization they were referencing. Some respondents expressing current comfort with their SSP provider did not specify who that provider was. In some cases, the researcher could clarify based on other answers from the same survey, but not always. Considering all factors known to the researcher, it is deemed likely that the three individuals listing *Needle Exchange* were referring to *Safe Recovery*.

QUESTION NINE: What do you like best about Syringe Services Programs?

- 139 of 151 respondents answered this question, providing 164 distinct responses.
- **Safety** as a response category includes the multiple ways the word and specific related phrases were expressed. Individuals consistently listed *safe and clean*, applying the statement to the SSPs themselves, the physical space, the people, the "safe place" the programs create, and the needles and supplies.

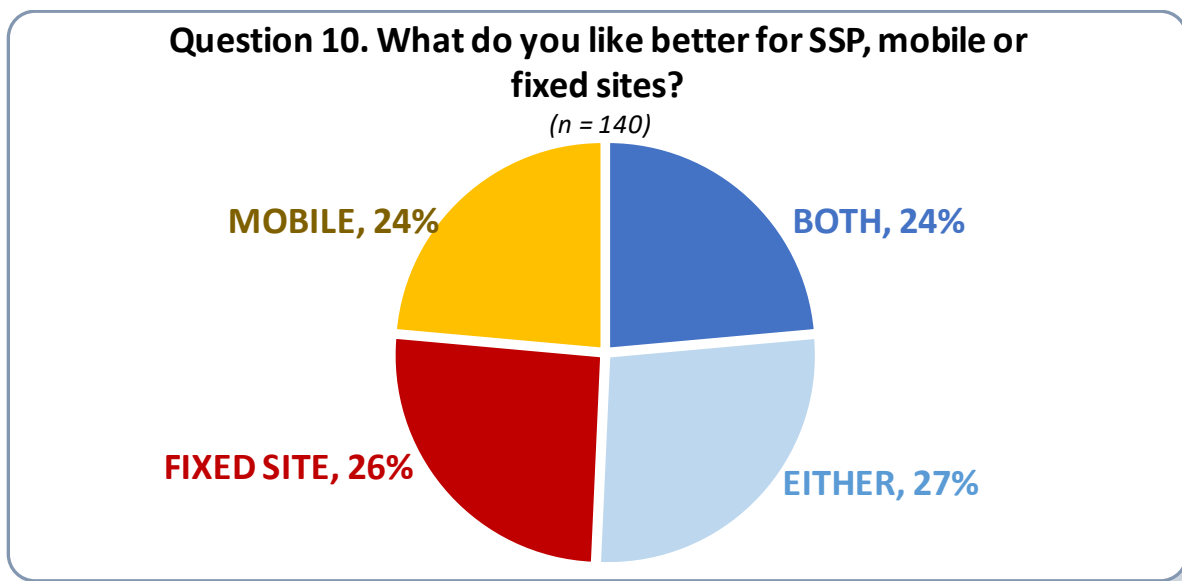


MOST FREQUENTLY IDENTIFIED RESPONSES TO “What I like best about SSPs”

Safety: Safe Space, People & Supplies	63	Availability of Supplies	9
SSP Staff	44	That SSPs Exist at All	8
Needs Met Including Other Services	24	Anonymity/Discretion	7
Judgement Free	17	Disease Prevention	6
Accessibility of Services	16	Harm Reduction	4
Free	10	Everything	4

QUESTION 10: What do you like better for SSPs: mobile or fixed sites?

- 141 of 151 respondents answered this question.
- **71 respondents** said *both* (33) or *either* (38). **36** stated *FIXED* and **33** preferred *MOBILE*.



QUESTION 11. Are there other locations that would be easy for you to safely throw away your used needles, if it were available?

- **30 of 151** respondents answered this question.
- This question was inadvertently omitted from the first release of the survey, therefore did not receive as many responses. All 30 responses are reflected in the table below.

MOST FREQUENTLY IDENTIFIED OTHER LOCATIONS FOR DISPOSAL KIOSKS

Shelters	7	Somewhere Outside / More Anonymous	1
Libraries	6	Bank	1
Hospitals	6	Convenience Store	1
Fire Stations	4	Restaurants	1
Food Pantries	1	Queer Community Center	1
Motels	1		

QUESTION 12. Is there anything else you would like to say?

- **14 of 151** respondents left comments.
- There were a range of diverse responses. The following were repeated themes:
 - Expressions of **need for continued SSP service**, with **additional supports such as housing and basic needs**. (8)
 - Expressions of **gratitude for the services**, and for the **humanity and kindness of the people** staffing them. (6)
 - Expressions of **need for a safe injection site**. (4)
 - Specific expressions of **gratitude for H2RC in Lebanon, NH**. (3)

DISCUSSION SUMMARY: Interactive Virtual Discussion on SSPs; January 30, 2024

Supplies people need more of:

1. Common response is that supplies are very robust.
2. Need is for smoking supplies. Consistently running out. Need kits and chore.¹ Have volunteers coming in solely cutting chore. Trend – people switching mode of use and drug of choice to avoid xylazine.
3. Snort/sniff kits.
4. Needles/syringes for trans hormone injecting.
5. Happy Basket: Reward program for people who turn in used syringes; choose item from basket. Need help keeping basket full. Treats.
6. Warm clothing, gloves.
7. Syringe quality: Questions (for years) about “change in syringes.” All SSPs have experienced. Appears to be due to changes in marketing packaging; perception that syringes changed and are lower quality. SSPs checked with supplier, confirmed no change in quality control.

Services people need more of:

1. More availability and hours. Hours outside 9am – 5pm, Monday–Friday. High need for weekend availability. Kiosks/vending machines may be access point but strong need expressed for human/in-person aspect of visiting site.
2. Ability to offer food. Wound care services, drug checking services; **bundling of services**.
3. Education. As drug checking increases, people increasingly interested in learning more – not just xylazine, other chemicals. “When people find a way to be safer, they take off with it.” Want to learn.
4. Safe injection assistance. “If you are going to do this, here is what you need to know to do it *safely*.” “Do **this**, not that.” Can read instructions but better in person. Trans folks need training on injecting as well.
5. Overdose prevention sites. **People want a safe place**. Seeking more safety/clean spaces. People aware of safe injection sites; strong interest and demand.
6. Transportation services. Bus routes to treatment centers and SSPs. People want to come in, see staff, interact. Additional stops or dedicated routes. Medicaid rides to SSPs.

7. Mental Health. Often just talking to SSP staff is mental health support. “Makes people feel cared for and that leads to self-care.”
8. **Theresa**: VT CARES worked with Social Tinkering in Rutland, did a social for SSP members/staff. Very successful, members very involved in planning, advertising, choosing activities. Would like to do more, in other areas, too.

Best Locations for Kiosks/Syringe Disposal:

1. Hospitals – both inside and outside; post office; high traffic area.
2. Drugstores; “turn in your old medication” depositories could be opened to syringes. Churches. Places people go for other services. Food banks, drop in centers.
3. VERY DIFFICULT to get businesses to agree to Naloxone boxes in, on or near their buildings; disposal boxes will be even more challenging.
4. Small household bins. Give out small containers easily carried, dropped in public trash cans.
5. Folks with access to housing: opaque heavy plastic bottles (detergent, bleach); fill with syringes, tape shut, write “DO NOT RECYCLE” and throw in house-hold trash.
[HS VermontNeedleDisposalInitiative Factsheet.pdf](#)
6. Cannabis dispensaries.

Best Locations for SSPs:

1. Need for additional sites. Some traveling up to 60 miles. People with no transportation in [small rural towns]. “If we don’t drive to them, they won’t get services.”
2. Flexibility/mobility/hours make huge difference re: location. “Having an exchange in Burlington does not mean a Winooski resident is able to access it” if open hours are not accessible.
3. Many people referenced “caught short on weekends.”
4. Clinics, shelters, day-stations, places where people who use drugs access other services.
5. Smaller organizations working w/established SSPs, increasing availability of supplies at other service locations.

¹ Chore: *Chore Boy* copper scouring pads that are cut up and used as filters in glass tube pipes.

What do people like best about SSPs:

1. The people, the staff, how they are treated.
2. The respect and care. Being heard. Human connections. Nonjudgmental people and places. "That nonjudgment has saved lives."
3. **Needed:** List of nonjudgmental doctors; doctors who are willing to put their names out to see people with substance use challenges.
4. The very existence of exchanges, compared with the past. Appreciate how things have changed.
5. "I use the SSP and stay in a homeless shelter. I don't have to use needles over and over. I can help other addicts with supplies. The exchange has been great and nonjudgmental. I appreciate it."
6. **Note:** Sex workers have a similar need for judgment-free health care.

Safe Sharps Disposal Community Toolkit

Office of Local Health
November 2018





Greater Barre Safe Sharps Alliance

A Community Collective For Safe Sharps Disposal

Acknowledgements

This toolkit was developed by the Vermont Department of Health Barre District Office of Local Health in partnership with the Greater Barre Safe Sharps Alliance. Thank you to all who contributed to the development of this toolkit and included examples from their work.

For information about the Greater Barre Safe Sharps Alliance

The Greater Barre Safe Sharps Alliance, also known as the “Alliance”, is a group of organizations who collaborate to assess, plan, and pursue improvements to safe sharps disposal.

www.barresharpsdisposal.com

For information about the Safe Sharps Disposal Community Toolkit, please contact Barre District Office of Local Health at 802-479-4200, AHS.VDHOLHBarre@vermont.gov

The toolkit and additional information can also be found at

www.barresharpsdisposal.com

www.healthvermont.gov/local/barre

www.healthvermont.gov/response/safe-needle-disposal-vermont

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Introduction

Every day, hundreds of people in Vermont self-inject both licit (e.g., insulin for Diabetes, beta interferons for Multiple Sclerosis, etc.) and illicit drugs (e.g., heroin, cocaine, etc.), but many do not know how or where to properly dispose of sharps. A sharp is a needle, syringe or lancet. When these items are improperly disposed of, (e.g., thrown in the trash, flushed down toilets, left in parks), they put sanitation workers, community members, children, and pets at risk of injury and disease, including HIV and Hepatitis B and C infection.

Purpose of the Toolkit

The **Safe Sharps Disposal Community Toolkit** is intended to help communities increase awareness regarding safe disposal of sharps, assess the nature and scope of the problem, and determine the best sharps disposal option for their town. It provides resources to help communities become informed about the subject and to guide communities through what is a sensitive issue being faced by many Vermont towns for the first time.

Who Should Use the Toolkit

This toolkit can be used by all members of a community (e.g., select boards, faith-based organizations, residents, etc.), and any individual who has an interest in learning more about how to dispose of sharps properly.

How to Use the Toolkit

This toolkit follows the core components of the Strategic Prevention Framework (SPF) and is designed so that it can be used from beginning to end- performing each step- or each component individually, so that communities can utilize the pieces that fit their needs. The Safe Sharps Disposal Community Toolkit includes seven sections:

I. Assessing the Problem

Deciding the approach most suitable for your community requires a clear understanding of the issue. This section guides communities through steps and actions to learn the scope and nature of the problem.

Figure 1. Strategic Prevention Framework



See [References](#): “Applying the Strategic Prevention Framework”, 2018

II. Options for Addressing Improperly Disposed of Sharps

No one solution will be right for every community. This section proposes a variety of approaches to serve the unique needs and attributes of each community.

III. Building Key Partnerships and Capacity

No community initiative is successful without the buy-in, collaboration, and support of those who are impacted by the issue and have influence on it. This section provides suggestions on who should be involved in leading the effort and how to build consensus.

IV. Developing a Plan

Regardless of the option you choose, careful planning is required to achieve the desired impact. This section includes some of the many details and considerations for successful outcomes.

V. Implementing the Project

Keeping organized and on track is key to successful execution for any project. This section provides some resources for keeping your project moving forward and on time.

VI. Evaluating the Project

How will you know if the desired impact is achieved? This section suggests things you can do to help determine the effectiveness of the intervention.

VII. References

Resources related to all sections have been compiled into one master list on [pages 26-28](#).

VIII. Appendix

This section provides a host of resources and templates.

General Considerations

The topic of sharps disposal can be uncomfortable for some individuals and communities. There may be concerns about the health

Table 1. Using Destigmatizing Language

See [References](#): “Language & Substance Use Disorder: A Guide to Communicating About SUD”, 2016.

INSTEAD OF...	TRY...
Addict, junkie, alcoholic	Person with a substance use disorder (SUD)
Addiction	Substance use disorder (SUD)
Clean	Abstinent, not using
Former addict	Person in recovery
Relapse	Resurgence/re-occurrence
Drug abuse	Drug use or drug misuse
Dirty	Actively using
Crazy	Experiencing a mental health crisis
Suicidal	Having thoughts of self-harm/suicide

and safety risks found sharps can pose, how sharp drop boxes may affect community reputation and public perception, or beliefs that they may attract unsavory behavior.

Regardless, any effort to address improperly disposed of sharps in a community must be well-informed and respectful of diverse opinions and perspectives. It is important to be inclusive of all cultures and avoid stigma, and important to consider **using destigmatizing language** whenever possible (see Table 1). Some tips to consider throughout your efforts include:

- Know your community and the diverse sub-populations and cultures that exist within it. (See [References](#): “Cultural Competence and the SPF”, 2018).
- Customize materials to meet the needs of each priority population and culture, focusing on imagery, language, and readability for a range of literacy levels.
- Involve members of the population in the process.

Lessons from the Greater Barre Safe Sharps Alliance

There are many ways to manage improperly disposed of sharps in a community. For example, a town may decide to place several disposal units in public bathrooms or simply facilitate a community awareness campaign. This toolkit was developed as part of a pilot project in Barre, Vermont to manage improperly disposed of sharps. Throughout the toolkit, Greater Barre Safe Sharps Alliance Snapshots are provided to share some of the Alliance’s pilot project best practices, key lessons learned, and resources to support your community’s interests in and efforts to address improperly disposed of sharps. Regardless of the option your community chooses, this toolkit will help guide the process.

Greater Barre Safe Sharps Alliance Snapshot

Project Profile

In 2017, the Deputy Fire Chief for the City of Barre, Joseph Aldsworth, was finding increasing numbers of sharps around the community- in parks, playgrounds, and public restrooms. Joe's fellow first responders, EMT and law enforcement officers, were collecting an increasing number of sharps, both around the community and on the persons with whom they were coming in contact. Local landlords were finding bags of sharps left behind in apartments from vacated tenants. To Joe, it seemed as if "syringes were the new soda cans when it came to litter."

Uncomfortable with dumping the syringes into the trash, Joe resorted to collecting the sharps in a five-gallon tub that sat on top of the drug takeback collection box at the Public Safety building. Eventually, the tub filled up. Joe was able to connect with the local hospital, Central Vermont Medical Center, to help him dispose of and incinerate the sharps. However, calls to Public Safety from community members wondering what to do with found sharps increased and the tub continued to fill. It was clear something more needed to be done to address the issue of improperly disposed of sharps in and around the city.

Without resources to tackle the issue on his own, Joe reached out to several organizations he thought could help: Vermont CARES, which operated a Syringe Exchange Program in Barre; the Vermont Department of Health Barre District Office of Local Health; and Central Vermont Medical Center. From there, as awareness of the need to address this issue grew, more organizations joined to create what is now the Greater Barre Safe Sharps Alliance (hereafter referred to as the 'Alliance'). Together, the Alliance assessed the issue, came to a consensus that improperly disposed of sharps were a community-wide problem, and agreed that a collaborative effort was needed to address the problem. It gathered information on what was known about the issue, shared the information, and created an action plan. With support from the Vermont Department of Health to implement a pilot project, the Alliance designed a community education and outreach campaign and purchased large sharps collection kiosks and wall units that were installed in and around the city. These efforts led to Vermont's first major community-wide effort to create multiple options for safe sharps disposal and raise public awareness about these options free of stigma.

See [References](#) for additional resources to help start the process.

I. Assessing the Problem

Assessment is key to establishing the scope of the problem and setting baseline data for the project.

A. Perform an Assessment; work to answer the following questions:

1. Is improper sharps disposal a problem in our community?
2. Where is the problem occurring?
3. How often is the problem occurring?
4. Who is experiencing the problem?
 - Are you hearing from people who are finding sharps in public?
 - Are you hearing from people who don't have/don't know their disposal options?
 - Are you hearing from community agencies like the fire department, police department, family center, recreation department, hospital, Green Up Day coordinator, or waste disposal companies?
5. Who needs access to sharps disposal options?

B. Gather Information

Data provides the information necessary to understand the problems in a community, to effectively select and deliver programs, and to find out if these programs work. Data can either be qualitative or quantitative (see Table 2).

1. Look at existing data

- Start by looking for state and local data already collected by others, such as hospitals, public safety agencies, community organizations, or state agencies.

2. Identify data gaps

- Examine your inventory of existing data and determine whether you are missing any information.

3. Collect new data

- Consider capturing a blend of qualitative and quantitative data.

Table. 2 Quantitative & Qualitative Data	
Quantitative Data	Quantitative data is described in numbers and shows how often something occurs or to what degree a phenomenon exists. Quantitative data measures levels of behavior and trends. It is objective, standardized, and easily analyzed, and is easily comparable to similar data from other communities. Examples of quantitative data include statistics, survey data, records, and archival data.
Qualitative Data	Qualitative data is described in words and explains why people behave or feel the way they do. This type of data answers "Why?", "Why not?" or "What does it mean?". Qualitative data is subjective and explanatory and helps interpret quantitative data by allowing insight into behavior trends and perceptions. Examples of qualitative data include focus groups, key informant interviews, case studies, storytelling, and observations.

C. Assess Community Resources and Readiness

Assessing a community's available resources and readiness to address sharps disposal is a key part of the planning process. See Table 3 to learn more.

Table 3. Resources and Readiness	
Resources	Resources include anything a community can use to help address improperly disposed of sharps, such as: <ul style="list-style-type: none">○ People (for example, staff and volunteers)○ Specialized knowledge and skills (for example, research expertise)○ Community connections (for example, access to population groups)○ Concrete supplies (for example, money, and equipment)○ Community awareness of disposal needs○ Existing efforts to meet those needs
Readiness	Readiness is the degree to which a community is willing and prepared to address the problem. Factors that affect readiness include: <ul style="list-style-type: none">○ Knowledge of the problem○ Existing efforts to address the problem○ Availability of local resources○ Support of local leaders○ Community attitudes toward the problem

D. Next steps:

Stakeholder engagement during this stage is key in building/enhancing partnerships during the capacity building phase.

1. Identify and engage key community stakeholders who know about the quantity and location of improperly found sharps.
 - Stakeholders can include, but are not limited to, public safety, public works, the local department of health, town health officers, needle exchange programs, administrative buildings, hospitals, emergency medical services, pharmacies, waste disposal organizations, self-injector, and public housing.
2. Communicate project progress and goals to key community stakeholders frequently.
 - The better they understand community needs, the more likely they are to participate in prevention efforts.
3. Assess options that could address the problem.
4. Conduct a pre-survey.
 - Should speak to the four questions above in Section A: Perform an Assessment.
 - Consider offering the survey at community events like town meetings.
 - Check in [Appendix A](#) to see a model pre-survey.

5. If after assessment there is no need for a community drop box, see [section II: Options for Addressing Improperly Disposed of Sharps in this Toolkit](#) for additional options to explore.
6. Plan for how you will evaluate
 - An important part of assessment is planning for how you will evaluate the final outcomes. Toolkit users should plan to evaluate how well the program was delivered and how successful it was in achieving the expected outcomes. Data gathered during assessment can help decide how effective your chosen strategies were (see section [VI: Evaluation](#)).

Greater Barre Safe Sharps Alliance Snapshot

Community Assessment

One of the first steps taken was to learn about the problem. How many improperly disposed of sharps were being found? Where were they being found? What were the current options for safe disposal? What were reasons people may not have been using the current options? What were the community's thoughts about the issue?

In the summer of 2017, the Barre Office of Local Health conducted a community pre-survey to learn about what residents and regular visitors to the city knew about the issue. The results were invaluable for determining the best solution and next steps.

Findings included:

- Parking lots were the number one spot respondents were finding sharps in Barre, followed closely by parks and sidewalks
- 37% of respondents report they did not know how to properly dispose of sharps
- 32% of the respondents that claimed they knew how to properly dispose of sharps were using questionable methods ("Questionable" was defined as anything that deviated from the recommended method of safely placing into a rigid plastic container, taping it shut, and labeling it)
- Respondents most wanted to see drop-boxes installed at health centers, followed by hospitals, pharmacies, and waste drop-off locations
- The biggest concerns that respondents had were tampering and promoting/enabling IV drug use
- Only 8.6% of respondents opposed the installation of drop-boxes in Barre

In addition, it was learned that approximately 25 gallons of sharps were collected by the fire department in the six-month period before the pilot project began.

II. Options for Addressing Improperly Disposed of Sharps

Depending on what is learned from the assessment about the scope and nature of the problem, there are many ways a community can choose to address it.

Options for Individuals

Table 4. Home Disposal, Syringe Exchange Programs, Mail Back Options	
Home Disposal	For people who generate used sharps at home, they may choose to discard them in the trash following guidance provided by the Vermont Department of Health. See “ Discarding Syringes and Other Sharps ” in the References section to learn more. This is a low-cost option.
Syringe Exchange Programs	There are several syringe service programs throughout Vermont where individuals can drop off used sharps. Find the location nearest you thanks to Vermont CARES. This is a free service.
Mail Back	There are several companies that offer a mail return option for an additional fee when purchasing a sharps disposal container. A web search using the key terms “sharps container with mail back” will yield several options. Services range in cost, depending on the company.

Options for Communities


Table 5. Individual Drop Box Host Sites, Centralized Community-Wide Programs, Citizen Pick-Up Brigades, & Public Education and Awareness Campaigns	
Individual Drop Box Host Sites	Your community may decide that it would like sharps drop boxes located at individual host sites. These sites could be the fire station, town office, library, or a local business. The Individual Drop Box Host Sites model means each host site is responsible for the acquisition and maintenance of its own drop box. Each site would do this on its own rather than as part of a coordinated community-wide effort. This would require raising awareness among potential host sites about the issue or, if sites are already raising the issue, can be presented as a possible solution. The upfront level of effort on the part of the community to implement this model is moderate to high and, theoretically, would require minimal effort once drop boxes are installed and the host site is committed to its ongoing responsibility for the box. This is a low to medium cost approach.

<p>Centralized Community-Wide Programs</p>	<p>A community might decide to develop a coordinated, centralized system for collecting used sharps. The Centralized Community-Wide model means an entity, such as the hospital, town select board, town manager, community member, or coalition would be responsible for most or all aspects of funding, installing, and maintaining the drop boxes placed in multiple locations within the community. This may require raising awareness and making agreements between the coordinating body and each site hosting the box. This model requires a high level of resources, effort, and commitment for successful implementation.</p>
<p>Citizen Pick-Up Brigades</p>	<p>Like the Trash Tramps and Butt Heads who pick up cigarette butts around the community on a regular basis, this approach would entail a group of volunteers who commit to collecting improperly disposed of sharps either on a scheduled basis as a group or on an as-needed, on-call basis. This approach requires a person or system to organize and sustain the effort. All volunteers should be properly trained and equipped to safely pick up sharps and dispose of them properly. It is important to note that this effort on its own would be a reactive rather than proactive approach. In other words, it would be removing sharps that have already been discarded improperly, not preventing them from being improperly disposed of in the first place. This would be a low to no-cost approach.</p>
<p>Public Education and Awareness Campaigns</p>	<p>For whatever option you choose, public education and outreach should be part of it. Community education and outreach is a critical component to any sharps disposal project. Well-developed outreach materials and efforts, though time consuming to develop, will inform the community and secure their buy-in.</p> <p>Some communities may decide that conducting a stand-alone public awareness campaign is sufficient. Assigning this task to a work group or company associated with evidence-based practice will ensure that credible materials and messaging are produced.</p> <p>When writing to your audience, be sure to use inclusive language to encompass both the licit and illicit sharps users. (See Table 1).</p> <p>You should also be mindful of literacy levels. Most health communication is written at a sixth-grade literacy level. Consider consistency of materials, messaging, language, and appearance. For information to help guide an education campaign. See "CDC's Gateway to Health Communications and Social Marketing Practice" in the References section to learn more.</p>

Determining the Size of Drop Box

If choosing a drop box option, the chart below can help determine the size of container(s) needed.

Table 6. Determining the size of a Drop Box container		
Number of Syringes	Unit Size Needed	Weight
70 - 100	1.4 Quart	<1 pound
4,000 – 5,000	9 Gallon	15 – 18 pounds
10,000 – 12,000	18 Gallon	35 – 38 pounds

 **Know the law:** The State of Vermont, your town, or your local solid waste district may have differing regulations on medical and biohazard waste disposal. For example, according to the Vermont Agency of Natural Resource guidance, if any kiosks generate more than 50 pounds of sharps per month it would be considered a “large quantity generator” and would be subject to certain packaging, storage, and treatment procedures. You may want or need to include this guidance into the toolkit, depending upon the volume of sharps collected. For Vermont regulations, refer to the Vermont Agency of Natural Resources Department of Environmental Conservation “[Hazardous Waste Regulations](#)” in the [References](#) section.

Greater Barre Safe Sharps Alliance Snapshot Choosing the Right Disposal Option

The community survey provided invaluable information about the people’s opinions, concerns, and level of knowledge about sharps disposal. This information, along with what was known about the high quantity of improperly disposed of sharps being found around the community, led initial group to determine a centralized community-wide option would best address the problem. Seventeen units, a combination of wall units and large drop boxes, were installed in and around the city. This option offered the greatest access to both individuals who generate sharps and those who find them in and around town.

See [References](#) for additional resources to help explore disposal options.

III. Building Partnerships & Capacity

Improperly disposed of sharps can affect many people and businesses in the community. Therefore, it is important to elicit the help, buy-in, and expertise of a wide variety of key partners in your community. When different groups combine their skills and resources, they can achieve much more than if they work alone. Identifying key stakeholders and building community capacity are important steps in developing whichever sharps disposal approach you choose. A collaboration between multiple representatives can best identify, strengthen, and link the community resources needed for successful implementation.

Identify A Community Champion

You will want to have someone who has a passion for the project and can really get things rolling before all the key partners are in place. They should know and be trusted by the community. This person may also serve as the ambassador for the project and speak on behalf of the issue and the project partners, although that should be decided among the group and may be assigned to someone who has an official position with the town.

Identify Key Partners

Who are the people and entities that can support a successful project? Key partners should be identified with the skills, instincts, abilities, and resources to make the greatest impact in your community with limited financial resources. When considering who should be involved in the project, you may want to include individuals and organizations who can provide one or several of the following resources:

1. **Funding** – Able to provide or leverage financing for the project.
2. **Organizational Capacity** – Able to provide organizational resources, such as convening the partners, providing a space for meetings, taking meeting minutes, etc.

Possible Key Partners

- Capstone Community Action
- Community Members (ideally this would include people who use sharps)
- Emergency Medical Services (EMS)
- Faith-Based Organizations
- Health Center or Free Health Clinic
- Home Health Agencies
- Housing Authority
- Individuals with specific skills, such as graphic design or fundraising
- Local Hospitals
- Local Pharmacies
- Local Solid Waste Management Company
- Media
- Office of Local Health
- Partner Town (e.g. town or city with a well-developed sharps disposal project)
- Police Department
- Recreation Department
- Regional Planning Commission
- Social Organizations (e.g., Lions Club, Canadian Club, Masonic Organization, Rotary Club, Funeral Homes)
- Select Board
- State of Vermont Buildings and Grounds Services
- Town Health Officers
- Vermont CARES
- Zoning Administrator

3. **Technical Expertise** – Able to provide knowledge to help develop and implement strategies; possesses specialized skills, such as marketing or survey design.
4. **Influence** – Individuals who have strong relationships with the community, community partners, media, or local governance and can garner buy-in and support for the project.
5. **Decision-Making Authority** – Ensure the people driving the project can make decisions on behalf of their organization.
6. **Diverse Representation** – Individuals who represent multiple private and non-profit sectors and interests. Be sure to include community members and individuals who represent the priority population.
7. **Commitment** – Anyone involved should commit to their designated role in the project.

Think about the ideal combination of skills, perspectives, and community status that would have all bases of the project covered- this is your dream team check list! Creating a map of your stakeholders' values, interests, and influence related to your project's goal can help you meet them where they are. The [References](#) section contains information to help you identify the different stakeholders for your project, their connection to the issue your project is concerned with, and the best methods for engaging them.

Raise Stakeholder Awareness

Once you have identified who you would like to have involved in the project, it will be important to provide them with information about what is known about the problem and possible solutions. You may want to create a Stakeholder Fact Sheet or talking points to help start the conversation and recruit partners. See [Appendix B](#) for an example of a Stakeholder Fact Sheet developed early in the creation of the Greater Barre Safe Sharps Alliance.

Engage Diverse Stakeholders

As your partnerships expand, continue to reassess who else should be engaged. Chances are, there are still some important perspectives missing from the table. Go back to your dream team check list and ask the new partners to reach out to those who still need to be recruited.

Strengthen Collaborative Efforts

It is important to create a shared vision or mission among stakeholders so that everyone is clear on the outcome they are working toward. This can be large or small, but the group needs to agree on the approach. Identify a structure for how the group will function so everyone can move forward in a coordinated, transparent fashion. There are several existing models and tools for groups consisting of multiple stakeholders who share a common goal. Many of these models are flexible for adapting to the size and needs of your group. Here are a few examples:

1. The Collective Impact Framework

Collaboration for Impact describes the Collective Impact model as, “a framework to tackle deeply entrenched and complex social problems (See [References](#): “Collaboration for Impact”, 2018). It is an innovative and structured approach to making collaboration work across government,

business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement, and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have a centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert.”

John Kania and Mark Kramer first wrote about collective impact in 2011 and identified five key elements:

Table 7. Five Key Elements of Collective Impact (From the “The Collective Impact Framework”, 2018. See References)	
1	All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2	Collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability.
3	A plan of action that outlines and coordinates mutually reinforcing activities for each participant.
4	Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5	A backbone organization(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.

2. Memorandum of Understanding (MOU)

A Memorandum of Understanding (MOU) is a nonbinding agreement between two or more parties outlining the terms and details of an understanding, including each parties' requirements and responsibilities. A sample MOU is provided in the [Appendix C](#).

3. Project Charter

Develop a project, or collaboration, charter with your stakeholders to define expectations, communication processes, operations protocols, how decisions will be made, and how conflicts will be handled. Templates for project charters are available on the internet. See the [Appendix D](#) for an outline of the elements of a Project Charter.

4. Logic Model

A logic model (also known as a logical framework, theory of change, or program matrix) is a tool to help show how a project is intended to work and evaluate the effectiveness of a program.

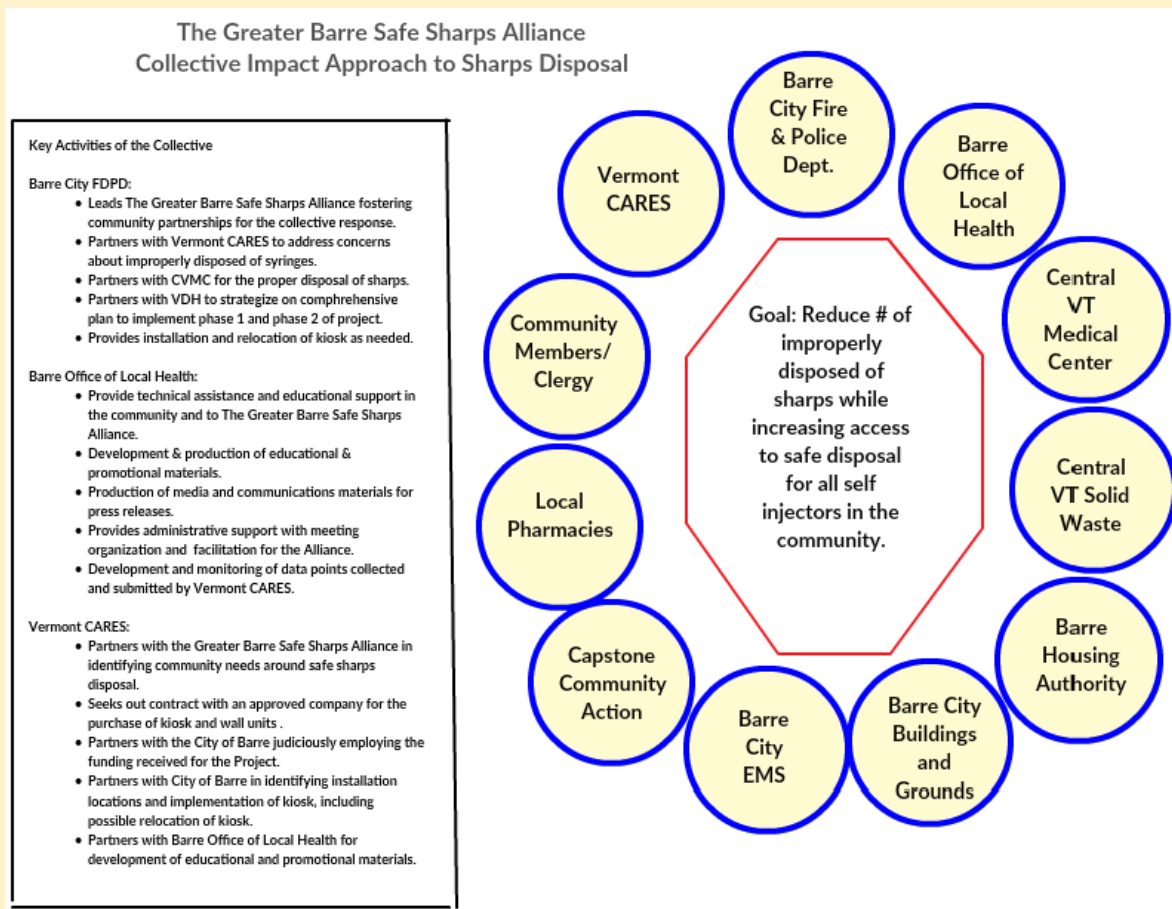
Logic Models can be used in program planning, implementation, evaluation, or communication. It includes process components, such as inputs, activities, outputs, and outcome components, including short, intermediate, and long-term desired outcomes. See [References](#) and example of a logic model in [Appendix E](#) for more information.

Greater Barre Safe Sharps Alliance Snapshot

Working Together to Reduce Improperly Disposed of Sharps

After gathering information about the issue, the small group of initiators identified who else in the community should be involved. They considered which assets potential partners could bring to the table, including financial resources, in-kind resources, technical expertise, political influence, and ability to represent the community. The GBSSA was then born. It was decided to utilize a Collective Impact model.

Figure 3. Collective Impact Approach & Work of Greater Barre Safe Sharps Alliance



See [References](#) for additional resources to help identify key partnerships and build capacity.

IV. Developing a Plan

Many of the steps in the planning process can be generalized to any project. For the purposes of this toolkit, we are going to describe the planning process for utilizing public drop boxes and increasing public awareness.

Initial Considerations for Pre-Planning

The results of your capacity building efforts will help answer the questions listed below. The questions provide a framework and guidance for developing and sustaining your plan. If your community opts for conducting an educational campaign only, see page 18 “Develop community education and outreach.”

1. Do we have the resources to improve and sustain sharps disposal options?

This type of project comes with many benefits, but some approaches require ongoing maintenance. The group should consider the community’s interest, capacity to keep the project going, and ability to find ongoing funding for a long-term project.

2. Do we have the community/stakeholder readiness to improve sharp disposal options?

By using the pre-survey results, your group can identify assets and potential resources. You will also identify potential barriers that will need to be addressed as part of your planning process.

3. If choosing sharps disposal drop boxes, is it possible to obtain and maintain them?

Identify funding sources for initial and replacement cost of the units. Consider who will be responsible for this process and funding mechanism.

- Some potential funding sources may be hospitals, insurance companies, pharmacies, state or local government, civic organizations, or grants.
- Identify where the sharps containers contents will be disposed of and by whom and by what process. For example, one group or organization, such as law enforcement, may be responsible for monitoring, collecting, and transporting disposed sharps from all locations, or one or two individuals at each location may monitor the container and notify someone responsible for collecting and transporting the sharps to the disposal site when the container is full. You will want to have a clear agreement or contract with a disposal company or another organization, such as a hospital, for accepting the full sharps disposal containers. A Memorandum of Understanding, or MOU, can help delineate responsibilities among partners, host sites, and disposal outlets. An example MOU is in the [Appendix](#).

4. Can we produce outcomes in a reasonable time frame?

This is an essential consideration for several reasons. For any grant or municipal funding source, there may be timelines for applications and release of funds. If you are installing outdoor sharps units in wintery climates, the ground may be too frozen at certain times to attach them to the ground.

Planning Tools

It is important to use a planning tool to help provide organization and a framework for your plan, to be sure all steps and pieces are completed, and to keep the project moving forward. There are many different types of plans and tools that can be used as models. It is a good idea to have the group have input into the selection of the tool used so that everyone agrees to and understands the format. Your organization may already use or have chosen a planning tool. If not, the [Appendix](#) provides a variety of examples, such as a GANTT chart and logic model template.

Develop a Clear Action Plan

This section provides an outline of the components to be included in your action plan, and why they are important. In developing your plan, note that work can occur concurrently, and consider having different stakeholders participate in and be responsible for each of the tasks.

1. Create a timeline

Assigning deadlines for tasks keeps the project on track. You may consider looking at the final project deadline (this may be a requirement from your funding source, for example), and work backwards. Identify which tasks are dependent on each other to prioritize and order each item on your plan. Next, be realistic about the amount of time it will take each task to be completed while assigning deadlines.

2. If choosing disposal drop boxes, identify locations

One of the most important components of your action plan is where your units will be located. Time and care should be devoted to this decision; therefore, a list of considerations is included below. You may use the results of your survey on where sharps are currently being improperly disposed of as preliminary indicator for priority areas. The use of these units by both licit and illicit syringe users may also be a prime factor for selecting locations. Considerations are often interdependent and should be weighed during planning of location.

Type and size (kiosk/wall)	There are a variety of sizes and styles of sharps disposal units available. Each has its own benefits and will serve different location options.		
	Number of Syringes	Unit Size Needed	Weight
	70 - 100	1.4 Quart	<1 pound
	4,000 – 5,000	9 Gallon	15 – 18 pounds
	10,000 – 12,000	18 Gallon	35 – 38 pounds

Cost	One of the most important factors for planning is your available funds. You will need to determine not only the cost of the units, but how much will need to be spent on maintenance of the boxes, maintenance of access to the units, and number of units to be purchased.
Durability and Tamper Proof Features	Some ideas to consider are: Outdoor locations will require more rugged units to withstand weather; areas near locations where children congregate will require better tamper-proof safety features.
Quantity	Your community may want to focus on having one main centralized unit. Or your survey data and other assessment information may reveal that having several dispersed locations would be beneficial. Of course, budget and costs are driving factors for this consideration.
Indoor/Outdoor	Indoor units, such as in a public bathroom provide more privacy for disposal. Outdoor units may be accessible 24 hours a day. How the public will use the disposal units may drive whether an indoor or outdoor location is better.
Weather	If the location is outside, consider factors such as exposure to weather on the lifespan of the unit and snow removal for access.
Accessibility	This consideration refers to both handicapped accessibility, convenience of access, and time of day.
Aesthetics	It may be important to consider the sensitivity of aesthetics in placement of units near historic districts or outdoor park settings. Additionally, your project may want to include a logo or branding as part of a larger education initiative.

3. Establish drop box maintenance

Maintaining the drop boxes is a large and ongoing detail for this project. A lot of coordination is required for sustaining these tasks. Detailed action planning around maintenance will assist in the success of a long-term project.

Who will be responsible for checking boxes?

Identify representatives from different organizations who will commit to the tasks of checking the status of, ordering replacements for, and arranging for disposal of filled sharps containers.

Who will be responsible for disposal?

Arrange for disposal of full boxes. Where will disposal occur? Who will provide this service? Be sure there is a procedure for the representative to follow. Consider placing contact information for sharps pick-up on units, and/or a contact at the unit location in case disposal is required prior to scheduled maintenance (such as if the unit is full or broken). Consider

record keeping for scheduled and impromptu unit maintenance for both accountability and data collection purposes.

Develop a Budget

Two key considerations need to be addressed in developing the budget.

- **Initial costs of the units -**
Initial costs include the purchase price of units themselves and any installation costs.
- **Maintenance costs -**
These costs should be calculated in planning to ensure sustainability. Some resources to gauge an estimate for maintenance costs might be similar local projects and those in other states.

Secure Funding

There are a variety of ways to fund a community sharps disposal project. Each source of funding will have advantages and disadvantages. The following are some examples of some funding options and special considerations for each. If your funding source requires a logo for sponsorship, this may be an additional cost for the budget. You may need to approach multiple sources to successfully fund this project, which may be a time and resource consuming process. Many funding sources will also require recognition of their contribution in communications about the project, including in media publications. Be clear about the roles of funding sources and the methods of recognizing their participation. Some organizations and programs may provide “in-kind” services of resources and time, which will help defray costs.

1. Town

If funding is included in a town or city budget, voter approval may be required. This would affect the timeline of the project.

2. Grants (start-up capital)

Grants can be useful for startup and onetime costs. However, grants can take a lot of work to apply for, and often have reporting requirements and deliverables associated with them.

3. Corporate sponsorship

Find a corporation with a compatible mission. Many corporations have an application process which may be competitive.

4. Local hospital or clinic/ Pharmacy sponsorship

Partnering with other health care resources may prove useful and may be another way to highlight the health risks of improper sharps disposal. These funding sources may require logos and credit. Identifying and coordinating with the proper contact may be a time consideration.

Establish Agreements/MOUs Between Partners

Agreements clearly identify roles and responsibilities for each partner in the project. Having this document will assist in moving the project along and provides accountability. These are often a requirement for participation by many organizations and funding sources. Because of this, drafting and approval of MOUs and agreements may take time for finalization. A sample MOU template is included in the [Appendix](#).

Develop Community Education and Outreach

Community education and outreach is a critical component to any sharps disposal project. Well-developed outreach materials and efforts, though time consuming to develop, will inform the community and secure their buy-in. This assures the success of the project. Assigning this task to a work group associated with evidence-based practice will ensure that credible materials and messaging are produced.

When writing to your audience, be sure to use inclusive language to encompass both the licit and illicit sharps users. Be mindful of literacy levels. Consider consistency of materials, messaging, language, and appearance. For more information, refer to section [II: Options for Addressing Improperly Disposed of Sharps](#).

Fact Sheets, Rack Cards, Posters	Some examples of fact sheets are “Stakeholder Fact Sheet,” “Community Project Awareness,” and “Safe Disposal of Sharps”. See Appendix B .
Disposal Guidance	Be sure the instructions on materials and at each site are concise and clear. You may also provide contact information for additional service resources. An example is available in the Appendix.
Engaging Media	A partner in the project with media experience would be a good choice to spearhead this. Press releases, advertisements, radio spots, posters, and interviews, are all examples of media outreach. Direct follow up contact with media outlets will help establish relationships with these sources, provide an opportunity to clarify any points, and will increase the chance that your information will be published or aired.
Drop Box Maps	Develop a simple, yet clear, map to indicate drop box sites, which can be distributed widely.
Community and Neighborhood Forums	Having an opportunity for community members to engage in dialogue and ask questions will help build support for your project. Though planning these events is time consuming, having an engaged and informed community is beneficial to the success.

Website, Social Media	Having information available about your project on the internet could be one of the most accessible ways for people to learn about resources and local options (See the Greater Barre Safe Sharps Alliance webpage for an example at www.barresharpsdisposal.com). At minimum, you can work with your town to ensure information is added to the town website. Setting up a Facebook is also a free option for engaging the community and partners.
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Plan for Evaluation

It's important to know how you're going to evaluate the success of your project prior to starting the project. Choose indicators that represent the situation and how effective your project is.

Good indicators are those that have:

- **Communication power**- Does the indicator tell the story about what you are measuring? Is it easily understandable to the public and to a broad range of audiences?
- **Proxy power**- Does the indicator say something of direct relevance to the topic? Sometimes you can't measure exactly what you want or need. Proxy data is information that is not exactly what you're seeking to learn but may provide part of the information. Sometimes, you can use several different proxies to get at what you need. It is "the next best thing."
- **Data power**- Is the data quality data? How frequently is it available? We need data which is reliable and consistent to tell us how we're doing.

For more information on how to select the right indicators to gather the data you need, see the "Results-Based Accountability Implementation Guide" listed in the [References](#) section.

Sustainability

Although mentioned at the beginning of this section, sustainability is worth discussing again. Project success is measured by how well it is sustained. By carefully considering and addressing the above components of planning, the issue of sustainability will be integrated into the project's design. Do consider a plan for how to proceed if a key partner or funding source related to sustainability is terminated. How will this be identified? Who will be responsible for facilitating further planning? What is the process to address this?

Greater Barre Safe Sharps Alliance

Creating a Plan

After looking at the data gathered in assessment phase, the GBSSA considered the available partnerships and the resource opportunities (in this case, a contract from the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs). It created an implementation plan based on these elements. The plan included the number and type of disposal units, host sites and locations, timeline, budget, and responsible parties. The process for developing a plan took several months. It is advisable to expect unforeseen challenges, such as funding complications, delays, or staff turnover.

See [References](#) for additional resources to help develop a plan.

V. Implementation

Once you and your partners have agreed on responsibilities and established a plan, it's time to get started.

A. Implementation Plan Structure

It may be helpful to develop a structure to manage tasks and deadlines. There are many tools to assist with managing implementation, such as a check list, a GANTT chart (see [Appendix F](#)), and Google documents that can be shared by partners. An example of a project implementation plan may have the following components:

1. Tasks – List of project tasks.
2. Percentage Completed – Lists the percentage of each task completed.
3. Status – Task status such as: completed, on schedule, behind schedule, cancelled (sometimes there is a need to go back to planning, and that's ok).
4. Start Date – Date task is projected to begin.
5. Completion Date – Date task is projected to be completed.
6. Task Assignment – Name of the person(s) responsible for completing the task.
7. Priority – Task priority such as High, Medium or Low.
8. Milestone – Indicates if this is a milestone task.

Greater Barre Safe Sharps Alliance Structured Implementation Plan

The Greater Barre Safe Sharps Alliance developed an Implementation Plan that served as an indispensable roadmap for timely and successful completion. It provided the delineation of tasks, who was responsible for completing the tasks, and by when.

The major components of implementation included:

- Priority Areas
- Project Goals
- Quarterly Outputs and Performance Measures. Examples include:
- Results of at least 350 pre-surveys will be compiled and presented in a report for the Alliance and be available for dissemination.
- There will be 10% increase in usage of the large indoor kiosks from the previous quarter.
- Objectives
- Action Plan
- Budget
- Sustainability Plan
- Final Methodology

The Greater Barre Safe Sharps Alliance continued to meet regularly throughout implementation to discuss community response and conduct ongoing assessment, so it could document observations and make changes as needed.

See [References](#) for additional resources to help with implementing the project.

VI. Evaluation

Toolkit users should evaluate how well the program was delivered and how successful it was in achieving the expected outcomes. Data gathered during assessment can help decide how effective your chosen strategies were.

There are many evaluation methods that serve to determine how effective a program has been. Use evaluation methods you are comfortable and familiar with, or those required by funders, if any.

Once the program has been evaluated, report evaluation results to stakeholders. Stakeholders can promote your program, increase public interest, and possibly help to secure additional funding.

Data collection

1. Conduct a post-survey using the same questions you used during your pre-survey. This will help you monitor progress and success, based on the baseline data you collected during the assessment phase. For example, if 50 percent of people reported that they know how to properly dispose of sharps in the pre-survey and 70 percent report the same in the post-survey, you can tell that you have been effective in your education efforts.
2. Interview community partners to assess if improper disposal has been improved.
3. Assess drop-off boxes locations, usage, and integrity of boxes.

Report out to stakeholders, funders, and community

1. For continued buy-in from funders and community, it is important to report progress and results, at intervals and not just beginning and end.
2. Share lessons learned.

If the intended results are not achieved, consider changing the approach

1. If the intended results are not achieved, consider changing the approach or making changes to your strategies. For example, if a drop-box is not being used, consider providing more education on the unit's location, or consider changing the location of the unit.

Greater Barre Safe Sharps Alliance

Evaluating Success

The Greater Barre Safe Sharps Alliance Evaluation Plan includes conducting a community post-survey; ongoing monitoring of the disposal units (e.g. how many sharps have been collected at each unit over a period of time); and reflection on how well performance measures were met (e.g. Did we decrease the number of improperly disposed of sharps found in the community?).

See [References](#) for additional resources to help with evaluating the project.

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Appendix

Appendix A: Survey Questions from the Barre Sharps Pilot Project

Appendix B: Stakeholder Fact Sheet from the Barre Sharps Pilot Project

Appendix C: Example of a Memorandum of Understanding (MOU)

Appendix D: Example of a Project Charter Outline

Appendix E: Logic Model Template

Appendix F: Sample Planning Tool – Gantt Chart

Appendix A

Survey Questions from the Barre Sharps Pilot Project

Survey Questions for Barre Sharps Disposal

Sharps are medical devices with sharp points or edges that can puncture or cut a person's skin. They include needles, syringes, lancets, auto injectors, infusion sets and connection sets.

Where have you found sharps in public spaces in Barre? (Check all that apply.)

- Parks
- Sidewalks
- Streets
- Parking Lots
- Park and Rides
- Vacated apartments
- I have not found sharps in public spaces in Barre
- Other _____

Do you know how to properly dispose of sharps you use or find?

- Yes – Please explain your method: _____
- No

Where would you like to see sharps drop-boxes installed in Barre? (Check all that apply.)

- Parks
- Sidewalks
- Streets
- Parking Lots
- Park and Rides
- Public Safety Building
- Fire Department
- Hospitals
- Health Clinics
- State Offices
- Waste/Trash Drop-off Locations
- Pharmacies
- Library
- I do not support the installation of sharps drop-boxes in Barre.
- Other: _____

Do you have concerns if sharps disposal boxes are installed in Barre? If yes, what are they?

Any other comments?

The Greater Barre Community Sharps Disposal Alliance



The Project

A pilot project in Barre to **reduce unsafe disposal** of injection equipment in public spaces, and to **increase access to safe disposal** locations for home generated sharps within the community

The Problem

- Every day, **hundreds of people in Vermont self-inject** licit (ex: insulin for diabetes) and illicit (ex: heroin) drugs
- Many people do not know **how or where to properly dispose** of the sharps, syringes, and lancets they use
- When these items are improperly disposed of (thrown in the trash, flushed down toilets, left in parks), they put sanitation workers, community members, children, and pets at **risk of injury and disease** (HIV, Hepatitis B and C, and infection)
- In Barre, **sharps have been found** along main street, in parks, in the library, in parking lots, in storm water drains, in public restrooms, and many other places

Key Partners

- Vermont CARES
- Barre Fire Department
- Barre Police Department
- Central Vermont Medical Center
- Vermont Department of Health
- Central Vermont Solid Waste District
- Barre Housing Authority
- Department of Buildings and General Services
- Barre Emergency Medical Services
- Capstone Community Action

The Plan

- Install **large tamper-proof mailbox-style drop boxes**
- Install **small tamper-proof wall drop boxes** in restrooms and official buildings
- Implement **an educational campaign** to notify people where they can dispose of sharps safely, and to reduce fear and stigma among non-injectors
- Monitor and assess use of drop boxes, and **make improvements** as needed.



Appendix C

Sample of Memorandum of Understanding (MOU)

Memorandum of Understanding

This Memorandum of Understanding (the "Memorandum") is made on _____20__, by and between [Name of Backbone Organization], of [Address] and [Name of Organization] of [Address], for the purpose of achieving the various aims and objectives relating to the safe disposal of community sharps as identified by the [Name of Project], "The Project".

1. Background

Proper disposal of sharps is a shared responsibility among several stakeholders including community clinics, community-based organizations, local government, injection equipment users, local businesses, pharmacies, clergy and community members. The [Name of Partnering Organizations] plays a key role in the development of such partnerships and is proactive in working with partners to assist in community awareness and implementation.

2. Obligations of the Partners

The Partners acknowledge that no contractual relationship is created between them by this Memorandum, but agree to work together in the true spirit of partnership to ensure that there is a united visible and responsive leadership of the Project and to demonstrate financial, administrative and managerial commitment to the Project by means of the following individual services.

3. Cooperation

The activities and services for the Project shall include, but not limited to:

A. Services to be rendered by [Name of Organization 1] include:

B. Services to be rendered by [Name of Organization 2] include:

C. Services to be rendered by [Name of Organization 3] include:

Communication Plan

Key staff from the [Name of Organizations] shall meet and develop procedures for communication regarding installation, maintenance or any unusual activity including vandalism of boxes.

Liability

No liability will arise or be assumed between the Partners because of this Memorandum.

Term

The arrangements made by the Partners by this Memorandum shall remain in place from _____20__ until _____20__. The term can be extended only by agreement of all the Partners.

Understanding

It is mutually agreed upon and understood by and among the Partners of this Memorandum that the following Partners support the goals and objectives of the "The Project":

Signatures:

This Agreement shall be signed on behalf of [Names and Titles of Individuals Representing Organizations]

This Agreement shall be effective as of the date first written above.

[Organization 1]

By [Name and Title]

[Organization 2]

By [Name and Title]

Appendix D

Sample Project Charter Used by Barre Partners

Project Charter Components

- I. BACKGROUND & HISTORY
- II. MISSION
- III. MEETINGS
- IV. ROLE OF THE PARTNERS
- V. OPERATING PRINCIPLES
- VI. DECISION MAKING
- VII. AD HOC WORK GROUPS
- VIII. CONFLICT OF INTEREST
- IX. ANNUAL REVIEW OF CHARTER AND LEADERSHIP PARTNERS COMPOSITION

Appendix E

Logic Model Template

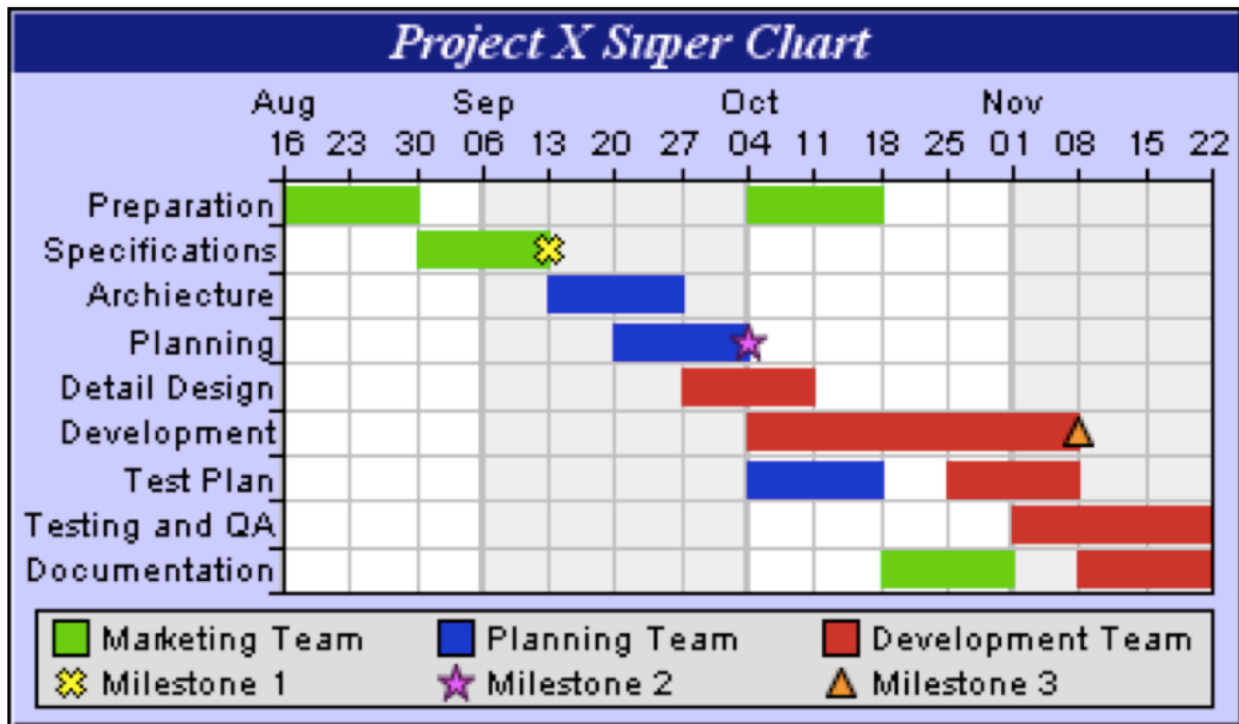
NNLM Outreach Logic Model Template from the National Network of Libraries of Medicine.
Retrieved from <https://nnlm.gov/mar/guides/programming-class/planning>

Logic Model Template ¹					
Program: Health Information Outreach Program					
Goal: Improve community members' abilities to find, evaluate, and use health information					
INPUTS	ACTIVITIES		OUTCOMES		
What we invest	What we do	Who we reach	Why this project: short-term results	Why this project: intermediate results	Why this project: long-term results
<ul style="list-style-type: none"> • Staff • Volunteers • Time • Money • Research findings • Materials • Equipment • Technology • Partners 	<ul style="list-style-type: none"> • Conduct workshops and meetings • Train • Deliver services • Develop products, curricula, resources • Facilitate access to information • Work with media 	<ul style="list-style-type: none"> • Participants • Clients • Agencies and community-based organizations (CBOs) • Decision-makers • Customers • Clinical professionals • Members of CBOs 	<i>Learning</i> <ul style="list-style-type: none"> • Awareness • Knowledge • Attitudes • Skills • Opinions • Aspirations • Motivations 	<i>Action</i> <ul style="list-style-type: none"> • Behavior • Practice • Decision-making • Policies • Social Action 	<i>Conditions</i> <ul style="list-style-type: none"> • Health • Social • Economic • Civic • Environmental
Assumptions <ul style="list-style-type: none"> • Beliefs about the environment and community • Should be confirmed before beginning the program 			External Factors <ul style="list-style-type: none"> • Positive and negative influences • Culture, economics, politics, demographics • Should be confirmed before beginning the program 		

Appendix F

Sample Planning Tool: Gantt Chart

From Boston University School of Public Health Project Management Start-Up Tools. (2016). Retrieved from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/HPM/ProjectManagementTools/pmtools4.html>



What To Do With A Found Needle

With a few simple steps, it's OK to throw it away.

1

Put on heavy duty gloves and use pliers or tongs to place the needle in a **thick plastic container** like a laundry detergent bottle.



2

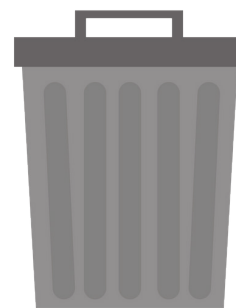
Screw on the lid and **seal it well** with strong tape, like duct tape.



Tip: look for "HDPE 2" imprinted in the plastic.

3

Write **"Do Not Recycle"** on the container and throw it away in the regular trash.



If you are stuck by someone else's needle:

1. Wash the wound well with soap and water.
2. Seek medical attention right away.


Figure 2. Need-based versus 1:1 exchange: Why restrictive syringe exchange is not the preferred approach?

DECEMBER 2020

Needs-Based Distribution at Syringe Services Programs

CDC supports a needs-based approach to syringe distribution.

Needs-based syringe distribution provides people who inject drugs (PWID) access to the number of syringes they need to ensure that a new, sterile syringe is available for each injection. A needs-based approach **provides sterile syringes with no restrictions, including no requirement to return used syringes.**



CDC supports the needs-based approach to syringe distribution, as the evidence shows that this is the best practice for reducing new HIV and viral hepatitis infections.^{12,3} Restrictive syringe access policies are associated with higher injection risk behaviors and higher rates of HIV and other bloodborne infections.

In contrast, under the most restrictive approach to syringe distribution, syringe services programs (SSPs) clients must return used syringes and can get only as many new syringes as used ones returned.

SSPs that use a needs-based approach reduce their clients' risk of transmitting hepatitis C, HIV, and other infectious diseases.

SSPs help prevent bloodborne infections related to injection drug use.

People injecting drugs should use one sterile syringe (including a needle) for each injection to prevent bloodborne infections like hepatitis C and HIV. This means that a never-used, sterile syringe is used for each injection.

Without reliable access to syringes, PWID remain at risk for contracting infectious diseases.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

