Rochester Syringe Kiosk Data:

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Introduction

<u>Trillium Health</u> is a Federally Qualified Health Center Look-Alike that also provides harm reduction services to the community. One of the components of harm reduction is the installation of syringe kiosks in locations with heavy drug use traffic. Syringe Kiosks are safe ways for individuals to dispose of needles and they also prevent re-use because once they are dropped in a kiosk, they cannot be retrieved. As part of this effort, Trillium regularly cleans out, counts, and safely disposes of the used syringes deposited in the kiosks. Over the last year (June 2020 – July 2021), Trillium has conducted this process on a monthly basis. This paper provides a brief overview of syringe kiosk installation, data on the number of syringes collected each month, and ends with important considerations.

Kiosk Installation

Trillium helps facilitate the kiosk installation process. Businesses, cities, towns, churches, and other kinds of property owner can make the kiosk request to Trillium (our local harm reduction agency). Trillium then completes paperwork, the kiosk is funded by the NYSDOH/AIDS Institute, and Trillium pays for syringe disposal. Once the kiosk is ready to be installed, Trillium works with the property owner and the city's Department of Environmental Services to install the kiosk. In some cases, property owners may directly reach out to Trillium and ask about a kiosk, while in other cases, Trillium may approach the

property owner to offer a kiosk. This happens when it becomes clear that a particular location has become a hot spot for drug activity as evidenced by syringe litter in the proximity. It should be noted that no one is ever mandated to install a kiosk. This is at the owner's discretion.

In Rochester, the kiosks are relatively nondescript and look like the image below:



However, there are many different types of kiosks, such as:



Kiosk Locations

The kiosk locations are listed in table 1 below. The kiosk names in *italicized font* indicate that the kiosk was not there for the entire 12 months (i.e., #2, #4, and #5).

Table 1. Syringe Kiosk Locations

	Kiosk	Address
1.	Chester Check Cashing Kiosk	862/882 N. Clinton Ave, 14605
2.	Trillium Health Harm Reduction Program Kiosk	416 Central Ave, 14605
3.	Advanced Auto Kiosk	1028 N. Clinton Ave, 14621
4.	Hudson Liquor Kiosk	1374 Hudson Avenue, 14621
5.	Trillium Health Harm Reduction Program Kiosk *New Location*	39 Delevan St, 14605
6.	Loewke Park Kiosk	485 Lyell Ave, 14606
7.	Trillium Health Kiosk	259 Monroe Ave, 14607
8.	Needle/Syringe Patrol (all routes)	n/a

The Hudson liquor kiosk went missing in the summer of 2020. Paperwork was submitted to replace it, but before a replacement arrived, it was decided by the property owner that they no longer wanted a syringe kiosk. Therefore, this kiosk never really existed during this time period and is not included in the findings discussed below. Trillium's harm reduction program was located on Central Ave for years, but in the spring of 2021, the program moved a few blocks to a new location on Delevan Street. The Central Ave kiosk was moved and installed at the Delevan location in April 2021. Trillium employs two Community Health Outreach & Engagement Specialists who conduct outreach and syringe pick-up in the community. The data gathered for Needle/Syringe Patrol reflects all the syringes the team picks up on their route, not syringes from an actual kiosk. For more information on Trillium's community response to syringe litter, please visit the C.A.R.E website.

Findings

Over these 12 months (June 2020 – May 2021), a total of <u>54,688</u> used syringes have been collected. The Chester Check Cashing kiosk collected the most syringes (15,786), but zero syringes have been collected at Chester's since December 2020 (see Chart 1 below). The syringe patrol funded by Trillium that was initiated last summer collected the second highest number of syringes at 13,701. This is the only site that collected syringes every single month over this time period. The Advanced Auto Parts kiosk inconsistently had syringes deposited, with five months of zero syringes reported, while other months had more than 1,000 syringes. The Loewke Park kiosk has not resulted in any syringes collected over this time period.

Table 2 provides the actual counts for each location. The syringe pick-up data indicate that there was a large drop-off in November, followed by lows in December, January, and February 2021. The data also reveal that the Chester's location resulted in more than 1,000 needles collected almost every month between June and November, but then zero syringes collected December through May 2021.

Chart 1. Rochester Syringe Kiosk Tracking

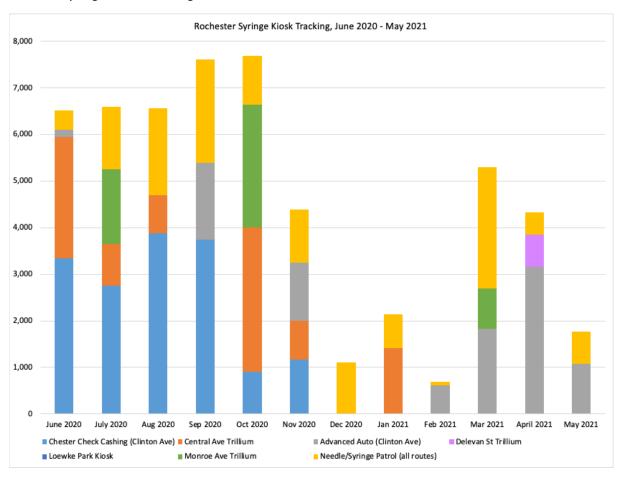


Table 2. Kiosk Syringe Collection

Kiosk	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
	20	20	20	20	20	20	20	21	21	21	21	21	
Chester's	3,345	2,755	3,886	3,741	899	1,160	0	0	0	0	0	0	15,786
Trillium (Central)	2,610	899	812	0	3,103	841	0	1421	0	0	-	-	9,686
Advanced Auto	145	0	0	1,653	0	1,247	0	0	609	1,827	3,161	1,073	9,715
Loewke Park	0	0	0	0	0	0	0	0	0	0	0	0	0
Trillium (Delevan)	-	-	-	-	-	-	-	-	-	-	696	0	696
Trillium (Monroe)	0	1,595	0	0	2,639	0	0	0	0	870	0	0	5,104
Syringe Patrol	411	1,340	1,868	2,215	1,056	1,148	1,105	715	74	2,601	473	695	13,701

COVID-19 impacted lives in many ways, and people who inject drugs were not spared. The monumental vaccine roll-out efforts across the country and world have impacted the supply chain of syringes. Harm reduction programs are receiving fewer syringes (Forstadt, February 2021), and, therefore, individuals are likely re-using syringes. However, according to the Director of Harm Reduction Services in the Southern Tier, the COVID vaccine uses a different needle than what SEPs use, so it is not entirely clear what the hold-up is attributed to (Forstadt, 2021). The NY State Department of Health and Foundation for AIDs Research both fund and administer harm reduction program supplies across NY State. Reports indicate that the state did not consistently reimburse syringe service programs (SSPs) beginning in Spring 2020 (Blanchard, 2020). In some instances when SSPs were compensated, they only received 80% of the funds (Blanchard, 2020). This means that these programs were operating by fronting the money themselves and hoping that they would eventually be reimbursed. Some SEPs are also experiencing shortages in other supplies as well (Forstadt, 2021). The Trillium Team has continued to raise awareness around the syringe shortage and how that impacts people who use drugs. This likely affected the number of syringes collected each month.

Discussion

Caution should be taken in making generalizations from the data, as there can be various factors affecting the syringe count. For example, in March the snow began to melt, so it was much easier to see used syringes on the ground. There have been other oddities, like 0 syringes one month and 3,000 the following month. It is possible that some groups are picking up used syringes and disposing them in the kiosks. This would help to understand why some months there are over 1,000 syringes and other months there are zero. However, it is unclear why so few syringes were deposited in December, January, and February. This would have been when the syringe shortage was present, so this may be evidence that people were re-using needles at higher rates during this time period.

The Syringe Patrol is an important contribution to the work in the neighborhood. Since the program began, syringes have been collected every month by the patrol. The ability to dynamically respond to where syringe litter is located is valuable, especially because drug use does not remain in the same locations forever. People move a block away or even streets away as new places become better locations to use and/or squat; alternatively, as locations become less attractive to use drugs, people will also shift. It would be interesting to track the locations where syringes are picked up by the Syringe Patrol as another way to understand the movement of open-air drug use in communities. One value of knowing this is to then provide services, including outreach, for these individuals.

More work to understand why some kiosks have such highs and lows in terms of the number of syringes collected would be useful. Is it due to groups or business owners picking up used syringes in bulk and dropping them in the kiosks? Is it because individuals are fearful to drop syringes in the kiosk in public? It is also worth understanding why people who use drugs do or do not drop their used syringes in kiosks. For example, are they even aware of the kiosks? And, did the syringe shortage impact syringe disposal?

Over the course of one year, over 50,000 used syringes were collected through Trillium's effort to pick up syringe litter. That is nearly 150 used syringes per day. As a reminder, anyone can report locations that need a syringe patrol response: Resources – C.A.R.E. (carerochester.org)