Syringe Vending Machines

- Syringe Vending Machines (SVMs), also known as syringe dispensing machines, are self-contained units that store and dispense sterile injecting equipment.
- There are several different styles and models, however they are usually nondescript metallic units that are either stand alone or wall-mounted. Unlike commercial vending machines i.e. snack and drink machines, they do not advertise the contents within.
- SVMs are considered a key part of the public health responses in nearly all Australian jurisdictions, reducing blood borne virus (BBV) transmission associated with injecting drug use. They do this by increasing access to sterile injecting equipment. They may be installed in areas where:
  - It is not possible to establish a staffed Needle and Syringe Program (NSP) and/or staffing resources may be scarce.
  - It has been identified that some current injecting drug users (IDUs) may not otherwise access staffed NSPs.
- Victoria is one of the few Australian states and territories that do not utilise SVM’s within the suite of harm reduction approaches to reduce BBV transmission. Consequently there is limited access to sterile injecting equipment 24/7 across Victoria and in rural areas.
- Today there are 101 SVMs installed at 84 different locations in New South Wales. They were first being trialled in 1992 and a subsequent evaluation identified improved accessibility to sterile injecting equipment for IDUs. The trial recommended that the use of SVMs be continued. As a result, SVMs have since become an integral part of the NSW public health program.
- SVM have now been introduced in Queensland, the ACT, Western Australia and Tasmania. They are also used in New Zealand and a number of European countries.
- Internationally, there are a number of different models of SVMs service models:
  - Operate with tokens
  - Dispense only with no cost
  - Coin operated, charging a minimal amount.
  - Dispense new equipment in exchange for used equipment, and/or have the capacity to accept disposals.
  - Mobile units are available, these SVM generally become operational when fixed site NSP is closed i.e. The SVM is moved outside, secured, turned on and then this process reversed upon opening of the NSP.
  - There are other models that can be turned on and off to operate during certain hours only.
- Typically SVMs dispense packs containing sterile injecting equipment and a small disposal container. Packs dispensed can also include swabs, spoons, water ampoules, condoms, wheel (pill) filters and educational materials. Disposal facilities are usually located in close proximity to the machines.
- The ACT trial of four vending machines in 2005-2006 was evaluated by an external consultant. The evaluation found:
  - No media coverage (positive or negative), including letters to the editor, other than in ACT Health publications and other health agency newsletters.
  - One person wrote two letters to the Minister of Health suggesting that more information about the dangers of injecting and available social supports for IDUs should be provided through the SVMs.
  - SVMs did not reduce the number of contacts of people who go to fixed site NSPs, where education and referral services can be provided.
  - In addition to increasing after-hours access for regular NSP service users, SVMs were successful in reaching IDUs that do not normally attend fixed site NSPs, such as younger IDUs and women.
  - There were very few incidents of inappropriately disposed equipment in the immediate vicinity of SVMs.
  - No increase in heroin overdoses or the number of ambulance call-outs during the trial.
Based on the evaluation findings, ACT Health has agreed to continue the use of SVMs with ongoing monitoring.  

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

- No increase in unsafe disposal.
- No reported incidents or formal complaints during the trial from emergency department (ED) staff, police, community or other stakeholders.
- Limited and benign media coverage, none of which was in response to community concerns or incidents.
- No reduction in access to fixed site NSPs where education and referral is available.
- A reduction in the equipment provided by ED staff.
- After-hours access was the most important feature for IDUs followed by the anonymity of the service.

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

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

Although concerns and objections at the introduction of SVMs were submitted prior to their introduction, many of the anticipated problems were not experienced. Few, if any, complaints were received by community members upon installation.

The main limitation of SVM’s identified in the trials was operational malfunctions which resulted in difficulties in accessing sterile injecting equipment until the machine was fixed. As a result manufacturers have made improvements to the SVM’s and have also implemented clear operating protocols to ensure timely repairs.

Another limitation has been vandalism. Consequently, modifications have been made to the SVM designs to reduce instances of vandalism (allegedly to access equipment or money contained within).

There may be some concern that SVMs will increase inappropriately discarded equipment. However, evidence from trials in Australia reveals that this is not the case.

The evaluations on SVM’s have shown that they are being accessed by the intended cohort (i.e. IDUs). A range of strategies have been put in place to decrease the possibility that general members of the public, including children, will access the machines. These include the non-descript design of the machines, placement of machines in discreet locations and targeted promotion of SVMs.

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

References


Other references


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