Disposal and handling of used drug use equipment

**RECOMMENDED BEST PRACTICE POLICIES** to facilitate disposal of all used injection equipment (i.e., needles/syringes, cookers, filters, swabs, tourniquets) and non-injection equipment (i.e., stems, mouthpieces, screens, other smoking and inhalation devices) in accordance with local, provincial/territorial, and federal regulations regarding disposal of biomedical waste and to prevent needlestick and/or sharps-related injuries to staff members, clients and others:

- Regular review and assessment of compliance with local, provincial/territorial and federal regulations regarding collection, storage, transportation, security and disposal of biomedical waste
- Educate clients and staff members on how to properly handle, secure and dispose of used injection and non-injection equipment
- Encourage clients to return and/or properly dispose of used injection and non-injection equipment
- Provide clients with tamper resistant sharps containers in a variety of sizes
- Provide multiple, convenient locations for safe disposal of used equipment in rural and urban settings. Do not penalize or refuse to provide new equipment to clients who fail to return used drug equipment.
- Visually estimate the amount of returned equipment; staff should not touch used equipment and neither staff nor clients should manually count used equipment
- Encourage staff and clients to be vaccinated against hepatitis B (HBV)
- Provide access to safety devices for staff and procedures for first aid and post-exposure prophylaxis (PEP)

**Key messages**

Needle and syringe programs (NSPs) and other harm reduction programs play a key role in the collection and disposal of used syringes, stems, screens, and other drug use equipment. Removing used equipment from circulation helps to reduce the risk of transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), HBV, and other blood-borne pathogens associated with accidental needlestick or sharps injuries and equipment reuse. Evidence shows that strict exchange policies such as “one-for-one” are not necessary, or desirable, to achieve high return rates; therefore, such policies are discouraged. Lack of knowledge of correct practices or convenient locations can prevent clients from safely disposing of used supplies. Evidence shows that intense police presence and “crackdown” programs can be access barriers for new equipment and disposal services. A variety of options exist to increase access to safe disposal methods including:

- drop boxes
- syringe vending machines
- residential pick-up
- alley and street patrols
- increasing hours of operation of NSPs and harm reduction programs
- community clean-up initiatives
- supervised injection facilities

“Routine Practices” are a thorough approach to handling of used supplies and assume that all body fluids and soiled items present a risk for disease transmission. “Routine practices” also include procedures and standards for immunization, vaccination, training, and first aid to ensure safe management of used materials. Training for such practices and vaccinations should also be offered to clients. Programs are encouraged to use this kind of approach to address handling and disposal of used supplies.

To see the full version of the Best Practice Recommendations, go to: