



# Needle distribution

## for anabolic steroid injection, hormone injection, piercing and/or tattooing

**RECOMMENDED BEST PRACTICE POLICIES** to encourage the use of sterile equipment for injecting anabolic steroids and/or hormones, and for piercing and/or tattooing the skin, and to reduce transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), other pathogens, and related harms:

### Equipment distribution

- Provide a variety of needle and syringe types suitable for intramuscular injection of anabolic steroids and/or hormones in the quantities requested by clients without requiring clients to return used needles/syringes
- Place no limit on the number of needles/syringes provided per client, per visit (one-for-one exchange is not recommended)
- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, tourniquets, condoms and lubricant) and also individual safer injection supplies concurrently (including sharps containers)
- Assess the need for pre-packaged kits for safer piercing and/or tattooing

### Educate new and existing clients

- Educate clients about the proper use of needles/syringes (e.g., one-time use only) and about the risks of using non-sterile needles/syringes for injecting, piercing and/or tattooing
- Educate clients about the risks of sharing multi-dose vials or ampoules of anabolic steroids and the potential risks associated with sharing tattooing supplies (e.g., ink and ink pots)
- Encourage clients to return and/or properly dispose of used needles/syringes

### Assess community need and evaluate services

- Assess the prevalence of harms and the need for other education and materials associated with the injection of anabolic steroids and/or hormones and piercing and/or tattooing of the skin

- Determine how best to engage people who inject anabolic steroids and/or hormones, especially transgender people, and people who pierce and/or tattoo the skin, including the use of peer workers, in harm reduction services
- Evaluate and publish any initiatives undertaken

### Key messages

#### Needle distribution for anabolic steroid injection

Injection of anabolic-androgenic steroids (commonly called “anabolic steroids”) with previously used needles and syringes can put people at risk of transmitting or acquiring HIV, HCV, HBV, or other pathogens. Anabolic steroids promote skeletal muscle growth and the appearance of male sex characteristics. People may use anabolic steroids to increase muscle size, improve appearance, enhance strength and/or sporting performance, and for other reasons. Anabolic steroids can be injected into large muscle groups like the buttocks, thighs, and shoulders. Canadian and international estimates of the incidence and prevalence of HIV, HCV, and HBV are lacking for people who inject anabolic steroids. Research suggests that rates of multi-person needle/syringe reuse are not very high among this population. However, a potentially unique risk among this population is the sharing of vials or ampoules that contain anabolic steroids. Injecting anabolic steroids can also lead to skin and tissue damage around injecting sites, especially when needles are reused. Studies show that people who inject anabolic steroids access needle and syringe programs (NSPs), though they are a harder-to-reach group for these programs. Wherever appropriate, outreach and education could be provided at locations such as gyms and sports centres. Knowledgeable peers, such as bodybuilders or trainers, could make these contacts.

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### Needle distribution for hormone injection

Injection of hormones with previously used needles and syringes can also put people at risk of transmitting or acquiring HIV, HCV, HBV, or other pathogens. Transgender and gender-diverse people typically identify with a gender(s) that differs from the gender they were assigned at birth, but there are many different terms used and identities among this population. Hormones can be taken in different ways, including intramuscular injection, to modify external appearance (e.g., to “feminize” or “masculinize” the body).

Canadian estimates of the incidence and prevalence of HIV, HCV, and HBV are lacking for transgender people. Research has shown that transgender people are among those at high risk for HIV through sexual risk behaviours. Currently, the relative contribution of hormone injection versus injection drug use and versus sexual risk behaviours to the incidence of HIV among transgender people is unknown and further research is needed. Some studies report sharing of needles used to inject hormones, but other risk behaviours (e.g., sharing of vials containing hormones) might be more relevant among transgender groups. Compared to what we know about trans women, much less is known about trans men and their risk behaviours. NSP distribution of needles of varying gauges and lengths appropriate for both drawing up hormones and intramuscular injection, as well as educational materials on safer sex and safer drug use, will help promote program accessibility for transgender people. There is a strong need for trans-positive and inclusive attitudes/messaging among service providers and in HIV prevention educational materials.

### Needle distribution for piercing and tattooing

Piercing or tattooing the skin with previously used needles can also put people at risk for HIV, HCV, HBV, and other pathogens. There is literature about HIV and HCV risks among people who receive piercings and tattoos in prison settings. Meanwhile, there is a lack of research about community-based harm reduction programs that provide service to people who pierce and/or tattoo and about risk behaviours among clients who access such programs. Some local harm reduction programs have developed kits specifically for piercing containing varied supplies such as, for example, 18.5 gauge needles, gloves, swabs, gauze, piercing aftercare solution, and containers for safer disposal. We recommend that programs follow universal precautions (also known as “routine practices”) and formally document, evaluate, and publish any policies or service initiatives.

