



Program delivery models

RECOMMENDED BEST PRACTICE POLICIES to facilitate the delivery of needle and syringe program (NSP) services in a manner that maximizes accessibility for people who use drugs and are at risk of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), and other drug-related harms:

Optimize service delivery

- Provide NSP services using a variety of program delivery models (i.e., fixed sites, mobile sites, pharmacy-based distribution, peer-based outreach, and vending machines) that are convenient for clients in terms of geographic location (e.g., urban, rural areas) and time of day, and tailored to reach subpopulations (e.g., youth, women, sex workers, LGBTQ, Indigenous groups, and those who are new to injecting)
- Distribute the full range of injection, smoking, and other harm reduction equipment and provide disposal options at all NSP locations
- Offer a wide range of services (e.g., education, referrals, overdose prevention and intervention, testing, and vaccination) at each venue wherever possible

Expand access

- Develop partnerships with local agencies serving people who use drugs to provide additional venues for clients to receive NSP and other health and social services
- Collaborate with local pharmacies and other organizations to provide no-cost NSP services in rural, underserved, and/or high-needs areas
- Advocate with pharmacists, pharmacies, and professional colleges to ensure clients can purchase and/or obtain needles/syringes for free

Educate, train and evaluate

- Provide clients with information about distribution and disposal venues
- Provide ongoing training and support to peer workers, pharmacists, pharmacy assistants, and others who provide NSP services
- Conduct community education to help increase support for and maintain uninterrupted operation of programs
- Conduct ongoing need and feasibility studies for program models that are not offered and publish findings

Key messages

Evidence demonstrates that the general effectiveness of NSPs and specific program delivery models (fixed sites, mobile sites, pharmacy-based distribution, peer-based outreach, and vending machines) are complementary and not mutually exclusive. Each service delivery model has its own set of advantages and disadvantages. Implementation of a wide spectrum of delivery models can contribute to minimizing drug-related harms.

[Continued on next page >](#)

Summary of advantages, disadvantages, and considerations by program model

Fixed-site NSPs	
Advantages	<ul style="list-style-type: none"> • Provides the most comprehensive set of harm reduction services • Facilitates the distribution and disposal of injecting equipment • Allows access to several clients at once • Allows in-depth interaction with staff • Ensures higher degree of confidentiality for clients
Disadvantages	<ul style="list-style-type: none"> • Limited hours of operation • Static location • Client fears related to public exposure, confidentiality, and stigmatization • Client fears of exposure to police if seen entering an NSP • Provides limited access for clients with mobility issues (e.g., physical disability, transportation issues)
Considerations	<ul style="list-style-type: none"> • Improve access: select geographic locations based on size of the local drug-using population and estimated number of potential clients, availability of public transportation and other local conditions • Types of setting options: public health, community health centres, AIDS service organizations, hospitals, addiction services and other organizations that serve clients who use drugs • Maximize impact: consider offering a full range of services and supports (i.e., advice on safer injecting practices, safer crack cocaine smoking equipment distribution and advice on safer smoking practices, overdose prevention and intervention, information on safer disposal of used drug use equipment, testing, vaccination, condom distribution, and facilitating access to substance use treatment and other services) • Staffing: consider hiring multidisciplinary staff to maximize the range of services that can be offered (e.g., counselling, education, medical and nursing care, peer support) • Uninterrupted service delivery: involve and educate the community
Mobile NSPs	
Advantages	<ul style="list-style-type: none"> • May reach higher risk clients who do not use fixed sites • Increases access within local drug scenes for people who cannot or do not access fixed-site NSPs because of distance and transportation issues, limited hours of operation, or disability issues • May increase disposal options for those who cannot or do not access fixed-site NSPs • Can respond faster than fixed sites to changes in local drug scenes and emerging groups
Disadvantages	<ul style="list-style-type: none"> • Size of mobile vehicle(s) determines the types of services that can be offered • Can provoke a negative community reaction based on beliefs that mobile NSPs attract people who use drugs to the community/new communities
Considerations	<ul style="list-style-type: none"> • Improve access: select locations and times not reached by other models of service delivery • Maximize impact: consider offering a full range of services and supports (i.e., advice on safer injecting practices, safer crack cocaine smoking equipment distribution and advice on safer smoking practices, overdose prevention and intervention, information on safer disposal of used drug use equipment, testing, vaccination, condom distribution, and facilitating access to substance use treatment and other services) • Staffing: consider hiring multidisciplinary staff to maximize the range of services that can be offered (e.g., counselling, education, medical and nursing care, peer support) • Uninterrupted service delivery: consider advocacy to build links and address concerns within neighbourhoods where mobile services will be provided



Pharmacy-based distribution and purchase	
Advantages	<ul style="list-style-type: none"> • Can be an important source of sterile needles/syringes and other harm reduction supplies because: <ul style="list-style-type: none"> – The venues are prevalent – Often easy to access and at convenient locations – Serve a diverse clientele – Have longer hours of operation – Are less stigmatizing or identifying of clients as people who use drugs – Provide greater anonymity – Have less police surveillance • May reach clients in areas where harm reduction services are limited, which is especially important in rural areas • Tend to reach lower-risk clients who do not access NSPs
Disadvantages	<ul style="list-style-type: none"> • Pharmacists and pharmacy assistants may lack training regarding how to respectfully engage with people who use drugs and assistants may discourage attendance • Concerns about thefts and other problems may limit willingness of pharmacists to consider offering harm reduction services and supplies • There is a lack of practice guidelines specifically for pharmacy-based NSPs • Pharmacies may not have the space to store equipment or be able to properly dispose of used equipment • Lack of privacy may limit opportunities for counselling
Considerations	<ul style="list-style-type: none"> • Improve access: identify pharmacy locations that can extend NSP services at times and locations not reached by other models • Improve knowledge of harm reduction for pharmacists and pharmacy staff: consider offering training and support • Maximize impact: advocate for display and sale of needles and syringes over the counter
Peer-based outreach	
Advantages	<ul style="list-style-type: none"> • Knowledge of and credibility within areas where people buy and use drugs • Increases the distribution of sterile drug use equipment • Meaningfully engages people who use drugs in harm reduction work • Reaches people who do not attend fixed-site NSPs • Can reach “hard-to-reach” groups including youth, women, sex workers, LGBTQ, Indigenous groups, and those who are new to injecting • Peers are often the best suited workers to provide street outreach and education
Disadvantages	<ul style="list-style-type: none"> • Peer workers may not be able to offer the full range of services and supports offered by health and social service providers • Ongoing training and supervision is required to ensure that peers are adequately supported and pass on accurate harm reduction information to clients • There have been a few reports of peers selling equipment to clients
Considerations	<ul style="list-style-type: none"> • Improve access: consider implementing formal peer-based outreach programs to take advantage of the high prevalence of secondary distribution that happens informally within drug-using networks • Peer staffing: select peer workers who are well connected within and knowledgeable about the community and who can reach clients not reached by other models and/or other staff members • Types of settings: streets, parks, homes, apartments, and other venues where people who use drugs gather • Maximize impact: provide peer workers with training (i.e., on sexually transmitted and blood-borne infections, overdose prevention and intervention, safer drug use and safer materials handling and disposal, and referral information) and ongoing personal and professional support, proper supervision, and a flexible management structure that can respond to their needs and/or challenges



Needle/syringe vending machines (NVMs)	
Advantages	<ul style="list-style-type: none"> • Can increase access at places and times with limited or no harm reduction services and/or where staffing is not feasible • May reach a group(s) of people who inject drugs who are less likely to be using other NSP models such as those who are younger, homeless, have lower socioeconomic status, and/or have injected for fewer years • Provide private and anonymous access for individuals who may be concerned about disclosing their drug-using status or who feel stigmatized by NSP or pharmacy staff • NVMs may be highly cost-effective, providing 24-hour service and minimal staffing costs
Disadvantages	<ul style="list-style-type: none"> • Limited in terms of provision of information, counselling, or referrals • Reliability and operational problems (e.g., breakage, jamming, and empty machines) have occurred in settings where NVMs are used • Costs of getting supplies from NVMs
Considerations	<ul style="list-style-type: none"> • Improve access: install where no other sources of safer injecting supplies exist and also outside fixed-site NSPs for after-hours access; machines need to be refilled and regularly maintained • Maximize impact and reduce potential risks: NVM delivery models would ideally be low-threshold with controlled access (i.e., not accessible to children), and with free or low-cost equipment

