



Needle and syringe distribution

RECOMMENDED BEST PRACTICE POLICIES to facilitate use of a sterile needle and syringe for each injection and reduce transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), and other pathogens:

- Provide sterile needles in the quantities requested by clients without requiring clients to return used needles
- Place no limit on the number of needles provided per client, per visit (one-for-one exchange is not recommended)
- Encourage clients to return and/or properly dispose of used needles and syringes
- Offer a variety of needle and syringe types by gauge, size, and brand that meet the needs of clients and educate clients about the proper use of different syringes
- Educate clients about the risks of using non-sterile needles
- 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

Key messages

Injection with a used needle puts people who inject drugs at risk for infections such as HIV, HCV, and HBV, and can also damage the skin, soft tissue, and veins. HIV, HCV, and HBV can survive in used needles and syringes, and can be transmitted when needles and syringes are shared. Most new HCV infections in Canada are attributed to injection drug use. Needle sharing rates vary across Canada and have declined in some communities in recent years. While this decline is encouraging, continued efforts to reduce needle sharing and reuse are needed to reduce disease transmission and other harmful effects.

NSPs need to distribute enough needles to ensure that clients use a new needle for each injection. One-for-one exchange policies – that is, one new needle for each used needle returned to an NSP – reflects outdated and unsatisfactory practice. Studies of NSP policies show that limiting the number of needles distributed to clients may reduce program effectiveness. For programs, calculating the number of needles necessary is challenging because the number of people who inject drugs is often unknown and the frequency of injection varies from person to person. It has been estimated that approximately 1000 needles are required per person per year.

Access to a variety of types of needles and syringes is recommended. Clients may prefer different types of needle gauge, syringe volume, and brand, and may not use NSP services if they cannot obtain their preferred types. When selecting needles to distribute, NSPs need to consider avoiding needles/syringes with a lot of “dead-space” because this is associated with increased risk of HIV and HCV transmission. Safety-engineered syringes may offer some benefits, but a number of concerns have been raised. More research is needed before a recommendation can be made for or against these types of syringes.

According to evidence, bleach is not an effective way to disinfect needles and does not reduce the transmission of HIV, HCV, and other viruses or bacteria. This reinforces the importance of using a new needle for every injection. Therefore 100% or greater needle coverage is an important goal.