

Needs-Based Distribution at Syringe Services Programs

CDC supports a needs-based approach to syringe distribution.

Needs-based syringe distribution provides people who inject drugs (PWID) access to the number of syringes they need to ensure that a new, sterile syringe is available for each injection. A needs-based approach **provides sterile syringes with no restrictions, including no requirement to return used syringes.**



CDC supports the needs-based approach to syringe distribution, as the evidence shows that this is the best practice for reducing new HIV and viral hepatitis infections.^{1,2,3} Restrictive syringe access policies are associated with higher injection risk behaviors and higher rates of HIV and other bloodborne infections.

In contrast, under the most restrictive approach to syringe distribution, syringe services programs (SSPs) clients must return used syringes and can get only as many new syringes as used ones returned.

SSPs that use a needs-based approach reduce their clients' risk of transmitting hepatitis C, HIV, and other infectious diseases.

SSPs help prevent bloodborne infections related to injection drug use.

People injecting drugs should use one sterile syringe (including a needle) for each injection to prevent bloodborne infections like hepatitis C and HIV. This means that a never-used, sterile syringe is used for each injection.

Without reliable access to syringes, PWID remain at risk for contracting infectious diseases.



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Centers for Disease Control and Prevention

Syringe services programs (SSPs) are community-based programs that:



provide access to sterile needles and syringes



facilitate safe disposal of used syringes



provide referrals to substance use disorder treatment

Most SSPs provide linkage to substance use disorder treatment^{4,5} and have been found to improve people who inject drugs (PWID) enrollment and retention in these treatment programs.^{6,7,8,9}

SSPs can further the impact of a needs-based approach to syringe delivery and increase sterile syringe coverage in the community by providing additional sterile syringes to clients to distribute to their peers who do not or cannot use SSPs.

Increasing the number of syringes among PWID through distribution by peers helps to reach the goal of providing a sterile syringe for each injection.¹⁰

PWID can play an important role in supporting safer injection-related behaviors among their peers.¹¹ SSPs with a needs-based approach to syringe delivery do not increase syringe litter; they promote the safe disposal of used syringes by providing sharps containers, drop boxes, community clean-ups, and other methods of controlling syringe litter.^{2,12}

Resources

- 1 Kerr et al. Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes. AJPH 2010: <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.178467>.
- 2 Bluthenthal et al. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. DAD 2007: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562866/>.
- 3 Mascolini. Widening Needle Distribution Cuts New HIV Cases in Baltimore. 9th IAS Conference on HIV Science (IAS 2017), July 23– 26, 2017, Paris: <https://www.ias2017.org/>.
- 4 Bramson et al. State laws, syringe exchange, and HIV among persons who inject drugs in the United States: History and effectiveness. J Public Health Policy 2015: <https://www.ncbi.nlm.nih.gov/pubmed/25590514>.
- 5 Des Jarlais et al. Syringe Service Programs for Persons Who Inject Drugs in Urban, Suburban, and Rural Areas — United States, 2013. MMWR Weekly 2015: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>.
- 6 Hagan et al. Reduced injection frequency and increased entry and retention in drug treatment associated with needle exchange participation in Seattle drug injectors. J Substance Abuse Treatment 2000: <https://www.ncbi.nlm.nih.gov/pubmed/11027894>.
- 7 Heimer. Can syringe exchange serve as a conduit to substance abuse treatment? J Substance Abuse Treatment 1998: <https://www.ncbi.nlm.nih.gov/pubmed/9633030>.
- 8 Strathdee et al. Needle-exchange attendance and health care utilization promote entry into detoxification. J UH 1999: <https://www.ncbi.nlm.nih.gov/pubmed/10609594>.
- 9 Scott County, IN data. Unpublished.
- 10 Blumenthal et al. Recommended best practices for effective syringe exchange programs in the United States: Results of a consensus meeting. New York City Department of Health and Mental Hygiene 2010: <https://www.rti.org/publication/recommended-best-practices-effective-syringe-exchange-programs-united-states>
- 11 Snead et al. Secondary Syringe Exchange Among Injection Drug Users. J Urban Health 2003: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3456273/>.
- 12 de Montigny et al. Assessing a drop box programme: A spatial analysis of discarded needles. Int J Drug Policy 2010: <https://www.sciencedirect.com/science/article/pii/S0955395909001108>.