Single-Use Syringes

Questions frequently arise with regards to single-use syringes (a.k.a. autodisable, difficult to re-use (DTR), retractable, safety, and lockable syringes). For the purpose of this fact sheet DTRs will refer to these types as a whole.

- There are a number of different types of DTRs, each with a unique mechanism to prevent a syringe from being used more than once.

- DTRs were primarily developed for use in health care settings to reduce the accidental re-use of syringes and prevent needle-stick injuries.

The following ideas are drawn from conversations among members of the harm reduction community with regards to DTR’s:

- **There are basic mechanical limitations to most DTRs.** Most important to IDUs are that:
  - The contents of the syringe barrel are not completely emptied, so portions of the drug and/or its residue remain in the barrel postinjection.
  - DTRs are problematic in that it may become necessary to cut open a syringe if the point clogs.
  - DTRs can cause registration problems if the spring-loaded needle retracts or retreats permanently.

- **Providers report that DTRs are almost three times more expensive than regular syringes.** Their use would increase funding challenges and potentially limit syringe distribution.

- **The mechanical problems with DTRs would likely lead to syringes already in circulation being kept, re-used, and shared more frequently.** This would be especially true if access to other types of syringes were to be further limited, or if DTRs were offered at the exclusion of regular syringes. One could predict that the introduction of DTRs combined with the reduced availability of regular syringes would lead to an increase in infectious injections.

- **Advocates fear that promoting the use of DTRs happens at the risk of “distracting” the community from more critical issues related to the current model of syringe exchange,** such as limitations on syringe distribution (i.e. one-for-one), syringe and syringe disposal site scarcity, and the need for increased syringe coverage for IDUs.
There are no documented cases of anyone outside of a healthcare setting contracting HIV or HCV from a needle-stick, yet the enduring myths surrounding needle-stick injuries and exaggerated dangers to the public persist. The focus on this “danger” further implicates and stigmatizes drug users as “dangerous” people and the “cause” of this particular problem.

**IDUs are a disempowered and demonized population.** Marketing DTRs as a public health intervention carries the implication that IDUs are not capable of good public health and further reinforces shame and stigma among users.

The push for the use of DTRs can be seen as one more effort to minimize the users’ ability decide what is best for them.

**Using the term “safety-syringe” implies that some syringes are safe, while others are not safe or are less safe.** The fact is that any sterile syringe, used correctly, is by definition a “safety syringe”.

**Single-use syringes should never be the only option.**

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Material for this info sheet was drawn from dialogue on the Harmred listserv, including primary contributions by: Phillip Fiuty, Donald Grove, Allan Clear, Roseanne Scotti, Rae Eden Frank, Shoshanna Scholar, Hilary McQuie, Rachel Robinson and was compiled by Erica Poellot.