

Syringe Services Programs

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

“High-quality syringe services programs can prevent the spread of disease, save lives, and connect people to other health services, including treatment for substance use disorder.”

—Dr. Rahul Gupta, Director of the Office of National Drug Control Policy¹

What are syringe services programs?

Syringe Services Programs (SSPs) provide low-barrier access to sterile supplies for safer substance use, naloxone and overdose prevention tools like fentanyl test strips and drug checking services. SSPs also provide a range of other services, such as options for safe syringe disposal, overdose recognition and response training and help accessing services for HIV, substance use disorders and more.^{2,3}

Community-based SSPs are often led by people with lived experience of substance use who are committed to a harm reduction philosophy and foster a non-judgmental environment for people who are seeking support for their substance use but face discrimination, financial barriers or other challenges when interfacing with other healthcare institutions.²

What evidence supports SSPs as a public health strategy?

SSPS PREVENT OVERDOSE SSPs are very effective at providing low barrier access to evidence-based overdose prevention tools, like naloxone⁴ and fentanyl test strips.^{5,6} SSPs are also very effective at linking people to medication for opioid use disorder (MOUD), which reduces the risk of overdose.^{7,8}



The evidence that SSPs prevent overdose is so great that the CDC has endorsed SSPs as one of the most effective, scientifically proven overdose prevention strategies.²

SSPS LINK MANY PEOPLE TO SUBSTANCE USE DISORDER TREATMENT

Studies have found that people who participate in local SSPs are significantly more likely to enter treatment for substance use disorder compared to those who do not.^{7,9,10} Many SSPs collaborate with healthcare providers to offer MOUD treatment in-person or via telehealth.

SSPS REDUCE SUBSTANCE USE As many as 4 in 5 SSP participants are interested in reducing or ceasing their substance use.⁹ SSP participants are more than twice as likely to reduce the frequency of their substance use and more than three times as likely to stop using substances entirely compared to those who do not.¹⁰



Scan the QR code to view a video tour of Streetwork, an SSP in New York City, and hear from staff and program participants.

SSPS PREVENT DISEASE Access to sterile supplies significantly reduces the transmission of infectious disease, such as HIV and hepatitis C, and prevents potentially life-threatening bacterial infections causing abscess, endocarditis and sepsis.²

SSPS REDUCE CRIME AND MAKE NEIGHBORHOODS SAFER SSPs reduce the amount of syringe litter in the neighborhoods where they operate by providing multiple options for safer disposal.^{11,12} SSPs do not increase or promote criminal activity^{13,14} and have been linked to crime reduction in cities like San Francisco.¹⁵

Are there risks to my community or institution if we don't support SSPs?

Yes. MORE FATAL OVERDOSES MAY OCCUR Though it is possible to obtain naloxone through other means, such as a physician or pharmacy, research is clear that SSPs are the most effective way to distribute naloxone to those most likely to save a life by using it. One study found that pharmacies would have to distribute more than twice as many naloxone kits as community-based SSPs to prevent the same number of overdose fatalities.⁴

HIV OUTBREAKS MAY OCCUR Recent HIV outbreaks in Indiana, Massachusetts and West Virginia have been linked to local policies restricting access to SSPs (such as limited hours, proof of residency requirements, distribution limits or outright SSP bans).¹⁶⁻¹⁸ In addition to being a serious public health crisis, HIV outbreaks are expensive: each new case costs more than \$350,000 to treat over a single lifetime.¹⁹

FEWER PEOPLE WILL ACCESS TREATMENT FOR SUBSTANCE USE DISORDERS SSPs are the most effective and well-trafficked pathway to effective treatment for substance use disorders. People who utilize SSP services are many times more likely to begin treatment, stay in treatment and cease substance use than those who do not.⁷⁻¹⁰



What laws and policies present barriers to SSP services?

As of June 2022, 13 states have laws that bar SSPs from operating and many more have drug paraphernalia laws that criminalize possession of public health supplies that SSPs distribute – including sterile syringes (39 states and the District of Columbia) and fentanyl test strips (44 states and the District of Columbia). SSP bans and drug paraphernalia laws that target safer use supplies undermine the public health benefits of SSPs.²⁰



Scan the QR code to view a map of the legal status of SSPs in each state.

What are best practices to support SSPs and related services?

- **Help secure funding for SSP operations.** Lack of funding is a common and significant barrier to SSP operations.²¹ Access to a diversity of funding streams can strengthen SSPs and ensure the availability of robust, reliable services over time.^{22,23}
- **Help secure funding for the purchase of naloxone.** The amount of naloxone distributed across the United States is far below the levels needed to ensure that most accidental overdoses can be reversed.⁴ Funding naloxone procurement for SSPs can reduce overdose deaths.
- **Support needs-based distribution policies.** Limiting the number of supplies an SSP can distribute is unnecessary and harmful.^{24,25} One-for-one exchange policies have been implicated in HIV outbreaks.^{26,27}
- **Prioritize SSPs led by people with lived experience** of substance use and/or substance use disorder.²² Involving people with lived experiences in the planning, implementation and evaluation of SSPs is a CDC-endorsed best practice²² and is strongly encouraged in a number of federal funding opportunities.²⁸
- **Help secure funding for the purchase of multiple forms of safer use equipment.** SSPs are highly effective at preventing overdose and linking people to treatment.³ To make these services inclusive to all people who use drugs, SSPs must be able to procure safer use equipment for various forms of use (e.g., injection, smoking).^{29,30}
- **Help secure funding for drug checking services** at SSPs. Fentanyl test strips and point-of-service drug checking are newer, evidence-based strategies for preventing fatal overdose.^{5,6,31}
- **Fight stigma by voicing strong support for SSPs** and other harm reduction services.^{32,33} Stigma and misinformation about SSPs and other harm reduction services pose significant and persistent barriers to implementing this evidence-based strategy.^{32,33}
- **Consider policies that legalize possession of public health supplies** distributed by SSPs.



These and many other model programs are described online at the Brandeis Opioid Resource Connector.



What are some examples of successful SSPs?

The Eastern Band of Cherokee Indians established the Tsalagi Public Health SSP in 2018. In addition to providing access to sterile supplies and naloxone, the SSP has linked nearly 1 in 14 participants to treatment for substance use disorders.³⁴

Sonoran Prevention Works (SPW) is a nonprofit harm reduction organization founded by people who use drugs. In addition to operating three urban service locations, SPW conducts community-informed outreach programs in Arizona's southern and rural counties. In 2021, SPW trained over 1,000 individuals in harm reduction best practices for overdose prevention and naloxone administration in Cochise, Graham and Santa Cruz counties and distributed nearly 2,500 naloxone kits in these communities.³⁵

Prevention Point Philadelphia is an SSP in Philadelphia's Kensington neighborhood. In addition to other essential public health services, like access to naloxone and sterile supplies for safer substance use, Prevention Point also offers MOUD treatment onsite.³⁶

The North Carolina Harm Reduction Coalition offers mobile SSP services in several North Carolina counties, expanding access to rural areas of the state where community members face long travel times and other barriers to seeking services often clustered in urban areas.³⁷

ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.

