Syringe Services Programs (SSPs) FAQs

What is an SSP?

Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). Although the services they provide may vary, SSPs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide and link to other important services and programs such as

- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education about overdose prevention and safer injection practices.
- · Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- · Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.





Are SSPs legal?

Some states have passed laws specifically legalizing SSPs because of their life-saving potential. SSPs may also be legal in states where possession and distribution of syringes without a prescription are legal.

Decisions about use of SSPs as part of prevention programs are made at the state and local levels. The Federal Consolidated Appropriations Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the Department of Health and Human Services to support certain components of SSPs, with the exception of provision of needles, syringes, or other equipment used solely for the purposes of illicit drug use.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Do SSPs help people to stop using drugs?

Yes. When people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and stop injecting than those who don't use an SSP. New users of SSPs are five times as likely to enter drug treatment as those who don't use the programs. People who inject drugs and who have used an SSP regularly are nearly three times as likely to report a reduction in injection frequency as those who have never used an SSP.²

Do SSPs reduce infections?

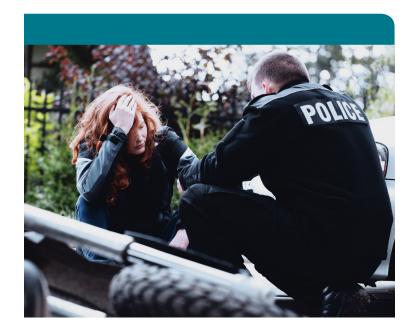
Yes. Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial, and fungal infections and other complications. By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting bloodborne and other infections when they inject drugs. In addition to being at risk for HIV, viral hepatitis, and other bloodborne and sexually transmitted diseases, people who inject drugs can get other serious, life-threatening, and costly health problems, such as infections of the heart valves (endocarditis), serious skin infections, and deep tissue abscesses. Access to sterile injection equipment can help prevent these infections, and health care provided at SSPs can catch these problems early and provide easy-to-access treatment to a population that may be reluctant to go to a hospital or seek other medical care. 5,6,7

Do SSPs cause more needles in public places?

No. Studies show that SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of needles in the community.^{8,9,10,11,12,13}

Do SSPs lead to more crime and/or drug use?

No. SSPs do not cause or increase illegal drug use. They do not cause or increase crime. 14,15



Are SSPs cost effective?

Yes. SSPs reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than \$450,000. Hospitalizations in the U.S. for substance-use-related infections cost over \$700 million each year. SSPs reduce these costs and help link people to treatment to stop using drugs.

Do SSPs reduce drug use and drug overdoses?

SSPs help people overcome substance use disorders. If people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and reduce or stop injecting. 1,2,3,4 A Seattle study found that new users of SSPs were five times as likely to enter drug treatment as those who didn't use the programs. People who inject drugs and who have used an SSP regularly are nearly three times as likely to report reducing or stopping illicit drug injection as those who have never used an SSP. SSPs play a key role in preventing overdose deaths by training people who inject drugs how to prevent, rapidly recognize, and reverse opioid overdoses. Specifically, many SSPs give clients and community members "overdose rescue kits" and teach them how to identify an overdose, give rescue breathing, and administer naloxone, a medication used to reverse overdose. 18,19,20,21,22,23

Endnotes

- Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. Subst Use Misuse. 2006;41(6-7):777–813.
- Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat. 2000;19(3):247–252.
- Strathdee SA, Celentano DD, Shah N, et al. Needle-exchange attendance and health care utilization promote entry into detoxification. J Urban Health. 1999;76(4):448-460.
- Bluthenthal RN, Gogineni A, Longshore D, Stein M. (2001). Factors associated with readiness to change drug use among needleexchange users. *Drug Alcohol Depend*. 2001;62(3):225-230.
- Robinowitz N, Smith ME, Serio-Chapman C, Chaulk P, Johnson KE. Wounds on wheels: implementing a specialized wound clinic within an established syringe exchange program in Baltimore, Maryland. Am J Public Health. 2014;104(11):2057-2059. doi:10.2105/ AJPH.2014.302111.
- Grau LE, Arevalo S, Catchpool C, Heimer R. Expanding harm reduction services through a wound and abscess clinic. Am J Public Health. 2002;92(12):1915-1917.
- Pollack HA, Khoshnood K, Blankenship KM, Altice FL. The impact of needle exchange-based health services on emergency department use. J Gen Intern Med. 2002;17(5):341-348.
- Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001.
- Riley ED, Kral AH, Stopka TJ, Garfein RS, Reuckhaus P, Bluthenthal RN. Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. J Urban Health. 2010;87(4):534-542. doi:10.1007/s11524-010-9468-y.
- Klein SJ, Candelas AR, Cooper JG, et al. Increasing safe syringe collection sites in New York State. *Public Health Rep.* 2008;123(4):433-440. doi:10.1177/003335490812300404.
- de Montigny L, Vernez Moudon A, Leigh B, Kim SY. Assessing a drop box programme: a spatial analysis of discarded needles. *Int J Drug Policy*. 2010; 21(3):208-214. doi:10.1016/j.drugpo.2009.07.003.
- Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. Am J Public Health. 2000;90(6):936-939.

- 13. Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214-222.
- Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. Am J Public Health. 2000;90(12),1933–1936.
- Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. J Acquir Immune Defic Syndr. 2001;28(3),282-288.
- Farnham PG, Gopalappa C, Sansom SL, et al. Updates of lifetime costs of care and quality of life estimates for HIV-infected persons in the United States: Late versus early diagnosis and entry into care. J Acquir Immune Defic Syndr. 2013;64(2):183-189. doi:10.1097/ QAI.0b013e3182973966.
- 17. Ronan, M., & Herzig, S. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply, 2002-12. *Health Affairs (Millwood)*. 2016;35(5):832-837. doi: 10.1377/hlthaff.2015.1424.
- Seal KH, Thawley R, Gee L. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. J Urban Health. 2005;82(2):303–311. doi:10.1093/jurban/jti053.
- Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. Addict Behav. 2006;31(5):907-912. doi:10.1016/j. addbeh.2005.07.020.
- Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. *Int J Drug Policy*. 2009;20(2):131-136. doi:10.1016/j.drugpo.2008.03.002.
- Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. Am J Public Health. 2009;99(5):788-791. doi:10.2105/ ajph.2008.146647.
- Bennett AS, Bell A, Tomedi L, Hulsey EG, Kral AH. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County, Pennsylvania. J Urban Health. 2011;88(6):1020-1030. doi:10.1007/s11524-011-9600-7.
- Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and implementation of an opioid overdose prevention and response program in Toronto, Ontario. Can J Public Health. 2013;104(3):e200-204.

