



# SYRINGE EXCHANGE SERVICES: A CLOSER LOOK AT HARM REDUCTION

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# WHAT ARE SYRINGE SERVICE PROGRAMS (SSP)?

- Community-based programs that provide access to clean syringes and safe injection supplies. SSPs also facilitate safe disposal of used syringes.
- These services are free of cost to the participant.
- According to the CDC, SSPs are an effective component of a comprehensive, integrated approach to HIV and Hepatitis C (HCV) prevention among people who inject drugs (PWID).
- SSPs may provide other services, such as linkage to care, condoms and other safe sex barriers, safe sex education, HIV and HCV testing, safe injection education, and overdose prevention education/naloxone provision.

## Syringe Services Programs: More than Just Needle Exchange

**What is an SSP?** A community-based program that ideally provides comprehensive services



Free sterile needles and syringes



Safe disposal of needles and syringes



Referral to mental health services



Referral to substance use disorder treatment, including medication-assisted treatment



HIV and hepatitis testing and linkage to treatment



Overdose treatment and education



Hepatitis A and B vaccination



Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)



**SSPs DON'T** increase illegal drug use or crime  
**but DO** reduce HIV risk.

Syringe services programs: <http://bit.ly/2dhkAsq>

Find an SSP: <http://bit.ly/2dhktgB>

**HIV diagnoses are down among PWID.  
More access to SSPs could help reduce HIV further.**



## BENEFITS OF SSP

- Fewer cases of new HCV and HIV transmission among PWID.
- Fewer overdose-related deaths due to proper overdose response education as well as naloxone education and distribution.
- Increased entry into substance abuse programs.
- Prevention saves tax-payer dollars. Participants are educated on the importance of infection prevention; therefore, fewer participants end up in emergency rooms.
- Participants can be directly linked to care (e.g. case management, behavioral health services, detox/rehabilitation programs, medication assisted treatment, primary care).



## BENEFITS AND MISCONCEPTIONS:

- Reduced needle-stick injuries to first responders and citizens. Proper disposal of syringes reduces the possibility of injuries related to loose syringes and syringe litter.
- Participants can be educated on how to properly respond to syringe-related skin infections (abscess) and reduce their risk of worsening infection and illness.
- SSPs DO NOT increase crime rates in communities.
- SSPs DO NOT create drug abusers.
- SSPs DO NOT encourage drug abuse or “enable” drug users to get high.
- SSP participants are given autonomy, and are not coerced into treatment programs. Help is offered if they inquire.



# SSP CONTROVERSIES

- PWID are struggling with addiction. There are several opponents of SSPs and their views tend to stem from the idea that addiction is a moral issue.
- SSPs, for the most part, view addiction as a medical issue (the disease model of addiction).
- Study after study have proven that people do not decide to start injecting drugs just because a syringe exchange service is available.
- Syringe programs do not endanger citizens in the community at large, and in fact make those communities safer. Syringes are disposed of properly and are typically exchanged on a 1:1 basis.
- Preventing syringe litter in the community is achieved through proper communication and positive trusting relationships between the SSP employees/volunteers and the participants.
- Scarcity of syringes encourages reuse and syringe sharing. SSPs avoid this by providing ample amounts of syringes to participants

- <https://www.drugabuse.gov/about-nida/noras-blog/2016/12/syringe-exchange-programs-are-part-effective-hiv-prevention>





# DO SYRINGE PROGRAMS ONLY HELP PWID?

- Few people inject opioids—including prescription pain relievers and heroin—unless they have an addiction
- Other populations served by SSPs include:
  - Transgender citizens who inject hormones
  - Diabetics who may not have access to discounted or no-cost syringes
  - Steroid users
  - MSM (men who have sex with men) community (testing and safe sex education, linkage to resources)
  - ANYONE who needs HIV/HCV testing regardless of addiction status
  - First responders who would like access to naloxone and overdose prevention education
  - Concerned family members and friends of opioid users who would like access to naloxone and overdose prevention education.
  - Sex workers (testing, safe sex education, linkage to resources)



## MAPPING SYRINGE EXCHANGE PROGRAMS

### Top 5 States With the Most Programs



[heroin.net](http://heroin.net)

#### SOURCES

<http://quickfacts.census.gov/qfd/states>

<http://factfinder.census.gov>

[https://nasen.org/site\\_media/files/amfarsepmap/amfarsepmap2014.pdf](https://nasen.org/site_media/files/amfarsepmap/amfarsepmap2014.pdf)

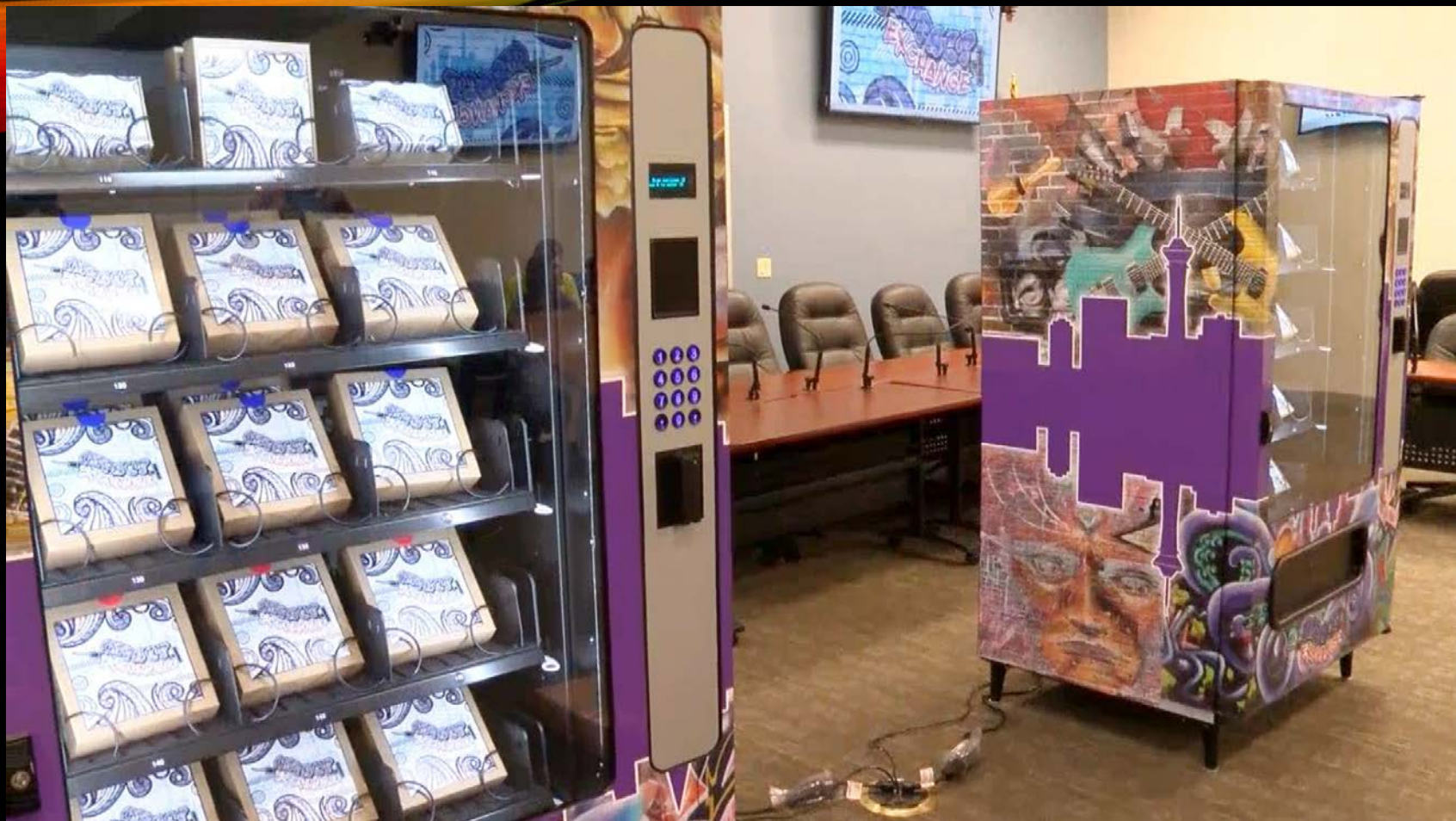
<http://kff.org/hiv/aids/state-indicator/syringe-exchange-programs/#table>





## TRAC-B

- Syringe vending machines located in Las Vegas, NV.
- First of its kind in the United States.
- Vending machine model has been used for years in Europe, Puerto Rico, and Australia.
- Participants can get clean supplies in a convenient walk-up manner.
- Program is overseen by The Las Vegas Harm Reduction Center, a non-profit organization.
- Participants must sign up and receive a card to utilize services.





# FACTS AND FIGURES

- There are approximately 185 SSPs operating nationwide.
- It costs an average city about \$160,000 to run an SSP (about \$20 per user per year), whereas one syringe-infected AIDS patient will require upwards of \$120,000 per year in public health expenditures.
- SSPs are now in 38 states.
- A study by the National Institutes of Health found that SSPs “show a reduction in risk behaviors as high as 80 percent in injecting drug users...”
- SSP participants have been found five times more likely to enter drug treatment than those who had never used an exchange.
- SSPs throughout the country have reduced HIV transmission rates by one-third to two-fifths.
- An analysis of a New York State-approved SSP found that during a 12-month period, an estimated 87 HIV infections were averted as a direct result of the use of needle exchange.
- Injection drug users who are afraid of being arrested while carrying drug paraphernalia are 1.74 times more likely to share syringes, and 2.08 times more likely to share injection supplies than other users.

• <https://www.aclu.org/fact-sheet/needle-exchange-programs-promote-public-safety>

# Syringe Services Programs for HIV Prevention



**1 in 10**

1 in 10 HIV diagnoses are among people who inject drugs (PWID).



**50%**

More than half of PWID used a syringe services program in 2015.



**1 in 4**

Only 1 in 4 PWID got *all* their syringes from sterile sources in 2015.

SOURCE: Vital Signs, December 2016

**Vital**<sup>CDC</sup>**signs**<sup>TM</sup>

[www.cdc.gov/vitalsigns/hiv-drug-use](http://www.cdc.gov/vitalsigns/hiv-drug-use)







## RETURN RATES

- A study conducted by Harm Reduction Journal found that syringe exchange programs have a syringe return rate of 90% on average. For every 10 syringes given out, 9 are returned.
- An emphasis is placed on the importance of participants returning their used syringes. A trusting relationship is established, and a lack of return prompts a discussion with participant regarding barriers to proper disposal.



# STIGMA

- PWID encounter stigma on a daily basis. Syringe exchange programs are often misunderstood by the community.
- PWID are often judged as morally corrupt, criminal, and dangerous.
- SSPs aim to treat the addict holistically and with dignity. One treats the addiction sufferer just as they would treat a client with an illness. (Disease Model of Addiction).
- “Meeting people where they are” remains a primary goal of harm reduction.
- Using a non-judgmental approach, and asking open-ended questions ensures that the SSP participant understands the resources available to them. Motivational interviewing helps gather more information than simple “yes/no” responses.





# ENCOURAGEMENT

- It is important to not overwhelm the participant with information. Take it one step at a time.
- Those struggling with addiction are often dealing with several stressors as it is. Overwhelming them with resources and medical jargon may prevent effective resource navigation. Use simple, concise explanations.
- EDUCATE, EDUCATE, EDUCATE the client on the importance of HIV and HCV testing, safe sex practices, safe injection practices. NEVER assume that the client “knows what they are doing.”
- Again, we do our best and meet them where they are.

QUESTIONS AND COMMENTS?

