

Reducing Harms from Injection Drug Use & Opioid Use Disorder with Syringe Services Programs

What Is a Syringe Services Program (SSP)?

A community-based public health program that provides comprehensive harm reduction services such as

- Sterile needles, syringes, and other injection equipment
- Safe disposal containers for needles and syringes
- HIV and hepatitis testing and linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STDs, and viral hepatitis including counseling, condoms, and vaccinations

How Do SSPs Benefit Communities and Public Safety?

SSPs Increase Entry Into Substance Use Disorder Treatment:

SSPs **reduce drug use**. People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use an SSP.



SSPs Reduce Needlestick Injuries:

SSPs **reduce needlestick injuries** among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needlestick injuries. SSPs do not increase local crime in the areas where they are located.



SSPs Reduce Overdose Deaths:

SSPs **reduce overdose deaths** by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.



3,600 HIV Diagnoses Among PWID In 2015:

SSPs **reduce new HIV and viral hepatitis infections** by decreasing the sharing of syringes and other injection equipment. About 1 in 3 young PWID (aged 18–30) have hepatitis C.



Prevention Saves Money:

SSPs **save health care dollars** by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. Testing linked to hepatitis C treatment can save an estimated 320,000 lives.



SSPs DON'T INCREASE DRUG USE OR CRIME.

Learn more at www.cdc.gov/hiv/risk/ssps.html

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Bibliography

1. CDC. HIV and injection drug use: Syringe services programs for HIV prevention [fact sheet]. Accessed May 15, 2017. www.cdc.gov/vitalsigns/pdf/2016-12-vitalsigns.pdf.
2. Seal KH, Thawley R, Gee L, et al. 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):303-11.
3. 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):131-6.
4. 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.
5. Institute of Medicine. Hepatitis and liver cancer: A national strategy for prevention and control of Hepatitis B and C [report]. Accessed June 6, 2017. www.cdc.gov/hepatitis/pdfs/iom-hepatitisandlivercancerreport.pdf.
6. Hahn JA, Evans JL, Davidson PJ, Lum PJ, Page K. Hepatitis C virus risk behaviors within the partnerships of young injecting drug users. *Addiction* 2010;105(7):1254-64.
7. Davis CS, Johnston J, De Saxe Zerden L, Clark K, Castillo T, Childs R. Attitudes of North Carolina law enforcement officers toward syringe decriminalization. *Drug Alcohol Depend* 2014;144:265-9.
8. Lorentz J, Hill L, Samimi B. Occupational needle stick injuries in a metropolitan police force. *Am J Prev Med* 2000;18(2):146-50.
9. CDC. FY 2017 president's budget request [fact sheet]. Accessed June 6, 2017. <https://www.cdc.gov/budget/documents/fy2017/hiv-aids-factsheet.pdf>.
10. Heimer R, Khoshnood K, Bigg D, Guydish J, Junge B. Syringe use and reuse: Effects of syringe exchange programs in four cities. *J Acquir Immune Defic Syndr* 1998;Suppl 18:S37-44.
11. Bluthenthal RN, Gogineni A, Longshore D, Stein M. Factors associated with readiness to change drug use among needle-exchange users. *Drug Alcohol Depend* 2001;62(3):225-30.
12. Kidorf M, King VL, Peirce J, Kolodner K, Brooner RK. Benefits of concurrent syringe exchange and substance abuse treatment participation. *J Subst Abuse Treat* 2011;40(3):265-71.
13. 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):448-60.
14. 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):247-52.
15. 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):1933-36.
16. 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):282-8.
17. CDC. Diagnoses of HIV infection in the United States and dependent areas, 2015. *HIV Surveillance Report* 2016:27. Accessed May 1, 2017. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>.