

Preventing Overdose and Infectious Disease with Syringe Services Programs

POSITION:

The Association of State and Territorial Health Officials (ASTHO) supports state and territorial health agencies' (S/THAs) efforts to prevent opioid overdose and injury or consequent infection due to injection drug use (IDU). ASTHO recommends S/THAs implement or partner with syringe services programs (SSPs) to reduce harms associated with IDU. SSPs are community-based prevention initiatives that offer a spectrum of evidence-based services to address the interrelated epidemics of drug overdose and infectious disease and are critical in linking people who use drugs to treatment, recovery supports, care coordination for chronic illnesses related to IDU, and other social services. Health agencies are uniquely positioned to address opioid overdose and associated infectious disease transmission by supporting SSPs within their comprehensive response efforts.

BACKGROUND:

The nation's current drug-related morbidity and mortality crisis has manifested in fatal and non-fatal drug overdoses and increasing rates of infectious disease fueled by a rise in IDU.¹ In response, the US Department of Health and Human Services declared a public health emergency in 2017,² most recently renewed in July 2020.³ In 2020, over 92,000 drug overdose deaths occurred,⁴ with provisional data ending April 2021 indicating suggesting that over 100,000 drug overdose deaths occurred,⁵ the highest yearly record to date, with opioids as the main driver of overdose deaths. The rise of fentanyl and methamphetamine-involved overdoses introduces new complexities to this issue.⁶

IDU has been associated with increased rates of viral infections such as Hepatitis C (HCV) and human immunodeficiency virus (HIV),^{7,8,9,10} accounting for almost two-thirds of new HCV infections.¹¹ The US experienced a 3.5-fold increase in reported HCV cases from 2010 to 2016,¹² and HCV and HIV co-infection affects approximately 25% of people living with HIV.¹³ IDU's impact on HIV rates has resulted in the recommendation that SSPs be a key component of 2019's Ending the Epidemic initiative.¹⁴

Currently, 45 states and territories operate at least one SSP.¹⁵ SSPs provide critical prevention interventions including exchange of syringes; testing for sexually transmitted infections, HCV, and HIV; wound or infection care; overdose prevention education; distribution of naloxone and linkage to care for substance use disorder (SUD); medication assisted treatment; linkage to care for infectious disease; mental and behavioral health support; vaccinations for hepatitis A and B; and community

Summary of Recommendations:

1. Implement SSPs as comprehensive and evidence-based efforts to reduce injection drug-related harms.
2. Educate local and state policymakers about the effectiveness of SSPs.
3. Establish and maintain cross-sectoral partnerships with community champions to foster increased understanding and knowledge around SSPs.
4. Leverage partnerships and combat stigma through educational awareness activities that demonstrate how SSPs create a safer environment, promoting buy-in among stakeholders.
5. Expand SSP services into rural and frontier communities to ensure that access is equitable and integrated.
6. Braid and layer diversified funding streams to fund SSPs and promote sustainability.
7. Collect and utilize local data to evaluate the effectiveness and demonstrate the impact of SSPs.
8. Communicate the importance of changing paraphernalia laws to reduce barriers to implement SSPs.

support.^{16,17,18,19,20} SSPs utilize evidence-based strategies²¹ and provide services that can combat opioid overdose²² and the spread of infectious diseases like HCV and HIV.^{23,24,25}

The benefits of SSPs are well documented. Research shows that SSPs are effective in reducing drug-related morbidity and mortality.²⁶ Compared to those who have not used an SSP, people who inject drugs (PWID) who have used an SSP are more likely to enter treatment for SUD and to report limiting or halting injection.^{27,28} Those who utilize SSP services are more likely to seek treatment for addiction, and SSPs can change IDU behavior when they provide fentanyl test strips, tools used to detect fentanyl and fentanyl analogs in drug samples.^{29,30} SSPs have been associated with an approximately 50 percent reduction in HCV and HIV infections,^{31,32} which can alleviate significant burden on the health system. For example, sterile needles cost less than one dollar, while HIV treatment for an individual can cost \$450,000 over the lifetime,³³ which can translate to a return of investment of millions of dollars.³⁴

Common community concerns, such as that SSPs encourage drug use, have proven unfounded. Rather, SSPs serve as a conduit to services and treatment that can reduce drug use and mitigate the spread of infection.^{35,36} SSPs do not increase crime,³⁷ can protect first responders and municipal employees against accidental needle sticks,³⁸ and can lead to less needle litter found in communities^{39,40,41} due to increased access to appropriate disposals at locations that offer syringe exchange.⁴²

RECOMMENDATIONS:

To promote the health and wellbeing of PWID and address the opioid and infectious disease epidemics, ASTHO encourages state and territorial health officials to implement or expand comprehensive SSPs⁴³ and to consider the following recommendations.

1. Implement SSPs as comprehensive and evidence-based efforts to reduce injection drug-related harms through harm reduction, linkage to care for SUD or infectious disease, and connecting PWID to social services.
2. Educate local and state policymakers about the effectiveness of SSPs.
3. Establish and maintain cross-sectoral partnerships with community champions such as local authorities, law enforcement, local businesses, people with lived experience, and other leaders to foster increased understanding and knowledge around SSPs.
4. Leverage partnerships and combat stigma through educational awareness activities that demonstrate how SSPs create a safer environment, promoting buy-in among stakeholders.
5. Expand SSP services into rural and frontier communities through mobile units and partnerships with community-based organizations to ensure that access is equitable and integrated.⁴⁴
6. Braid and layer diversified funding streams to fund SSPs and promote sustainability.
 - Consider organizations that have issued guidance on how to use federal funds for certain aspects of SSPs such as Centers for Disease Control and Prevention,⁴⁵ Health Resources and Services Administration,⁴⁶ Substance Abuse and Mental Health Services Administration,⁴⁷ and US DHHS.⁴⁸ Additionally, Medicaid waivers can be implemented to support harm reduction services reimbursement.⁴⁹
7. Collect and utilize local data to continue to demonstrate the impact and potential of SSPs, including enhanced linkage to care, needs-based needle distribution,⁵⁰ and access to wraparound services.
 - Leverage evidence-based models to discourage legislative limitations on the numbers of syringes provided and/or on the secondary exchange of syringes; and encourage high syringe coverage rates to reduce HCV and other disease transmission more effectively.
8. Communicate the importance of changing paraphernalia laws to reduce barriers to implement SSPs.

APPROVAL DATES

Community Health and Prevention Policy Committee Approval: April 19, 2022

Board of Directors Approval: September 14, 2022

Policy Expires: September 30, 2025

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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