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## Support for Syringe Services Programs

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### Background

Syringe services programs, also referred to as syringe exchange, syringe access, and needle exchange programs, are a set of community-based services for people who inject drugs. Their aim is to help people who use drugs reduce health risks associated with their drug use<sup>1</sup>. Syringe services programs provide sterile needles and syringes to decrease needle sharing. They often provide additional services and materials such as condoms, sterile swabs and water, education on safe injection practices, first aid, overdose prevention, testing and counseling for HIV and hepatitis C, and referrals to substance use disorder treatment programs<sup>2</sup>.

Syringe services programs are currently illegal in Missouri due to state statute that prohibits the possession, sale, or distribution of drug paraphernalia, defined to include syringes, needles, or objects used for injecting controlled substances (RSMo 195.010, 579.074).

### Justification

Due in large part to skyrocketing opioid use, drug poisoning is now the number one cause of injury-related death in the United States<sup>3</sup>. Missouri faces a high burden of opioid addiction and overdose. In 2017, 951 Missourians died due to opioid-related causes<sup>4</sup>. The number of lives lost reflects only a fraction of the public health burden of drug use; for every death, there are many more instances of nonfatal overdose and infection transmission. In particular, people who inject drugs have elevated health risks; injection drug use and associated behaviors such as sharing needles and syringes put people at risk for bloodborne diseases such as hepatitis C and HIV as well as other health problems<sup>5</sup>. Thirteen counties in Missouri have been designated as highly vulnerable to HIV and hepatitis infection outbreaks<sup>6</sup>.

The CDC and the Department of Health and Human Services describe syringe services programs as an effective, evidence-based model for bloodborne pathogen risk reduction<sup>2, 7</sup>. In addition to reducing transmission of infection through needle sharing, these programs give healthcare workers the opportunity to link people who use drugs with other services. Programs can distribute naloxone, the medication used to reverse opioid overdoses, and help refer people to substance use disorder treatment programs. This opportunity to connect with people who use drugs is especially valuable since they may be discouraged from seeking care in mainstream healthcare settings due to stigma and fear of criminalization.

Syringe services programs are extremely cost effective. With respect to HIV alone, the return on investment is estimated to be between 350% and 700% such that every \$1 spent on syringe exchange programs saves \$3.50 to \$7 in future spending for HIV treatment<sup>8</sup>. A large portion of these savings redound to the public sector since many people who use drugs are uninsured or utilize Medicaid. With Medicaid accounting for approximately 36% of the state budget and Missouri Medicaid recently

expanding access to medication to all participants with hepatitis C at a cost of between \$26,400 and \$80,000 per patient, the value of preventing hepatitis infections is potentially very significant.

In the midst of an opioid addiction and overdose epidemic, syringe services programs present the opportunity to prevent the spread of infection, prevent overdoses, and connect people who use drugs with treatment resources.

## **Recommendation**

MOCPHE members, representing local health departments covering over 50% of the population residing in Missouri, support changing Missouri's laws to enable the operation of evidence-based syringe services programs. These programs are a vital component of a comprehensive public health response to injection drug use and have the capacity to improve the lives of countless Missourians.

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<sup>1</sup> Harm Reduction International. (2010). What is Harm Reduction? A position statement from the International Harm Reduction Association. Retrieved from [https://www.hri.global/files/2010/08/10/Briefing\\_What\\_is\\_HR\\_English.pdf](https://www.hri.global/files/2010/08/10/Briefing_What_is_HR_English.pdf)

<sup>2</sup> Centers for Disease Control and Prevention. (2017). Reducing harms from injection drug use & opioid use disorder with syringe services programs. Retrieved from <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>

<sup>3</sup> Hedegaard H, Miniño AM, Warner M. Drug (2018). overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics.

<sup>4</sup> Missouri Department of Health and Senior Services, [health.mo.gov/data/opioids](http://health.mo.gov/data/opioids)

<sup>5</sup> Centers for Disease Control and Prevention. (2017). Syringe Services Programs. Retrieved from <http://www.cdc.gov/hiv/risk/ssps.html>

<sup>6</sup> Van Handel MM, Rose CE, Hallisey EJ, et. al. (2016). County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States. *J Acquir Immune Defic Syndr.* 1;73(3): 323-331External.

<sup>7</sup> Office of HIV/AIDS and Infectious Disease Policy, U.S. Department of Health and Human Services. (2016). HHS releases guidance for syringe services programs [press release]. Retrieved from <https://www.hhs.gov/hepatitis/blog/2016/03/29/hhs-releases-guidance-for-syringe-services-programs.html>

<sup>8</sup> Nguyen, T. Q., Weir, B. W., Des Jarlais, D. C., Pinkerton, S. D. Holtgrave, D. R. (2014). Syringe exchange in the United States: A national level economic evaluation of hypothetical increases in investment. *AIDS Behav.* 18(11): 2144–2155. doi: 10.1007/s10461-014-0789-9