

Syringe Service Programs

Fighting the Overdose Crisis, Improving Public Safety



What Are Syringe Service Programs (SSPs)?

SSPs are community-based public health programs that engage people who inject drugs in comprehensive services. The syringe merely starts the relationship with highly stigmatized individuals at risk for overdose, many of whom avoid other health services. SSPs also provide:

- Safe disposal for contaminated syringes
- Referral to substance use disorder treatment
- HIV, hepatitis, and STD testing and linkage to treatment
- Referral to medical, mental health, and social services
- Overdose prevention education and naloxone/Narcan
- A link back to help if a person relapses

Why Does Arizona Need SSPs?

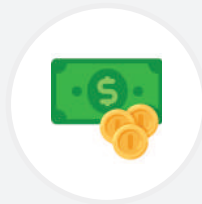
Arizonans continue to die at increasing rates from overdose, despite a wave of state policy change intended to reduce death. Focusing solely on prescription opioids is no longer the answer. *It is imperative that we find a way to reach these individuals before it's too late.*

- Overdose from rx opioids is beginning to plateau, but illicit drugs are killing more Arizonans than ever¹
- Arizona had the highest increase in the nation of deaths from illicit fentanyl²
- Over 17% of HIV/AIDS cases in AZ are related to injection drug use³
- 1 in 3 young injection drug users have hepatitis C⁴

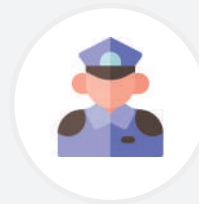
How Do SSPs Save Lives?



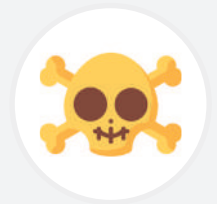
Reducing drug use. People who inject drugs are 5x as likely to enter drug treatment, and 3.5x as likely to reduce or stop injecting when they use an SSP⁵.



Preventing costly and fatal infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. A sterile syringe costs 7 cents⁵.



Preventing first responder needlesticks. SSPs provide proper disposal, and this legislation incentivizes telling an officer if a needle is hidden. 1 in 3 officers may be stuck with a needle in their career; SSPs reduce law enforcement needlesticks by 66%⁶.



Decreasing overdose deaths. The majority of community overdose rescues are performed by people who use drugs⁷. SSPs are key sites for naloxone/Narcan distribution and training on overdose prevention, recognition, and response.

National evidence shows that **SSPs do not increase crime⁸ or drug use⁹**, and are recommended by U.S. Surgeon General Jerome Adams.

Aren't We Just Enabling Them To Use Drugs?

Substance use disorder is a diagnosed mental illness characterized by persistent drug use despite negative outcomes. Without a clean syringe, a person will find a used one. Period. *Dead people don't recover*, and SSPs move people to recovery more quickly while helping them stay alive.

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As a law enforcement professional, and equally as a parent and grandparent, I believe we need to pursue proven techniques like syringe access programs for our communities. We need to be innovative and flexible to break down silos so we can achieve far-reaching and long-term solutions to this deadly crisis.”

Chief Robert DeVries,
Kingman Police Department



Addiction is a disease and a public health problem, not just a law enforcement problem. Syringe access programs promote healthier communities by reducing the transmission of hepatitis and HIV, and by providing linkages to services. When addicted persons are ready for treatment, they already know where to go for help—it’s the same place where they get clean needles.”

Assistant Chief Carla Johnson
*Investigative Services Bureau,
Tucson Police Department*



Syringe Access Programs are a valuable component of any wider community and law enforcement collaborative effort to treat what is clearly a treatable public health and safety issue, addiction. Not only do these programs decrease the transmission of blood borne diseases but every exchange interaction is a potential access point for treatment.”

Assistant Chief Kevin Hall,
Tucson Police Department



No matter how uncomfortable syringe service programs make us, they are proven to save lives, both by preventing the spread of diseases like HIV and hepatitis C, and by connecting people to treatment that can put them on a path to recovery.

U.S. Surgeon General Jerome Adams
2017

¹ CDC. “Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017”, CDC website, 2019.

²Scholl, L. et al. “Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017”, *Morbidity and Mortality Weekly Report* 67, nos. 51 & 52 (January 4, 2019).

³ADHS. “2018 Arizona HIV/AIDS Epidemiology Supplement Report”

⁴Zibbell, J. et al. “Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014”, *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 175-181.

⁵Carroll, J. et al. “Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States”, *Centers for Disease Control and Prevention* 2018, Department of Health & Human Services.

⁶Davis, C. et al. “Attitudes of North Carolina Law Enforcement Officers Toward Syringe Decriminalization”, *Drug Alcohol Depend* 2014;144:265-9 and Lorentz, J., Hill, L., Samimi, B. “Occupational Needle Stick Injuries in a Metropolitan Police Force”, *Am J Prev Med* 2000;18(2):146-50

⁷Wheeler, E. et al. “Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014: *Morbidity and Mortality Weekly Report* 2015;64(23):631-635. CDC, Department of Health & Human Services.

⁸Marx, M. et al. “Trends in Crime and the Introduction of a Needle Exchange Program”, *Am J Public Health* 2000;90(12):1933-36

⁹Center for Innovative Public Policies. *Needle Exchange Programs: Is Baltimore a Bust?* Tamarac, FL: CIPP; April 2001.