

Expanding Harm Reduction through Increased Syringe Access

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INTRODUCTION: Syringe service programs (SSPs) are trauma-informed public health interventions and an important component of harm reduction. This resource provides an overview of the core components of SSPs, including options for providing syringe access and dispelling myths about SSPs and harm reduction.

What Is Harm Reduction, and Why Is Syringe Access Important?

Harm reduction is an approach to care that seeks to reduce the potentially harmful impacts of behaviors while acknowledging that those behaviors may be ongoing. Regarding substance use, harm reduction is about decreasing the harmful effects of using while providing nonjudgmental and noncoercive services and resources regardless of the person's goals for their substance use. Within a harm reduction framework, goals can range from safer use to decreased/different use to abstinence.

Syringe access is an evidenced-based, public health intervention and a prime example of harm reduction principles. Having access to an ample supply of new syringes and safe consumption supplies each time someone uses them helps prevent individuals from sharing needles. This helps prevent contamination, disease transmission from one person to another, and potential infections from reusing a syringe a person has used before.

What Is a Syringe Services Program?

SSPs, sometimes known as "needle exchanges," are evidence-based, public health interventions and foundational examples of harm reduction services. They are an essential intervention for decreasing the spread of infectious diseases; reducing potential harms for those who inject drugs; and creating opportunities for engagement with social services, housing, substance use treatment, and medical care.

- SSPs save lives by helping prevent the spread of infections like HIV and injection-related abscesses and by providing access to the overdose prevention medication naloxone.
- SSPs are not the same as safe/supervised consumption sites (SCSs). SSPs provide the material necessary to consume drugs, whereas SCSs offer both the materials and a location where a person can consume drugs under the supervision of individuals who are there to prevent or intervene in case of an overdose.
- Research shows that the presence of an SSP is not associated with increased crime in the area where they provide services and that they are safe, effective, and cost-saving. Participants in SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than a person who does not.¹

What Do SSPs Provide?

At their core, SSPs offer individuals access to new syringes. Most programs provide a wide array of services and resources for individuals who access them, such as wound care; primary care; safer-use kits; education on safer use and infectious disease prevention, transmission, and treatment; and access to medications for opioid use disorder.

- Reusing a syringe for any purpose is associated with a higher risk of disease transmission, infection, and damage to the skin and veins. Although most often associated with the consumption of opioids, SSPs provide access to new syringes regardless of their intended use. Other uses of syringes might be to inject hormones or silicone; others may redistribute or sell syringes to those who cannot access the SSP's services.
- Safer-use kits typically include supplies for the consumption of substances in a variety of means, such as smoking and injection. Injection-use safer-use kits include cookers, tourniquets, alcohol wipes, sterile water, cotton fiber, bandages, hand sanitizer, and sharps disposal containers. Safer smoking kits include glass stems and pipes, plastic mouthpieces, pipe screens, wooden push sticks, and foils.
- SSPs also serve as safe places for people to dispose of needles within a community regardless of where the needles come from. Some programs require used syringes to be returned to pick up more, which may be exchanged one-to-one.

Core Components of Syringe Access

To meet the needs of people who use drugs, SSPs should be located within communities and provide mobile services through outreach so they can meet people where they purchase and consume drugs. To best meet the needs of people experiencing homelessness, programs providing street outreach and medicine should become SSPs so they can bring supplies to those needing them. SSPs must work to minimize or eliminate any barrier a person faces accessing their services. This includes providing syringe access in mobile clinics, shelters, and streets. Safe supply bundles can be carried around in backpacks, and, in many communities, they can be distributed by anyone.



SSPs should incorporate the following best practices:

- **Prioritize trauma-informed and trauma-eliminating services.** There remains a great stigma around injection drug use, and many people have been negatively harmed by well-intended services that have been offered in a restrictive and judgmental manner.
- **Hire people with lived experience in program design and planning leadership roles.** These individuals have direct experience and have earned respect from the people you are trying to serve. Participation in an SSP requires trust and vulnerability, which deserves acknowledgment and appreciation for their willingness to engage in services.
- **Offer services entirely anonymously, whenever possible.** At a minimum, care should be confidential, and offering services without requiring any identifying information is the lowest barrier to access you can provide. Although some services might require collecting identifying information, designing programs with some services that can be accessed anonymously creates an opportunity for engagement and building trustworthiness.
- **Use public health data to inform where services should be offered.** Identify high-need locations by assessing overdose rates, and consider the locations of other services such as substance use clinics, health centers, and shelters.
- **Integrate questions about an individual's needs for accessing safer use supplies into routine conversations.** These questions should ask about all substances a person might be consuming and their method of consumption. Incorporating standardized questions about the need for safer use supplies creates opportunities for conversation about this stigmatized topic, understanding potential health risks, and discussing safer use.

LEARN MORE

Explore additional information on harm reduction for substance use, including engagement techniques and conversation starters, with the following HHRC resources:

- [Trauma-Informed Outreach and Engagement \(online course\) \[HTML\]](#)
- [Supporting People Who Use Methamphetamine \(online course\) \[HTML\]](#)
- [Guide to Methamphetamine Use, Treatment, and Housing Considerations for People Experiencing Homelessness \(issue brief\) \[HTML\]](#)
- [Whole-Person Care for Opioid Use Disorder \(online course\) \[HTML\]](#)
- [Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder Toolkit Part 1 and Part 2 \[HTML\]](#)
- [Xylazine Basics: Overdose Prevention, Harm Reduction, and Wound Care \(fact sheet\) \[HTML\]](#)

Challenges and Myth-Busting

Challenges are inevitable in any service delivery model. Substance use and syringe access remain highly stigmatized topics both for people who would benefit from accessing them and the communities in which they are needed. Potential challenges and approaches to address them include the following:

- **Participants report that they do not use injection drugs:** Normalizing conversation about substance use helps build trust and creates a space where a person can talk about it. Clean syringes are only one service that SSPs offer, and engagement around other resources or services opens the door for someone to talk about injection or other drug use when they are ready.
- **SSPs increase drug use in a community:** Syringe access programs use public health data to identify the highest need areas within a community and design their services to meet this need. Research shows that SSPs do not increase drug activity within a community and reduce the harm associated with drug use. In addition to providing lifesaving, disease-reducing supplies, education, and connection to care, SSPs also offer a safe way of disposing of contaminated syringes for communities.
- **Syringe access programs are focused solely on providing services for people experiencing homelessness:** Although it is true that many participants are experiencing homelessness, these services are accessed by individuals from the community at large. Sometimes, services are accessed by individuals who are not even known to be injecting drug users.
- **Federal and state funding restrictions limit the number of syringes a program can distribute:** Although funding may limit the amount of harm reduction supplies a program has, providing even limited access to new syringes and safer use supplies builds trust within communities and offers opportunities for engaging in other services. Tracking data also allows communities to demonstrate the need to advocate for more financial resources and, ultimately, changes to the law.

Options for Providing Syringe Access

The ability to distribute syringes is regulated at the state level. As of July 2023, only 38 states, the District of Columbia, and Puerto Rico either explicitly authorize or implicitly allow SSPs. Each state regulates the distribution of syringes. Explore the requirements for becoming an SSP or the work being done to authorize SSPs in your state.²

Some states allow certain programs or individuals with certain licensures to distribute syringes, others require organizations to become authorized SSPs, and still others ban the distribution of syringes. Programs are encouraged to consider how they can provide access to new syringes, safer use supplies, education, and referrals to care within the context of their care setting and state and local regulations. Options include the following:

- **Become an SSP.** In states and jurisdictions where this is allowed, becoming an SSP allows the widest access to this lifesaving, harm-reduction service. In many areas, staff at all levels can provide syringes, safer use supplies, and education. Becoming an SSP allows individuals who already access your services to receive these resources without having to go to another program or build trust with another organization.



- **Partner with an SSP to provide co-located services.** There are situations where it is not possible or practical for an organization to become an SSP, and partnering with a trusted program within a community can provide access to these services. These partnerships allow individuals to benefit from the services of both programs and can expand the reach of each program. It is essential to work out how information will be tracked and shared across programs and ensure individuals accessing services understand when and where to access safer-use supplies.
- **Develop a referral process to an SSP.** Programs that cannot offer syringe access should continue to provide low-barrier and trauma-informed assessment and education on safer use habits and be able to connect any individual with these services. Referrals should be a “warm hand-off,” which might include providing transportation to the SSP, having a point of contact to call ahead and make sure the individual will be able to be seen when they want to be seen, and accompanying a person to the SSP to assure ease of access.

Funding SSPs

The Federal Consolidated Appropriations Act of 2016 gave states and local jurisdictions that meet specific criteria the opportunity to use federal funding provided through the Department of Health and Human Services to support certain components of SSPs, except for the purchase of syringes. Federal law prohibits the use of federal funds to purchase sterile needles or syringes for the purposes of illegal use of drugs by injection.³ However, syringes to prevent and control the spread of infectious diseases and syringe filters are allowed for purchase with grant funds authorized for SAMHSA Harm Reduction programs. The SAMHSA Harm Reduction grant program is authorized under Section 2706 of the American Rescue Plan Act (ARPA) of 2021, which is not subject to the same syringe funding restrictions as other federal grants.⁴

Each federal agency has developed guidance for how its funding recipients can spend the money.

Health Resources and Services Administration (HRSA) and certain SAMHSA funds may be used to pay for harm reduction supplies and services.^{5,6} This includes, but is not limited to, the following:

- Personnel
- Naloxone
- Syringe disposal services
- Safer smoking kits (excluding pipes)
- Fentanyl and xylazine test strips
- Testing kits for viral hepatitis and HIV

[HRSA has emphasized](#) that programs that receive funding through HRSA should pursue providing syringe access as allowed within their jurisdiction.

Harm Reduction beyond SSPs

Part of the education and conversation with individuals who use injection drugs should be concerned with alternative methods of consumption. Individuals who use injection drugs may choose to seek out alternative methods of consumption, for example, switching from injection use to smoking, for a variety of reasons, including decreased overdose risk, lack of access to supplies necessary to use, wounds or sores that make injection use more painful, unavailability/degradation of veins for injection, desire to decrease risk of transmission of other diseases, desire to reduce intensity of drug use, and quality of drug supply. Most drugs can be consumed in a variety of methods, including being swallowed, smoked (vaporized), sniffed (insufflated), and injected (intravenous, intramuscular, and subcutaneous). Changing the method, amount, and frequency of consumption along with the environment can decrease the harm associated with the use of drugs for the person.

RESOURCES

- [Health Centers and Syringe Services Programs](#) | National Health Care for the Homeless Council (NHCHC) [PDF]
- [Press Release: White House Releases Model Law to Help States Ensure Access to “Safe, Effective, and Cost-saving” Syringe Services Programs](#) | The White House [HTML]
- [Syringe Services Programs Laws](#) | Prescription Drug Abuse Policy System [HTML]
- [Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation](#) | CDC [PDF]
- [Syringe Services Programs \(SSPs\) FAQs](#) | CDC [HTML]
- [Guide to Developing and Managing Syringe Access Programs](#) | National Harm Reduction Coalition [HTML]
- [Syringe Services Programs: Summary of State Laws](#) | Legislative Analysis and Public Policy Association [HTML]
- [Syringe Service Program Laws](#) | The Policy Surveillance Program [HTML]
- [Bevel Up: Safer Use, Overdose Prevention and Other Harm Reduction Tips](#) | NASTAD and Heather Edney [HTML]
- [Bevel Up: Resources—Safer Use Supplies](#) | NASTAD and Heather Edney [HTML]
- [Syringe Service Programs](#) | NASTAD [HTML]
- [Peers Speak Out!](#) | Faces and Voices of Recovery [HTML]
- [Fact Sheet: Harm Reduction in Health Centers](#) | California Department of Public Health [PDF]
- [The Role of Community Health Workers, Case Managers, and Peers \(online course\)](#) | NHCHC [HTML]

Program Examples

- [Migrant Health](#), Puerto Rico [HTML]
- [Cherokee Nation Behavioral Health](#), Tahlequah, Oklahoma [HTML]
- [Prevention Point Philadelphia](#), Philadelphia, Pennsylvania [HTML]
- [Colorado Health Network Inc.](#), Colorado [HTML]

KEY TAKEAWAYS

- Syringe access programs reduce harm by
 - o offering new syringes and supplies necessary to consume substances and offering education for alternative and safer methods of consumption;
 - o providing access to treatment, primary care, care coordination, and housing support; and
 - o offering safe disposal of syringes.
- Syringe services do not increase drug use in a community.⁷
- Programs should offer syringe access during street outreach and as part of their general service delivery to meet the needs of people experiencing homelessness.

Endnotes

- 1 Centers for Disease Control and Prevention, “Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs).” January 11, 2023. <https://www.cdc.gov/ssp/syringe-services-programssummary.html>.
- 2 Legislative Analysis and Public Policy Association, “Syringe Services Programs: Summary of State Laws,” August 4, 2023. <https://legislativeanalysis.org/syringe-services-programs-summary-of-state-laws/>.
- 3 CDC Website: Federal Funding for Syringe Services Programs. Accessed 3/22/24.
- 4 Substance Abuse and Mental Health Services Administration. “Harm Reduction,” February 22, 2023. <https://www.samhsa.gov/find-help/harm-reduction>.
- 5 CDC Website: Federal Funding for Syringe Services Programs. Accessed 3/22/24.
- 6 Substance Abuse and Mental Health Services Administration. “Harm Reduction,” February 22, 2023. <https://www.samhsa.gov/find-help/harm-reduction>.
- 7 Centers for Disease Control and Prevention. “Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs).” January 11, 2023. <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.





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